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An Occupational Therapy Program for Women and Children of Domestic Violence Who are Living in Shelter Care

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AN OCCUPATIONAL THERAPY PROGRAM FOR WOMEN AND CHILDREN OF
DOMESTIC VIOLENCE WHO ARE LIVING IN SHELTER CARE

by

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Submitted to the Occupational Therapy Department

of the

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In partial fulfillment of the requirements

for the degree of

Master's of Occupational Therapy

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Approval

This Scholarly Project, submitted by Stacie A. Lewis, MOTS and Sarah J. Olin, MOTS in partial fulfillment of the requirement for the Degree of Master's of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.



Faculty Advisor

11-29-04

Date

Permission

Title An Occupational Therapy Program for Women and Children of Domestic
Violence who are Living in Shelter Care

Department Occupational Therapy

Degree Master's of Occupational Therapy

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CHAPTER ONE

INTRODUCTION

There is an increasing number of women and children who are victims of domestic violence today. Cumella, Grattan, and Vostanis (1998) report that the largest group of homeless people consists of women and their school-aged children who are victims of domestic violence. The number of women affected by domestic violence each year has reached an alarming 1.3 million according to Tjaden and Thoennes (2000). Just as the number of women exposed to domestic violence continues to grow, so does the number of children. It is estimated that 1 million children are brought into battered women's shelters each year as a result of wife abuse (Jouriles, McDonald, Spiller, Norwood, Swank, & Stephens, 2001).

Domestic violence is defined as "violence toward or physical abuse of one's spouse or domestic partner." (*American Heritage Dictionary*, 2001) This is where the term "battered women" arrives from. The term "battered" is defined as "to subject to repeated beatings or physical abuse" (*American Heritage Dictionary*, 2001). Based on this definition, battered women are those that have been exposed to domestic violence.

Domestic abuse often results in women and their children becoming homeless. The Stewart B. McKinney Homeless Assistance Act defines homelessness as "having no home or the lack of a fixed place of residence, in short, not having a place of residence that is truly your own." (Bauman, Battin, & Worthington, n.d.) It encompasses single adults, battered women, runaway youth, and families. According to this definition,

battered women and their children are categorized as “homeless” when they flee from the abusive partner. Because of homelessness, many women return to their partner out of fear of not having a place to live (Krishnan & Hilbert, 1998).

The purpose of this project is to develop and present an occupational therapy-based program for women and children who are homeless as a result of domestic violence. “Occupational therapy is skilled treatment that helps individuals achieve independence in all facets of their lives. It gives people the ‘skills for the job of living’ necessary for independent and satisfying lives” (<http://www.AOTA.org>) Battered women and their children who are homeless have difficulties in establishing healthy routines, developing healthy coping strategies, increasing or maintaining their self esteem, and developing healthy relationships which are all areas occupational therapy addresses. In addition, battered women also have problems with finding gainful employment and adequate housing.

The occupational therapy intervention is designed according to Gary Kielhofner’s Model of Human Occupation, which focuses on volitional needs, habituation, and performance capacity. The program consists of five hours of group intervention for the women and three hours of group intervention for the children and adolescents each week for four consecutive weeks. One day each week focuses on leisure exploration. The women and their children attend this group together in order to enhance the parent/child relationship. This group is open and entry into the program occurs at any period throughout the four weeks to account for when the women and their children enter into shelter care. An initial assessment and goal setting period will occur prior to entering into the group. At the conclusion of the four weeks, an exit interview is conducted

between the occupational therapist and the client to discuss the progress the client has made.

Chapter two summarizes literature related to battered women and their children, the effects that domestic violence and homelessness has on their lives, the role of occupational therapy with this population, and current programming available to this population. Current research reveals a lack of occupational therapy programming targeting this population. The following literature shows that there is a need for occupational therapy-based programs for battered women and their children living in shelter care focusing on assessment and implementation of occupation-based intervention to address common concerns of this population.

CHAPTER TWO

REVIEW OF LITERATURE

Introduction

The number of women affected by domestic violence each year has reached an alarming 1.3 million according to Tjaden and Thoennes (2000). Ten to twenty percent of children are at risk annually for exposure to domestic violence (Carlson, 2000). Based on these numbers, it is important to take a closer look at the resources and services currently available to this population in order to understand in what ways they can be better served. The overall goal is to decrease the number of women subjected to domestic abuse and the number of children who witness the violence through an occupational therapy-based program focusing on increasing independence at the community level.

Domestic violence is “violence or physical abuse directed toward your spouse or domestic partner; usually violence by men against women” (*American Heritage Dictionary*, 2001). To begin to understand this population it is important to be aware of the cycle of abuse. There are typically three phases to domestic violence including the tension phase, the battering phase, and the honeymoon phase respectively. The tension phase is characterized by arguments, jealousy, and blaming of the partner. It leads up to the battering phase. The battering phase is where the violence actually occurs. It can be physical, emotional, financial, sexual, or psychological in nature. The man often uses the violence to establish a sense of control and/or power. Once the battering phase is complete, the partner enters the honeymoon phase. During this phase the partner

becomes apologetic and asks for forgiveness promising that the battering will never happen again. The cycle typically repeats itself. As the cycles continue, it is normal that the battering phase becomes more intense and more severe while the honeymoon phase happens less often until it no longer occurs (Walker, 1993).

This chapter outlines the literature reviewed beginning by defining the population. It reviews the effects of domestic violence on the women and children, as well as their resulting needs. A variety of literature is presented associated to women and children who are victims of domestic abuse and the effects that it has on them. The chapter concludes with a review of programs that are currently in place and the role that occupational therapy has when working with victims of domestic violence and homelessness. When reviewing the literature, it is clear that there is a lack of information related to occupational therapy based programs for this particular population. This chapter makes it apparent that women and children affected by domestic violence and currently living in shelter care can, in fact, benefit from occupational therapy programming. Based on the occupational therapists training in mental health, these professionals could be of great benefit when attempting to assist the women and children in escaping their destructive situation and transitioning into a healthier environment.

Population

Domestic violence may affect anyone at any given time. Domestic violence does not solely affect people who are of a distinct socioeconomic status, area of the country, race, or ethnicity, regardless of what the many stereotypes and myths may suggest. There are direct and indirect victims of domestic violence. The direct population that is affected by domestic violence most often is women, meaning that women are typically

the receivers of the abuse (Helfrich, Lafata, MacDonald, Aviles, & Collins, 2001). The American Medical Association (1992) reports that in 95% of all domestic violence cases, the end result is that the woman is the victim. The only distinct risk factor for becoming a victim of domestic violence is being female. There are other events that may put a woman at an increased risk for becoming a victim of domestic violence including a history of being abused as a child, living together with a sexual partner, getting married, becoming pregnant, losing a job, showing new signs of independence, and separating or divorcing a former partner. Each of the events listed shows a time of change in a woman's life. Habits, roles, and routines are being disrupted. A time of change can be stressful which can potentially result in violence in the home. When violence does occur between a man and a woman in the home, children often become the indirect victims of the abuse. The indirect victims (children) are affected by witnessing the abuse on the family member. Psychological or behavioral problems are among the effects of abuse experienced by child witnesses (Helfrich, et al., 2001).

Women and children who are affected by domestic abuse often experience homelessness at some point in their lives. Based on the definition of homelessness, women who flee their homes in order to protect themselves from abuse are considered members of this population. These women are now not only facing psychological issues related to health and safety, but they are also attempting to make major changes related to role transitions and independent living. As the women make their decision to escape the violence at home, the child is now facing a number of transitions. They will most often lose contact with some friends and family members, especially the abuser, while adapting to new surroundings.

Effects of Domestic Violence and Homelessness on Women and Their Children

The following research shows that homelessness is a key effect of domestic violence. Due to the abuse (physical, sexual, or emotional) that a woman encounters from her husband, boyfriend, or intimate partner, she often chooses to flee from her home and abusive situation. As cited in Krishnan and Hilbert (1998) one-half of all homeless women and children are homeless because they have escaped from domestic violence. These unique circumstances have profound effects on both the women and the children living in shelter care. The subsequent research studies explain how this population is affected by both domestic violence and homelessness, as they look at how the women and children adapt to changing environments and the needs of these individuals while coping with a traumatic experience.

Through the use of semistructured interviews, Krishnan and Hilbert (1998) study the parallels and variations between two groups of women, all of whom are victims of domestic violence; one group of women are currently living in homeless shelters and one group in shelters for domestic violence. Results of the study indicated all of the participants had been victims of physical, verbal, and emotional abuse from their current partner who habitually abused drugs and alcohol, as well. Women from both groups also report that their children either witness or are victims themselves of the domestic violence. Participants from both groups have comparable feelings regarding their most recent confrontation with their partner prior to their homelessness. These feelings include those of terror or fear that their partner would kill them and/or himself or harm their family and friends, exhaustion from lack of sleep, the need to be safe and free of danger, and a sense that this particular incident is somehow unique and that they must

seek help. Differences between the two groups of women relate to their reason for choosing their current shelter. Those living at the homeless shelter often are self-referred or are referred by another familiar source, while the police or another official source often refer those at the domestic violence shelter (Krishnan and Hilbert, 1998).

Banyard (1995) also identifies the hardships that homeless women and children are facing due to their current living situation. Participants of the study included 64 women, each with at least one child, currently residing in a homeless shelter. Each woman is part of a semi-structured interview, in which they are asked about daily stressful events and how they are able to cope with those stressful situations. When the women are asked to describe a stressful situation, the types of stressful situations vary, with the most common one being housing problems. Other effects of homelessness include child problems and shelter-related problems regarding obeying the rules of the shelter and respecting other shelter residents. Interpersonal problems with friends and family are identified, as well as financial problems and self-stress, because they felt as if they had let themselves and their children down. Bureaucratic stress, such as issues with social services concerning financial assistance they felt they should be receiving, is also noted. Medical/health problems, stereotypes from others about the fact that the only housing they could provide for their children is shelter care, transportation problems, and employment problems are the remaining stressors identified by the homeless women. The most common coping strategy used by the women is to “do something” to confront the problem, as 97% of the women report using that specific strategy (Banyard, 1995). Other coping strategies include getting social support from friends or family, enduring the problem in hopes that it would resolve itself, thinking positively, thinking about the

problem, getting distance from the problem, letting the feelings out, praying, focusing on the future, and focusing on their children.

Tutty, Weaver, and Rothery (1999) uncover that women exposed to domestic violence often experience depression, suicidal ideation, posttraumatic stress, and/or issues associated with substance abuse. The majority of these women are described as unable to permanently remove themselves from the destructive situation they are caught in because of lack of funding for services, overcrowded shelters, a decrease in welfare, and limited opportunities to obtain affordable housing. Many women are unable to effectively cope with the stresses related to leaving the abusive partner and therefore do not possess the skills needed to live independently.

The homeless population has a wide variety of occupational performance needs that are specific to shelter life as reported by Tryssenaar, Jones, and Lee (1999). Two occupational therapy students using the first three steps of the Canadian Occupational Performance Measure interviewed twenty-five individuals living in homeless shelters in Ontario, Canada. Major qualitative themes that emerge include the following: 1) a focus on spirituality, 2) “we want what everyone wants”, 3) choosing satisfaction, 4) diverse health concerns, 5) power of relationships, 6) the significance of the environment, and 7) poverty. The most popular topic raised by participants is spirituality as these individuals struggle to find meaning in their lives in the face of their hardships. Many participants do express the desire to have a job, a house, children, a partner, and to have fun, but have limited skills and resources to fulfill these desires. The participants’ current shelter environment discourages independence especially in the areas of self-care and leisure. The occupational performance problems the participants identify in order of frequency

include: 1) employment, 2) relationships, 3) active recreation, 4) quiet recreation, 5) finances, 6) housing, 7) return to school, and 8) personal care. The majority of the problems they identify fell under the occupational area of self-care. Mobsby (1996) uncovers the need to address activities of daily living. Budgeting, communication skills, leisure, and coping skills are identified as major areas of need for this population. All of the problem areas identified by these authors need to be addressed while the women are living in shelter care in order to improve the women's quality of life and increase their opportunities for success at the community level.

While these studies describe the effects that domestic violence and homelessness has on women, research also illustrates that domestic violence and homelessness significantly affects the children who are witnesses of this abuse. Effects can include exhibiting "general aggressiveness" or violence to siblings or the victim parent, exhibiting a "pattern of over-compliance" and fearfulness, low self-esteem, poor health conditions, poor impulse control, academic problems, homelessness, fear and distrust of close relationships, confusion over the correct behaviors, psychosomatic symptoms, nightmares, enuresis, increased risk for suicide, self-blame, post traumatic stress disorder, and increase use of drugs and alcohol (O'Dell, n.d.). How an individual child is affected varies depending on the circumstances surrounding around the incident. Aspects of the child's environment and support systems affect their behaviors and responses to the abuse.

The goal of Grych, Jouriles, Swank, McDonald, and Norwood's (2000) research is to identify what effects domestic violence has on children, if they demonstrate any specific behaviors due to the violence they are witnesses of, and what these behaviors are.

A selection of instruments is completed with 228 children between the ages of 8 and 14 and their mothers, all of which are currently living in a shelter for battered women. Results indicate the largest portion of children (31%) are functioning within the normal range of adjustment, and do not have externalizing or internalizing behavior problems, or self-esteem issues that are clinically significant (Grych, et al., 2000). Another significant portion of the children (30%) developed both internalizing and externalizing problems, which agrees with prior literature stating children who are witnesses to domestic violence are more likely to display behavior problems. Behaviors include anxiety, depression, aggression, and low self-esteem.

Fantuzzo, DePaola, Lambert, Martino, Anderson, and Sutton (1991) examine the impact that two major factors, the extent of the child's exposure to verbal and/or physical conflict and the child's living accommodations at the time of the psychological assessment, have on the psychological adjustment of preschool age children who have been exposed to domestic violence and conflict. The sample includes 107 young children and their mothers; the families are either enrolled in a Head Start program or temporarily residing in shelters for battered women. Participants are asked to complete a series of instruments. Based on results of the instruments, participants are assigned to one of four experimental groups, the Shelter Plus Physical and Verbal Violence group, the Home Plus Physical and Verbal Violence group, the Home Verbal Only group, and the Control Group with neither physical nor verbal violence. The data is analyzed according to which of the four experimental groups the participants are assigned. Fantuzzo, et al. (1991) found that witnessing interparental violence (physical or verbal) is directly related to the nature and the degree of the child's behavior problems that are seen in preschool aged

children. To a greater extent, children who are rehoused temporarily in shelter care indicate greater emotional and social problems as evidenced by the children in the shelter group showing the lowest levels of social skills and maternal acceptance in comparison to the other groups. This group also displays the highest levels of internalizing behaviors and the lowest levels of self-esteem. The results also indicate a direct relationship between parental conflict and the nature of the child's adjustment problems (Fantuzzo, et al., 1991). These results are consistent with Page and Nooe's (2002) work, which looks at the emotional distress that homeless children display. Mothers of the homeless children completed The Pediatric Emotions Distress Scale. Results show that homeless children exhibit a high level of distress while living under unstable living conditions.

Their high level of distress often causes disruptions in how the children adapt to their environment. This is researched by Torquati and Gamble (2001) when 38 children between the ages of 6 and 12 who are currently experiencing a crisis related to housing are asked to participate in a study. The study is designed to examine a child's social resources and psychosocial adaptation. Torquati and Gamble (2001) also examine the qualities of the parent-child relationship and how that affects the child's ability to adapt to external stressors. Both the child and their primary caregiver are interviewed separately using a battery of assessments. Based on child report, mothers, fathers, brothers, friends, and sisters are nominated as potential supports. However, mothers are the primary support system for the children three times as often as any other individual. All but 3% of the children reported their mother as a support. A homeless child's social network is found to include primarily mothers, siblings, and teachers with little reference to peer friendships or extended family members. The sizes of a child's support network

and the satisfaction with the level of support is found to be distinct concepts that are not necessarily interrelated. The size of the network is not directly correlated with stressors or psychosocial adaptation, which indicates that a child who identifies a single strong support has the potential to adapt to stressors more effectively than a child who identifies multiple weaker supports. The quality of the support system in place proves to be indicative of positive adaptation. Results of parent interviews reveal that stressors caused an increase in negative parenting style, but did not influence positive parenting styles. Also, the negative parenting typically occurs in the context of the stressor which is important for professionals working with these parents to understand. When looking at how these parenting styles affect the children, it showed that the negative parenting style predicts that a child will externalize behaviors and internalize feelings. However, the positive parenting style is directly correlated with a decrease in child reported stressors. The stressors reported by the children predicted negative affect, less internal locus of control, and decreased school adaptation. When studying homeless children more specifically, it is found that the quality of both of these resources is lacking extensively (Torquati & Gamble, 2001).

Adolescents may respond to homelessness in a variety of ways. Ensign and Santelli (1997) observe the current health condition, access to healthcare, and risk-taking behaviors of two samples of homeless adolescents who are living in shelter care. The two samples include systems youth (adolescents who are staying at the shelter and had been living with extended or non-family members within the 12 months prior to entering the shelter) and street youth (adolescents who are staying at the shelter and had either been living with non-family friends, on the streets, in parked cars, or in a park with the 12

months prior to entering the shelter). There are 68 systems youth and 41 street youth participants between the ages of 12 and 17. All participants complete a sequence of surveys to indicate their high-risk behaviors, access to healthcare, perception of their health problems, reason for homelessness, record of immunizations, medications, family/social/psychological/education history, physical/sexual abuse, drug use, sexually transmitted diseases, pregnancy, and medical insurance status. Results from the surveys show that the major reasons for homelessness among all the youth include a type of abuse that forced the child to be removed from the home, neglect, or parental substance abuse. The sample of street youth report higher substance abuse behaviors and sexual risk behaviors. Health status and lack of access to healthcare may result in the street youth having higher rates of seizure disorders, pregnancy, sexually transmitted diseases, injuries, thoughts of self harm, depression, and usage of emergency departments, while the systems youth have higher rates of asthma and obesity (Ensign & Santelli, 1997).

The attitudes and opinions of shelter directors may not always be congruent with the beliefs of those who are temporarily living in the shelters. Hicks-Coolick, Burnside-Eaton, and Peters (2003) use both qualitative and quantitative measures to identify the needs of children who are homeless, and the services that are currently offered to them. Directors of homeless shelter agencies are interviewed regarding the services they present to homeless children, how sufficient they feel these services are, the needs that are not being met at the facility, and reasons why these needs are not currently being met. Results of the qualitative interview found that children are not receiving satisfactory health care, shelter space is insufficient, homeless shelter staff members need more training on the subject of how to address the needs of homeless children, and educational

issues are not a priority for children. As cited in Hicks-Coolick (2003) almost one-half of all homeless children do not attend school on a normal basis and have been held back for at least one grade. Reasons for not attending school include a number one priority of obtaining food and shelter and a fear that the abuser will identify where the child is living. Results of the quantitative measure find that the biggest needs are for more shelter space and educational opportunities. Despite the findings listing a range of problems, the directors feel that the services currently being offered to homeless children are good or excellent.

There are a wide variety of effects on and needs of women and children who are victims of domestic violence. When the violence finally drives these women and children out of their homes, they undergo major role transitions. At this point, they have a number of needs that must be addressed immediately. It is important to take all of the unique needs of this population into consideration when looking at programming options.

Established Programs

A number of programs have been developed for women and children who are victims of domestic abuse. The opportunities for program development in this area are great because of the unique unmet needs of this population. Although there are a number of obstacles that exist in regards to adequate program development for victims of domestic violence and homelessness, several programs from the literature report on the success with women and children of domestic violence, as well as with the homeless population in general.

Chang, Martin, Moracco, Dulli, Scandlin, and Loucks-Sorrel (2003) look at the programming options available to women who are victims of domestic violence in North Carolina who are also experiencing disabilities. It is found that there is a wide variety of services available to these women in this area. What Chang, et al., (2003) uncovered is the challenges reported by service coordinators throughout the state. The primary challenge reported is the lack of funding that is available to these much needed programs. Facilities are unable to appropriately staff the facilities to meet the needs of the clients. The coordinators are able to recognize the areas of need for the clients, but have difficulty meeting those needs due to being understaffed. They are also unable to purchase additional equipment or make structural changes to facilities to meet needs of the population. It is important to know that shelter coordinators do recognize the growing needs of the women and their children, but are confronted with a number of barriers they must first overcome or adapt to in order to better their services.

Chang, et al., (2003) recognize that there are a number of areas that inhibit adequate program development. Regardless of these barriers, Jouriles, McDonald, Spiller, Norwood, Swank, and Stephens (2001) are able to design and implement a program to study the effects that interparental conflict has on children of battered women and developed a program to identify the effectiveness of providing intervention to the mothers of children displaying negative parenting behaviors. These behaviors are believed to be directly associated with the exposure to domestic violence. Thirty-six families take part in this study. All participants have a child between the ages of four and nine that meets the clinical criteria for oppositional defiant disorder or conduct disorder. They also have at least one encounter with a physically violent partner during the past

year. The women are divided into two groups. One group receives intervention one time per week while the other does not receive any. The goals of the intervention are to provide influential and emotional support to the mothers as they are transitioning from their shelter residence to independent living and to educate the mothers on how to utilize child management skills that are proven to be effective with children experiencing conduct problems across a variety of populations. The results suggest that the intervention contributes to a decrease in problem behaviors in children. Changes in children with conduct problems occur at a much faster rate among the individuals in the intervention group. The mothers in the intervention group demonstrate a better ability to internalize child management skills. Regardless of external stressors placed upon families throughout the intervention (i.e. poverty, adjusting to single parenting, abusive reencounters with their partner) positive changes occur. Mothers at the women's shelters are, in general, interested in learning more about the intervention and are open to new ideas. They display genuine interest in services available for both themselves and their children (Jouriles, et al., 2001).

Occupational therapy is beginning to grow and expand by working with this population. There are currently a limited number of documented programs designed by occupational therapists. An occupational therapy based program titled "The Dinner Program for Homeless Women" is developed in Washington, D.C. (Kearney, 1991). This program is designed according to Gary Kielhofner's Model of Human Occupation. It offers homeless women a meaningful and organized activity to participate in while they are waiting for dinner. A survey is given to the women who attend the dinner program, asking them what type of activity they are interested in participating in before the dinner

meal is served. The results of the survey indicate that the women are most interested in craft activities. The goals of this program are that each homeless woman will begin to 1) trust others, 2) feel successful, 3) become more involved in appropriate interactions with others, 4) practice basic skills, and 5) generalize these skills in the community. Kearney (1991) states the reason why many women are homeless is due to domestic violence, which is why the women have a difficult time establishing a sense of trust. Trust is an essential part of life, in order to reach out for support. Feeling a sense of success may be something new for these women, as not being able to make a home for themselves has left the women with a low self-esteem. A sense of success may be felt by completing a craft or making a friend. The women work on their crafts in a group setting where they often have to share materials; this encourages them to interact appropriately with others in a social situation, which is something that they may not have had the opportunity to experience previously. The skills that they practice by completing crafts include concentration, attention, problem solving, and fine and gross motor coordination. The skills practiced are then generalized in the community in a variety of ways (Kearney, 1991).

Role of Occupational Therapy

The role of occupational therapy in the community is growing as healthcare is changing. Presently there are increasing numbers of professionals working in community-based settings rather than the traditional hospital setting. There are more homeless people on the streets today, and many of these homeless people are being affected by various physical and psychosocial disabilities (Mitchell & Jones, 1997). Therefore, these individuals are increasingly utilizing the services provided at the

community level. With the diverse training that occupational therapists receive regarding both physical disabilities and psychosocial dysfunction, these professionals can be of great help when determining how to assist the homeless population.

Occupational therapists are trained to help individuals to adapt to a variety of situations. Battered women and their children are in a unique situation with a unique set of needs when they enter the homeless shelter after fleeing their destructive environment. In order to be successful at the community level, they must learn to adapt to a new environment and a new lifestyle. If they are unable to adapt, then the chances of recidivism are increased. Occupational therapists are able to work with these individuals to assist them in gaining the skills needed to succeed independently as these women and their children are currently undergoing a significant transition and are learning to adapt to new surroundings and situations.

Occupational therapists working with the homeless population focus their interventions on promoting independent occupational performance. Mobsby (1996) define a healthy routine consisting of activities of daily living, work, and leisure as a primary need for the homeless population, even though a homeless person may not be particularly concerned with reestablishing routines initially. Typically, women who are involved in an abusive relationship become dependent on their partner. They often do not recognize that they are lacking the skills needed for a healthy and rewarding lifestyle. Occupational therapists are trained to work with individuals to increase occupational performance skills.

Mitchell and Jones (1997) illustrate how the Model of Human Occupation can be applied to those who are homeless by encouraging the development of new habits,

routines, and roles, while using the skills they possess and the community around them. The Model of Human Occupation, authored by Gary Kielhofner (2002), states that how a person performs in their self-care, work, and play tasks is a result of their motivation, daily patterns, ability to perform, and environment around them. There are two principal elements that the Model of Human Occupation highlights regarding the human being: 1) a person's behavior depends on the relationship between their inner qualities and the environment and 2) performing daily occupations shapes who a person is (Forsyth & Kielhofner, 2003).

There are three components of the person according to the Model of Human Occupation: 1) volition, 2) habituation, and 3) performance capacity. Volition pertains to the motivation that a person has to perform their daily activities. The motivational aspects of volition contain a person's values, or what has meaning and is significant, interests, or what a person takes pleasure in, and personal causation, or how skilled a person feels he/she is at performing a task. Victims of domestic violence and homelessness may not feel a sense of value or pride because they are struggling to find shelter, a basic human need (Kielhofner, 2002). When human physiologic needs are not being met, it is normal that being motivated to work towards acquiring skills necessary for independence is not a priority. Once a homeless individual is able to feel a sense of safety and security, they are ready and willing to begin the next step, which is working to build skills needed for successful occupational performance.

Habituation includes the patterns of activities that make up a person's day-to-day life. Patterns consist of a person's habits, a consistent way in which an activity is performed; and roles, a social and personal status that is placed upon a person. A person

who is fleeing from an abusive situation and is now homeless currently does not have consistent daily patterns (Kielhofner, 2002). The habits and roles that are familiar to the women and children are unhealthy and detrimental. Without some form of intervention to assist with establishing healthy daily patterns, these individuals will continue in their dangerous environment.

Performance capacity consists of a person's physical and cognitive capabilities, as well as experiences to perform a given task. The mind and body are interdependent on each other. If one is affected, then, as a result, the other is affected. Homeless women and their children are dealing with emotional issues related to domestic abuse. Therefore, they are unable to physically perform daily tasks. Many women are also dealing with physical injuries that are resulting in their being unable to perform cognitive tasks. The three components of MOHO all interact with the environment in order to make up the whole person (Kielhofner, 2002). Weaknesses or deficits are present in each of the three components of the Model of Human Occupation. Victims of domestic violence and homelessness will benefit from an occupational therapy-based program that addresses each of the components because of expertise an occupational therapist brings to this setting.(Kielhofner, 2002).

Summary

Women and children who are victims of domestic violence have a wide variety of needs when they enter into shelter care. They are undergoing a major role transition and are attempting to adapt to a new environment. At the current time, there are a limited number of occupational therapy programs that are designed to meet the unique needs of the battered women and homeless population. An occupational therapist can make a

significant impact on how the women and their children are able to adapt to their current situation and help the individuals make positive changes that increase their ability to succeed at the community level. Occupational therapists can assist the women to increase their self-esteem and coping skills, improve relationships, seek employment, and increase home management skills. They can assist the children in improving social skills, academic skills, and behavior management through the use of group treatment. The unique needs of this population require a unique form of intervention.

Chapter three describes the process that is taken when designing the proposed program in chapter four. It examines the methodology used in the development process as well as the resources utilized for development of assessments.

CHAPTER THREE

METHODOLOGY

A literature review was conducted prior to program development to identify the effects of domestic violence on women and children as well as to examine the number and types of programming options available to this population. A variety of search engines were used primarily including CINAHL and OT Search. A meeting was held at The Community Violence Intervention Center (CVIC) in Grand Forks, ND with Kari Kerr Welsch. She assisted in identifying the most pertinent needs for this population as well as provided a variety of resources utilized at CVIC. When reviewing the literature, it was found that there is a significant lack of research related to program development in the field of occupational therapy for this population, therefore an occupational therapy-based program for battered women and their children was developed.

The development of this program was based on the occupational therapy process which includes assessment, intervention, and outcome measures. Program development is based on the Model of Human Occupation. The process began by determining a program schedule for the women, the adolescents, and the children based on the most prevalent needs identified in the literature. Following the development of the schedule of topics, objectives were developed for each day that the groups will be meeting. Using the daily objectives as a guide, overall objectives for each program (women, adolescents, and children) were developed. After it was decided which areas of need would be addressed in the program and the objectives were written, sample activities for each day were

designed as a guide for therapists implementing this program into their facility. Sample activities were derived from activity resource books and previous fieldwork experiences in psychosocial settings. Once the foundation of the program was established, the assessment process and outcome measures were determined and instruments utilized during this process were developed.

Instruments developed for this program include an intake form, a goal setting worksheet, a treatment planning guide, and an exit interview form for each of the groups the program has been developed for. To begin developing these tools, text books from previous courses in the occupational therapy program were consulted to incorporate theory into the program as well as to determine the assessments appropriate for this population. The intake form was developed first in order to gain an understanding of who the client is and what brought them into the shelter. Following the development of this form, a treatment planning guide was developed, which comes primarily from Gary Kielhofner's Model of Human Occupation (2002). The problem areas of the population and the correlating objectives are identified according to the four components of the model. The goal setting worksheet and the exit interview form were developed at the same time as they have a similar format in order to determine outcomes. The development of these forms came directly from the weekly program objectives which focus on the most prevalent needs identified for this population. All of the instruments were initially developed for the women, but were adapted for the adolescents and children to meet their needs.

Chapter four presents the occupational therapy-based program developed for battered women and their children. A detailed program description and complete

explanations of each program (women, adolescents, and children) are provided.

Instruments utilized for assessment and outcome measures are also available in chapter four.

CHAPTER FOUR
PRODUCT

An Occupational Therapy Program
for Women and Children of
Domestic Violence who are
Living in Shelter Care

By

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Program Description

Introduction

This project presents a four-week occupational therapy-based program that is developed for women and children who are victims of domestic violence and homelessness, currently residing in shelter care. This population has difficulty living independently at the community level based on the information presented in the literature review. The goal of this program is to facilitate successful re-integration to the community by addressing the Model of Human Occupation's volition, habituation, performance capacity, and environment.

There are a wide variety of needs for women and children who are victims of domestic violence and homelessness. See Figure 1 below for a list of the needs identified by the women and their children.

Figure 1: Needs of Women and Children

Needs of women:	Needs of women and children:	Needs of children:
<ul style="list-style-type: none">• Housing concerns• Parenting difficulties• Troubles with finances• Finding and maintaining employment	<ul style="list-style-type: none">• Interpersonal and relationship problems• Identifying and accessing appropriate leisure activities• Poor coping skills• Decreased self-esteem	<ul style="list-style-type: none">• Behavior problems (anxiety, depression, aggression)• Academic problems (attendance at school on a regular basis, being held back one grade)

Occupational therapists have the necessary training and are accustomed to addressing the needs described and therefore, an occupational therapy-based program is beneficial to this population.

Admission Criteria

Each woman and her children that enter the shelter will participate in this occupational therapy-based program for four weeks. To qualify for participation in this program, women and their children must be considered homeless and victims of domestic abuse. There are three different groups designed for intervention: one for the women, one for the adolescents, and one for the younger children. The children and adolescents must be school-aged in order to participate. The separation of the children and adolescent groups will be made depending on the number of children in the shelter at the current time. The goal is to keep approximately the same number of children in each group. The occupational therapy program is developed as an open group format in that a woman and her children may enter at any point during the four week period and participate in the assigned groups for four weeks from that date forward. Upon their arrival, the women and children are given up to 48 hours to adjust to the new environment before the initial interview and assessments are completed. If a single woman enters the shelter, individual treatment sessions are offered as needed.

Assessment

Assessment and evaluation is an important aspect of occupational therapy intervention to identify areas of need for individuals. The women and children will complete an interview as well as an assessment in order to determine what areas will be of the most benefit to them throughout the course of the four week program. The children will be assisted through the process as needed.

The evaluation process for the women includes an intake interview and the Occupational Performance History Interview (OPHI-II). The OPHI-II is a semistructured

interview that collects information about a person's occupational performance. It takes approximately 45-60 minutes and will be completed in two sessions based on the amount of time required for administration. The OPHI-II contains three parts: the semistructured interview, rating scales, and a life history narrative. The first part, the semistructured interview, addresses five key areas: 1) Activity/Occupational Choices, 2) Critical Life Events, 3) Daily Routines, 4) Occupational Roles, and 5) Occupational Behavior Settings. Specific interview questions are available for each area. The second part consists of three rating scales: 1) the Occupational Identity Scale, 2) the Occupational Competence Scale, and 3) the Occupational Behavior Settings Scale. The rating scale uses a 4-point system with 4 being exceptionally competent occupational functioning and 1 being extremely occupationally dysfunctional. The third part is the Life History Form, which is a narrative of the individual's life history (Henry & Mallinson, 1999). The OPHI-II can be obtained at www.moho.uic.edu.

The evaluation process for the children and adolescents includes an interview and the completion of the Kinetic Family Drawing, which addresses the volitional aspect of the Model of Human Occupation. The Kinetic Family Drawing allows the child to draw what they perceive as their world and the relationships that exist in that world. It is a standardized evaluation in which a child is asked to draw his or her whole family doing something. An inquiry phase follows the completion of the picture. The child should identify each person and animal by name and age as well as the activity occurring in the scene. Other questions may be asked if they pertain to the drawing. This assessment is typically used for individuals 5-20 years of age, but is not restricted to these ages. (Knoff & Prout, 1985). The Kinetic Family Drawing can be obtained from Western

Psychological Services (Publishers and Distributors), 12031 Wilshire Boulevard, Los Angeles, California, 90025.

Following the completion of the interview and assessments, a meeting time will be arranged for the therapist to review the results of the evaluation with the client. The mother will be asked to be present during the meeting with the children. During this meeting, the client will also be asked to complete a goal setting worksheet to assist the therapist in writing a treatment plan. A form is provided that asks the client to place an "X" beside at least four areas that they would like to work on over the course of the four week occupational therapy program. They are then asked to rate how they perceive their current performance in this area on a scale of one to ten with one being extremely unsuccessful and ten being extremely successful. The therapist will use this as a guide to determine the areas that are most important for the client to work on throughout the program. Also provided as a tool for the therapist is a guide for treatment planning. This tool outlines the needs of the women, adolescents, and children according to the components of the Model of Human Occupation. Based on the needs the women, adolescents, or children identify during the assessment or the goal setting period, there are a list of objectives that correlate with the problem areas for the therapist to utilize during treatment plan writing.

Intervention

The focus of this program is to provide intervention for women and their children who are victims of domestic abuse. The women will attend one hour of occupational therapy group intervention five days a week for four weeks. The adolescents and

children will attend three hours of group intervention three days a week for four weeks.

The weekly topics addressed during the program are listed in Figures 2, 3, and 4.

Figure 2: Group Intervention Topics for Women

- Week 1: “Building You Up”
 - Self Esteem, Communication Skills, Stress Management, Leisure Exploration
- Week 2: “Relationships”
 - Parent/Child Relationships, Peer Relationships, Assertiveness Skills, Leisure Exploration
- Week 3: “Employment/Open Topics”
 - The Job Hunt, Job Applications, Open Topics, Leisure Exploration
- Week 4: “Managing Your Own Home”
 - Housing Options, Searching for Housing, Home Management Skills, Leisure Exploration

Figure 3: Group Intervention Topics for Adolescents

- Week 1: “Building You Up”
 - Self Esteem, Communication Skills, Leisure Exploration
- Week 2: “Relationships”
 - Parent/Child Relationships, Peer Relationships, Leisure Exploration
- Week 3: “School is Cool”
 - Successful Academic Performance, Substance Use/Abuse, Leisure Exploration
- Week 4: “Self Control”
 - Controlling Your Behavior, Stress Management, Leisure Exploration

Figure 4: Group Intervention Topics for Children

- Week 1: “Building You Up”
 - Self-Esteem, Communication Skills, Leisure Exploration
- Week 2: “Relationships”
 - Parent/Child Relationships, Peer Relationships, Leisure Exploration
- Week 3: “School is Cool”
 - Successful Academic Performance, Social Participation, Leisure Exploration
- Week 4: “Self Control”
 - Controlling Your Behavior, Stress Management, Leisure Exploration

Evaluation

Success of the occupational therapy-based program is measured based on the client's completion of their goals and objectives. Following the completion of the four week program, the therapist will arrange a meeting time with the client to discuss the client's progression through the program. The client will be asked to complete a form similar to the one completed initially during the assessment process. He or she will again rate their perception of their performance in the areas identified in order to assist the client in recognizing changes that have occurred over the course of four weeks.

Program for Women

Occupational Therapy Intake Form/Interview

Today's Date: _____ Date of Arrival: _____

Name: _____ Age: _____

Names and ages of children with you: _____

Describe the circumstances that brought you into the shelter: _____

Who brought you into the shelter? _____

Is this your first time in a shelter? _____

If no, approximately how many shelters have you been to? _____

Are you currently employed? _____

If yes, place of employment: _____

If no, are you interested in seeking employment? _____

Are your children currently attending school? _____

If yes, what school(s) are they attending? _____

Please list any physical or mental health conditions we should be aware of, including any current medications: _____

What are your plans for housing once you leave the shelter? _____

Therapist Comments/Observations: _____

Therapist Signature

Date

Assessment

The initial assessment period consists of the completion of an initial intake form that will be used in conjunction with the Occupational Performance History Interview (OPHI-II). The OPHI-II is a semistructured interview that collects information about a person's occupational performance. It takes approximately 45-60 minutes and will be completed in two sessions based on the amount of time required for administration. The OPHI-II contains three parts: the semistructured interview, rating scales, and a life history narrative. The first part, the semistructured interview, addresses five key areas: 1) Activity/Occupational Choices, 2) Critical Life Events, 3) Daily Routines, 4) Occupational Roles, and 5) Occupational Behavior Settings. Specific interview questions are available for each area. The second part consists of three rating scales: 1) the Occupational Identity Scale, 2) the Occupational Competence Scale, and 3) the Occupational Behavior Settings Scale. The rating scale uses a 4-point system with 4 being exceptionally competent occupational functioning and 1 being extremely occupationally dysfunctional. The third part is the Life History Form, which is a narrative of the individual's life history (Henry & Mallinson, 1999). The OPHI-II can be obtained at www.mocho.uic.edu.

Treatment Planning

MOHO Component	Problems/Challenges	Objectives
<p>Volition</p> <ul style="list-style-type: none"> • Personal Causation • Values • Interests 	<p>Inability to identify the value of peer relationships</p> <p>Difficulty identifying and achieving personal goals</p> <p>Avoid employment opportunities due to lack of confidence and feelings of incapability</p> <p>Feelings of helplessness and powerlessness</p> <p>Inability to appropriately identify strengths and limitations</p> <p>Loss of interest in or motivation to participate in pleasurable activities</p>	<p>Recognize the value of peer relationships</p> <p>Set realistic personal goals</p> <p>Increase pursuit of employment opportunities by increasing confidence and feelings of capability</p> <p>Increase stress management skills to cope with feelings of helplessness and powerlessness</p> <p>Develop a realistic understanding of strengths and limitations</p> <p>Identify healthy interests and increase participation in these activities</p>

MOHO Component	Problems/Challenges	Objectives
Habituation <ul style="list-style-type: none"> • Habits • Roles • Routines 	Roles of parenting disrupted	Identify role deficits and make a plan to improve them
	Dysfunctional habits internalized	Identify and eliminate dysfunctional habits
	Difficulty meeting role expectations	Set realistic role expectations
	Difficulty developing daily routines due to lack of productive role participation	Identify employment opportunities to increase participation in productive roles
	Decreased participation in daily occupations	Increase opportunities for effective participation in daily occupations
	Sense of loss and/or emptiness due to absence of productive roles	Improve family and peer relationships to increase participation in productive roles

MOHO Component	Problems/Challenges	Objectives
Performance Capacity and Skills	Decreased ability to effectively communicate with family and friends	Improve ability to communicate with family and friends effectively
	Difficulty with parenting due to emotional strain	Improve parenting skills

MOHO Component	Problems/Challenges	Objectives
Environment	Destructive and potentially dangerous home environment	Identify and examine alternative living arrangements to increase feelings of safety and security
	Limited social network	Identify importance of establishing a healthy social network
	Unrealistic expectations of self when in intimate relationships	Identify realistic expectations of self when in relationships

Program Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	Self Esteem	Communication Skills	Stress Management	Stress Management	Leisure Exploration
Week 2	Parent/Child Relationships	Parent/Child Relationships	Peer Relationships	Assertiveness Skills	Leisure Exploration
Week 3	The Job Hunt	Job Applications	Open Topic	Open Topic	Leisure Exploration
Week 4	Housing Options	Searching for Housing	Home Management Skills	Home Management Skills	Leisure Exploration

Program Objectives

- To facilitate successful re-integration into the community by:
 - developing a positive self-esteem and improving communication and stress management skills
 - improving parent/child and peer relationships
 - identifying employment interests, understanding the application process, and recognizing skills required to be a quality employee
 - understanding housing options and developing skills for successful home management
 - engaging in healthy leisure activities as a family unit

Weekly Objectives

Week 1: "Building You Up"

Self Esteem, Communication Skills, Stress Management, Leisure Exploration

Objectives:

- To identify factors that influence your self-esteem
- To identify and understand styles of communication
- To identify 3 positive ways to cope with stress
- To identify and participate in a healthy leisure activity that is motivating

Week 2: "Relationships"

Parent/Child Relationships, Peer Relationships, Assertiveness Skills, Leisure Exploration

Objectives:

- To recognize the value of the parent/child relationship
- To recognize the value of appropriate peer relationships
- To identify the importance of utilizing assertiveness skills when interacting with family and friends
- To identify and participate in a healthy leisure activity that is motivating

Week 3: "Employment/Open Topics"

The Job Hunt, Job Applications, Open Topics, Leisure Exploration

Objectives:

- To identify 3 possible employment options based on interests
- To complete 1 sample job application
- To identify and participate in a healthy leisure activity that is motivating

Week 4: "Managing Your Own Home"

Housing Options, Searching for Housing, Home Management Skills, Leisure Exploration

Objectives:

- To understand the variety of housing options available
- To locate and utilize resources for housing options
- To establish routines for effectively managing a home
- To identify and participate in a healthy leisure activity that is motivating

Sample Activities for Women

Week 1: “Building You Up”

Self-Esteem

Activity:

Self-Esteem ‘Boosters and Busters’

Purpose/Objective:

To identify factors that influence your self-esteem and to discuss how to overcome them

Materials Needed:

- ‘Boosters and Busters’ worksheet
- Pen or pencil
- White board/flip chart and marker

Administration:

Introduce the topic by beginning with a general discussion about what self-esteem is and how it influences our performance in daily activities. Discuss factors that increase/decrease self-esteem. Hand out ‘Boosters and Busters’ worksheet and ask participants to identify five actions/thoughts/ways that help to improve their self-esteem and five actions/thoughts/ways that lower their self-esteem. Allow approximately 10-15 minutes for completion of the worksheet. Follow-up by creating a cumulative list of the actions/thoughts/ways they identified as ‘Boosters’. Discuss how the activities they chose influence self-esteem. Do the same for ‘Busters’. End with a discussion generalizing the topics covered during the group.

Resource:

Adapted from Korb, K.L., Azok, S.D., & Leutenber, E.A. (1989). Self-esteem. *Life management skills: Reproducible activity handouts created for facilitators* (p.37). Beachwood, OH: Wellness Reproductions and Publishing, Inc.

Week 1: “Building You Up”

Communication Skills

Activity:

‘Passive, Aggressive, Assertive’

Purpose/Objective:

To discuss passive, aggressive, and assertive behaviors and what effect they have on communicating with others

Materials Needed:

- ‘Passive, Aggressive, Assertive’ situation cut-outs
- White board/flip chart and marker
- Container for the situation cut-outs

Administration:

Introduce the group by having a short discussion about the different types of communication styles including passive, aggressive, and assertive, giving examples of each. The container of cut-outs with a variety of situations on them will be passed around the group. Each group member takes their turn in reading one of the situations on the cut-outs and then gives an example of how a person would use a passive, aggressive, and assertive response to the situation. The OT will facilitate discussion on how using assertive communication is the most effective way to approach a situation and will write the assertive techniques on the white board/flip chart.

Resource:

Butler, C. (2001). Passive, aggressive, assertive. *100 interactive activities for mental health and substance abuse recovery* (pp.7-8). Plainview, NY: Wellness Reproductions and Publishing, Inc.

Week 1: “Building You Up”

Stress Management

Activity:

‘You and Your Stress’

Purpose/Objective:

To identify what causes your stress, how you feel when you are stressed, and positive ways to relieve your stress.

Materials Needed:

- ‘You and Your Stress’ worksheet
- Pen or pencil
- White board/flip chart

Administration:

The group will begin by discussing what stress is, in order to get a common definition that is agreed upon by all group members. Each group member will fill out a worksheet that is titled ‘You and Your Stress.’ Questions on the worksheet may include the following:

- Name 2 causes of your stress.
- How do you feel when you are stressed?
- What physical symptoms do you have when you get too stressed?
- Name 2 things that you do for yourself to relieve your stress.
- Who can you turn to when you are stressed?

The members of the group will discuss with each other ways in which they cope with their stress. If there are coping strategies that are not positive, the group may brainstorm positive coping strategies for managing stress and they can be written on the white board for all group members to take note of.

Resource:

Designed by Stacie A. Lewis, MOTS and Sarah J. Olin, MOTS (2004).

Week 1: “Building You Up”

Stress Management

Activity:

‘The Good, The Bad, and The Ugly’

Purpose/Objective:

To teach the women how to identify stressors and to recognize constructive and destructive methods for managing stress

Materials Needed:

- White board/flip chart and marker
- Pen or pencil
- ‘Good vs. Bad Techniques’ worksheet

Administration:

Introduce the topic of stress management by facilitating a discussion about what stress is. Encourage participants to give their definitions of stress. Have participants identify a list of potential stressors to help guide their understanding of what stress is and what causes it. Discuss how people react differently to similar stressors and that there are both positive and negative ways to respond to stress. Hand out copies of ‘Good vs. Bad Techniques’ worksheet. Have participants spend 10-15 minutes identifying positive and negative approaches to dealing with stress. Make a list on the board or flip chart about positive approaches the participants identified. Facilitate a discussion about positive approaches focusing on how stress can decrease by using these types of techniques. Create a list of negative ways of deal with stress. Facilitate a discussion about how these negative approaches can potentially create additional stress.

Resource:

Epstein, R. (1999). The good, the bad, the ugly. *Stress management and relaxation activities for trainers* (pp.133-139). New York: McGraw-Hill.

Week 2: "Relationships"

Parent/Child Relationships

Activity:

'Dealing with Difficult Family Situations'

Purpose/Objective:

To identify stressful family situations and problem solve how to deal with them

Materials Needed:

- 'Dealing with Difficult Family Situations' worksheet
- Pen or pencil

Administration:

The 'Dealing with Difficult Family Situations' worksheet will be handed out to each group member. Questions from the worksheet include:

- Describe an interaction with your children which has caused you stress.
- Describe how you dealt with it.

Each group member will discuss with the group one situation that was stressful and the way that it was dealt with. The group members will then brainstorm ideas of how the situation could have been dealt with differently, in a more positive way.

Resource:

Precin, P. (1999). *Living skills recovery workbook* (pp. 72-73). Boston: Butterworth-Heinemann.

Week 2: “Relationships”

Parent/Child Relationships

Activity:

‘Parent/Child Communication’

Purpose/Objective:

To practice listening to your child’s feelings

Materials Needed:

- ‘Parent/child communication’ worksheet

Administration:

The OT will begin the group by discussing how children and parents communicate through the use of verbal and nonverbal language, and how a child cannot always put his/her true feelings into words. A list of statements made by children will be given to each group member. The mothers will all read the statements and try to identify what feeling the child is displaying. Examples from the worksheet include:

- Look mommy, I’m giving my new doll a bath. (Proud)
- I wish I had something to do; I’m tired of watching TV. (Bored)
- I wish I hadn’t pushed Lisa down; Am I bad? (Guilty)
- What’s the use? Every time I do my homework, I get a C. (Frustrated)

The group will then brainstorm how to positively respond to a child that makes one of the statements listed above.

Resource:

Hughes, P. & Mullins, L. (1981). *Acute psychiatric care: An occupational therapy guide to exercises in daily living skills* (pp.52-55). Thorofare, NJ: SLACK Incorporated.

Week 2: “Relationships”

Peer Relationships

Activity:

‘Relationships and You’

Purpose/Objective:

To assist the participant in understanding the personal traits and qualities that she brings into peer relationships

Materials Needed:

- Pen or pencil
- ‘Relationships and You’ worksheet

Administration:

Introduce the group by discussing peer relationships in order to understand who makes up their peer social support group. Make a cumulative list of positive and negative personal traits that the participants recognize in others. Hand out ‘Relationships and You’ worksheet and ask participants to fill it out independently. Ask the group members to each share their answers to two questions. Discuss the impact that the traits they identified have on peer relationships and look at how some of these traits may be similar to ones identified in others from the beginning of the group. End by having each participant write their name on a piece of paper. Have them pass it around the group. Each member will write one positive trait they recognize in that individual. The list is for the participant to keep.

Resource:

Korb-Khalsa, K.L., Azok, S.D., & Leutenberg, E.A. (1994). Relationships and you. *Life management skills III: Reproducible activity handouts created for facilitators* (p. 33). Beachwood, OH: Wellness Reproductions and Publishing, Inc.

Week 2: “Relationships”

Assertiveness Skills

Activity:

‘Just Do It’

Purpose/Objective:

To provide opportunities for the participants to practice assertiveness skills

Materials Needed:

- ‘Just Do It’ cut-ups
- Container to hold cut-ups

Administration:

Introduce the topic by discussing the importance of being assertive when dealing with relationships. Explain the role-playing activity. Each member will come up to the front of the room and choose a situation from the container. They will role play a situation, with a partner while practicing using an assertive response to the situation. Members of the group and the facilitator will provide feedback on how they handled the situation analyzing how assertive they were. Continue to have participants role play for approximate 20-25 minutes making sure that each person has at least one opportunity to practice being assertive. End with a discussion about how assertiveness skills can be beneficial when dealing with relationships.

Resource:

Butler, C.A. (2001). Just do it. *100 interactive activities for mental health and substance abuse recovery* (pp. 25-27). Plainview, NY: Wellness Reproductions and Publishing, Inc..

Week 3: “Employment”

The Job Hunt

Activity:

‘Starting Your Job Search’

Purpose/Objective:

To identify what interests you in order to begin the job search

Materials Needed:

- Local/national newspapers
- ‘Starting Your Job Search’ worksheet
- Phone book
- Pen or pencil

Administration:

Begin by having the individuals cut out advertisements in local newspapers about potential employment opportunities. Compile the cut-outs and paste them onto sheets of paper. Make enough copies for each individual. Facilitate a discussion about the positive attributes of an individual that is required by potential employers in these ads. Examples include:

- Volunteer work (Organizational skills)
- House/Handy work (Manual dexterity)
- Home Finances (Deal with numbers and data)
- Personal Relationships (Work well with others)
- Leadership (Community/Church/Temple activities)
- Expression (Creative and/or artistic)

Distribute ‘Starting Your Job Search’ worksheet to each group member. Have the members complete the first section and then discuss as a group. Continue with the following two sections. End with a discussion about the potential effects of personal positive traits on her job performance.

Resource:

Korb-Khalsa, K.L. & Leutenberg, E.A. (1996). Starting your job search. *Life management skills IV: Reproducible activity handouts created for facilitators* (p. 17). Beachwood, OH: Wellness Reproductions and Publishing, Inc.

Week 3: “Employment”

Job Applications/Interviews

Activity:

‘Applying for a Job’

Purpose/Objective:

To provide opportunities for practice in filling out a job application and interviewing for a job

Materials Needed:

- Sample job applications
- Common interview questions
- Pen or pencil

Administration:

The group will begin by each group member identifying what interests they came up with, as well as any possible jobs that they feel could be beneficial for them that they found during the previous group. The OT will provide sample job applications, giving each group member the opportunity to fill one out. There will also be a list of interview questions that are commonly asked at job interviews. The group members will pair up and ask each other the sample interview questions, as well as help each other come up with ways to answer the questions. This step in finding employment will give each group member the confidence to complete the next job application and interview on their own.

Resource:

Designed by Stacie A. Lewis, MOTS and Sarah J. Olin, MOTS (2004).

Week 3: “Employment/Open Topic”

Open Topic

There are two days built into the OT group schedule for open topics. On these two days, the group members choose any topic to discuss that they feel is beneficial to them regarding successful re-integration into the community.

Resource:

Designed by Stacie A. Lewis, MOTS and Sarah J. Olin, MOTS (2004).

Week 4: “Managing Your Own Home”

Housing Options

Activity:

‘Housing Options’

Purpose/Objective:

To inform participants about the types of housing that is available to them and to help them understand pricing options for each one.

Materials Needed:

- Any resources available in the area related to housing options
- Prices of various types of housing options available in the area
- Information related to bank loans and financial assistance
- Pen or pencil

Administration:

This group is designed to be educational. It will be a discussion about the different types of housing options available including, but not limited to, houses, apartments, townhouses, and condominiums that are available in the region. The pros and cons of buying versus renting will be discussed. Information regarding financial assistance and bank loans will be provided to begin the participant’s thought process about which option is best for them. If available and time permits, a guest speaker could be invited to assist with this group (i.e. loan consultant, real estate agent, or an apartment manager).

Resource:

Designed by Stacie A. Lewis, MOTS and Sarah J. Olin, MOTS (2004).

Week 4: “Managing Your Own Home”

Searching for Housing

Activity:

‘Searching for Housing’

Purpose/Objective:

To begin the process of finding available housing in the community and provide opportunities to explore resources available

Materials Needed:

- Local newspapers
- Phone book
- Telephone
- Blank paper
- Pen or pencil

Administration:

This group is designed to allow time for the participants to begin looking for housing in the community with support to answer questions as needed. There will be newspapers available with local housing opportunities and a phone book to locate phone numbers of various real estate agents/apartment managers. There will be a phone to allow the participants to make telephone calls if needed. The facilitator will be responsible for overseeing their search and guiding them through the process as needed.

Resource:

Designed by Stacie A. Lewis, MOTS and Sarah J. Olin, MOTS (2004).

Week 4: “Managing Your Own Home”

Home Management Skills

Activity:

“Budget Work\$heet”

Purpose/Objective:

To assess the participant’s financial status and to improve money management skills by identifying problem areas

Materials Needed:

- Pen or pencil
- ‘Budget Work\$heet’ Handout
- White board/Flip chart and marker

Administration:

Introduce the topic by discussing money management and how it is a potential stressor if not managed effectively. Provide each participant with a copy of the ‘Budget Work\$heet’. Allow approximately 15 minutes for completion answering questions as needed. Follow up with a discussion about how to increase income and/or decrease expenses to provide a better balance between the two. Discuss techniques to save money. End by processing the benefits of doing a written review of finances.

Resource:

Korb, K.L., Azok, S.D., & Leutenberg, E.A. (1991). Budget worksheet. *Life management skills II: Reproducible activity handouts created for facilitators* (p. 30). Beachwood, OH: Wellness Reproductions and Publishing, Inc.

Week 4: “Managing Your Own Home”

Home Management Skills

Activity:

‘Meal Planning’

Purpose/Objective:

To plan a nutritious meal and understand the importance and benefits of balanced meals

Materials Needed:

- Paper/white board
- Pen or pencil

Administration:

The group will begin by discussing the food guide pyramid, how many servings of each food group one should have in a day, and the benefits of consuming a balanced meal. The members will then plan a lunch meal together. As a group, they will be given a certain amount of money provided by the shelter to go to the grocery store. The women will have to plan to buy enough food for everybody in the group to eat. They will have to agree on a grocery list of all the necessary items before going to the grocery store. They will be driven to the grocery store to purchase their food. While at the grocery store, the group members will be required to compare prices, as they are shopping on a limited budget. Discuss the importance of meal budgeting. Upon returning to the shelter, the group members will make their lunch meal that they planned.

Resource:

Designed by Stacie A. Lewis, MOTS and Sarah J. Olin, MOTS (2004).

Weeks 1-4

Leisure Exploration

Activities:

- Bowling
- Movie
- Sporting events (watching and/or playing)
- Board games/Card games
- Exercise activities (swimming, walking)

Purpose/Objective:

To provide opportunities for healthy leisure participation and exploration while focusing on improving the parent/child relationship.

Materials needed:

Materials required will be dependent upon the activity chosen.

Administration:

The mothers and their children will make the decision about what leisure activity they would like to participate in that week from a list of activities provided by the shelter. Transportation will be available for activities requiring it.

Resource:

Designed by Stacie A. Lewis, MOTS and Sarah J. Olin, MOTS (2004).

Program for Adolescents

Occupational Therapy Intake Form/Interview

Today's Date: _____ Date of Arrival: _____

Name: _____ Age: _____

Are you currently in school? _____

If yes, what school are you attending? _____

What are some of the activities you like to do at school/at home?

Therapist Comments/Observations: _____

Therapist Signature

Date

Assessment

The initial assessment period consists of the completion of an initial intake form that will be used in conjunction with the Kinetic Family Drawing. This assessment allows the child to draw what they perceive as their world and the relationships that exist in that world. It is a standardized evaluation in which a child is asked to draw his or her whole family doing something. An inquiry phase follows the completion of the picture. The child should identify each person and animal by name and age as well as the activity occurring in the scene. Other questions may be asked if they pertain to the drawing. This assessment is typically used for individuals 5-20 years of age, but is not restricted to these ages (Knoff & Prout, 1985). The Kinetic Family Drawing can be obtained from Western Psychological Services (Publishers and Distributors), 12031 Wilshire Boulevard, Los Angeles, California, 90025.

Treatment Planning

MOHO Component	Problems/Challenges	Objectives
Volition <ul style="list-style-type: none"> • Personal Causation • Values • Interests 	Loss of interest in or motivation to participate in pleasurable activities	Identify healthy interests and increase participation in these activities
	Inability to appropriately identify strengths and limitations	Develop a realistic understanding of strengths and limitations
	Feeling life is out of control	Increase stress management skills to cope with feelings of helplessness and powerlessness
	Develop unhealthy interests	Decrease participation in unhealthy activities
	Difficulty identifying and achieving personal goals	Set realistic personal goals
	Avoid social activities due to feelings of inadequacy	Increase participation in social activities
	Decline in academic performance	Improve academic performance

MOHO Component	Problems/Challenges	Objectives
Habituation <ul style="list-style-type: none"> • Habits • Roles 	<p>Roles of adolescent disrupted</p> <p>Decreased participation in healthy leisure activities</p> <p>Difficulty developing daily routines due to lack of productive role participation</p> <p>Decreased participation in daily occupations</p> <p>Dysfunctional habits are internalized</p> <p>Sense of loss and/or emptiness due to absence of productive roles</p>	<p>Identify realistic role expectations of an adolescent</p> <p>Increase participation in healthy leisure activities</p> <p>Increase effectiveness of role participation by changing habitual performance of carrying it out</p> <p>Increase opportunities for effective participation in daily occupations</p> <p>Identify and eliminate dysfunctional habits</p> <p>Improve family and peer relationships to increase participation in productive roles</p>

MOHO Component	Problems/Challenges	Objectives
Performance Capacity and Skills	<p>Decrease in ability to concentrate and attend to task</p> <p>Decreased ability to effectively communicate with family and friends</p> <p>Difficulty controlling behaviors</p> <p>Difficulty with relationships due to emotional strain</p>	<p>Increase stress management skills</p> <p>Improve ability to communicate with family and friends effectively</p> <p>Increase self-control</p> <p>Improve social skills to effectively participate in relationships</p>

MOHO Component	Problems/Challenges	Objectives
Environment	<p>Destructive and potentially dangerous home environment</p> <p>Limited social network</p> <p>Unrealistic expectations placed on adolescents</p> <p>Increase in use of harmful and illegal substances</p>	<p>Understand danger and how to appropriately respond in a potentially dangerous situation</p> <p>Learn that it is acceptable to feel safe and secure</p> <p>Identify importance of establishing a healthy social network</p> <p>Identify realistic expectations of self</p> <p>Establish healthy leisure interests</p>

Program Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	Self Esteem		Communication Skills		Leisure Exploration
Week 2	Parent/Child Relationships		Peer Relationships		Leisure Exploration
Week 3	Successful Academic Performance		Substance Use/Abuse		Leisure Exploration
Week 4	Controlling Your Behavior		Stress Management		Leisure Exploration

Program Objectives

- To facilitate successful re-integration into the community by:
 - developing a positive self-esteem and improving communication and stress management skills
 - improving parent/child and peer relationships
 - improving academic participation
 - understanding the effects behavior has on social relationships and academic participation
 - recognizing the harmful affects of substance use and abuse
 - engaging in healthy leisure activities as a family unit

Weekly Objectives

Week 1: "Building You Up"

Self Esteem, Communication Skills, Leisure Exploration

Objectives:

- To recognize 3 positive self-attributes
- To identify and understand verbal and nonverbal communication
- To identify and participate in a healthy leisure activity

Week 2: "Relationships"

Parent/Child Relationships, Peer Relationships, Leisure Exploration

Objectives:

- To recognize the value of the parent/child relationship
- To recognize the value of appropriate peer relationships
- To identify and participate in a healthy leisure activity

Week 3: "School is Cool"

Successful Academic Performance, Substance Use/Abuse, Leisure Exploration

Objectives:

- To develop a balanced daily schedule, which includes school, homework, family time, etc.
- To identify the harmful effects of using illegal substances
- To identify and participate in a healthy leisure activity

Week 4: "Self Control"

Controlling Your Behavior, Stress Management, Leisure Exploration

Objectives:

- To recognize inappropriate behaviors and how they impact social participation and academic performance
- To identify 3 positive coping skills
- To identify and participate in a healthy leisure activity

Sample Activities for Adolescents

Week 1: “Building You Up”

Self-Esteem

Activity:

‘I Will Like Myself A-Z!’

Purpose/Objective:

To increase self-esteem by identifying personal positive attributes

Materials Needed:

- ‘I Will Like Myself A-Z!’ worksheet
- Pen or pencil
- White board/Flip chart and marker

Administration:

Introduce group by discussing the definition of self-esteem and what factors can influence it. Distribute ‘I Will Like Myself A-Z!’ worksheets. Ask participants to identify a positive attribute about him/herself according to the letters of the alphabet. For time purposes, participant should complete at least ten letters. Allow 10-15 minutes for completion. Write the letters A-Z on the white board or flip chart. Ask participants to share 2-3 of their attributes to allow practice making positive statements about himself/herself. Write words on the board or chart. Follow-up by processing the benefits of being able to identify and communicate personal positive attributes.

Resource:

Korb, K.L., Azok, S, & Leutenberg, E.A. (1989). I will like myself A-Z. *Life management skills: Reproducible activity handouts created for facilitators* (p. 35). Beachwood, OH: Wellness Reproductions and Publishing, Inc.

Week 1: “Building You Up”

Communication Skills

Activity:

‘Communication Building Blocks’

Purpose/Objective:

To increase an awareness of verbal and nonverbal communication

Materials Needed:

- Pen or pencil
- Blank sheets of paper
- 2-3 copies of ‘Communication Building Blocks’ handout

Administration:

Introduce the group by discussing ways to effectively communicate with family, friends, teachers, etc. Give each participant a blank sheet of paper and a writing utensil. Ask for a volunteer. Instruct him/her to choose one shape from the copied handout. The volunteer uses verbal cues only to describe the picture. The other members are to draw the picture the volunteer describes. Have members share their drawings and compare to the original. Have a second volunteer choose a different square from the copied handout. This volunteer describes the picture using both verbal and nonverbal cues. The members share their drawings and compare to the original. Encourage other volunteers to choose a square and describe it to the group using their choice of verbal only cues or both verbal and nonverbal cues so the members have the opportunity to experience both sides. Process the activity by discussing the degree of difficulty when following the directions. Assist them in understanding the benefits of expressing yourself both verbally and nonverbally and to recognize how he/she can be misunderstood because of lack of appropriate communication.

Resource:

Adapted from Korb, K.L., Azok, S, & Leutenberg, E.A. (1991). Communication building blocks. *Life management skills II: Reproducible activity handouts created for facilitators* (p. 14). Beachwood, OH: Wellness Reproductions and Publishing, Inc.

Week 2: “Relationships”

Parent/Child Relationships

Activity:

‘Writing Mom a Letter’

Purpose/Objective:

To assist adolescents in recognizing the value of the parent/child relationship and provide a means for expressing his/her thoughts

Materials Needed:

- Pen or pencil
- Blank sheet of paper

Administration:

Introduce the group by discussing the value of the parent/child relationship. Highlight the benefits of establishing a positive connection with his/her mother. Explain that each individual will be writing a letter to his/her mother. The letter is to provide a means for opening the lines of communication by expressing how he/she feels about their relationship, how he/she perceives the current situation, and what he/she needs emotionally from their mother. The letter is not to be read by anybody other than the child and the mother unless the adolescent chooses otherwise, so encourage the adolescent to be open and honest. Provide the remainder of the group time for the adolescents to write. Answer questions and provide ideas as needed for the adolescents.

Resource:

Designed by Stacie A. Lewis, MOTS and Sarah J. Olin, MOTS (2004).

Week 2: “Relationships”

Peer Relationships

Activity:

‘Boomerangs’

Purpose/Objective:

To recognize how your behavior towards peers impacts how they treat you in return

Materials Needed:

- White board/Flip chart and marker
- Pen or pencil
- Crayons
- Bland paper
- Boomerang (optional)

Administration:

Introduce the activity by discussing what a boomerang is and how it works. Ask each participant to share a time that he/she treated a friend/peer unkindly and discuss how he/she felt following the encounter. Have each participant share a time that he/she was treated unkindly by a friend/peer and discuss how he/she felt following the encounter. Ask “What is good about being nice to somebody even when they are not nice to you?”. Assist the participants with responses. Discuss ideas of how to show acts of kindness to friends/peers. Discuss how to react if somebody is unkind to you even if you are kind to them. Process the boomerang effect of being kind to others. End with having the participants draw a picture of an act of kindness to a friend.

Resource:

Butler, C.A. (2001). Boomerangs. *100 interactive activities for mental health and substance abuse* (p. 187). Plainview, NY: Wellness Reproductions and Publishing, Inc.

Week 3: “School is Cool”

Successful Academic Performance

Activity:

‘Daily Schedule’

Purpose/Objective:

To identify a balance of daily activities

Materials Needed:

- Blank weekly schedule
- Pen or pencil

Administration:

The occupational therapist will begin by discussing how important a balance in daily activities is. The group may share what their typical day has been like lately; some may not even be able to describe what that is like. The group will then come up with a variety of ideas about what things they should include in their daily schedule in order to make it a balance. Setting aside time for school, homework, eating, exercise, leisure time with family, etc are all examples of items to make up a balanced schedule. Each group member will design a schedule for them to follow for the next week. They will be encouraged to share this schedule with their mother.

Resource:

Designed by Stacie A. Lewis, MOTS and Sarah J. Olin, MOTS (2004).

Week 3: “School is Cool”
Substance Use/Abuse

Activity:
‘Positive Problem Solving’

Purpose/Objective:
To identify creative alternatives to using/abusing illegal substances

Materials Needed:

- ‘Positive Problem Solving’ handout
- Pen or pencil
- White board/flip chart and marker

Administration:

Introduce the group by discussing what illegal substances are. Have the participants list any that they can identify and make a list on the board or chart. Discuss the harmful effects that illegal substance can have on your body. Handout copies of ‘Positive Problem Solving’ to each participant. They can choose to use one of the following potential problems to focus on:

- You go to a party where your friends are drinking alcohol.
- Your friend tries to talk you into smoking marijuana by telling you that “everybody’s doing it”.

Have the adolescents spend 10-15 minutes filling out the worksheet. Follow-up by having them share their responses.

Resource:

Adapted from Korb, K.L., Azok, S, & Leutenberg, E.A. (1989). Positive problem solving. *Life management skills: Reproducible activity handouts created for facilitators* (p. 124). Beachwood, OH: Wellness Reproductions and Publishing, Inc.

Week 4: “Self-Control”
Controlling Your Behavior

Activity:
‘Don’t Let Them Push Your Buttons’

Purpose/Objective:
To identify situations that makes a person angry and how to prevent an angry response

Materials Needed:

- ‘Don’t Let Them Push Your Buttons’ worksheet
- Pen or pencil

Administration:
The group will begin by getting a common definition of what does ‘push my buttons’ actually mean. The group may give examples of times when they have had their buttons pushed. The worksheet will be passed out to each group member, and they will be asked to fill it out to the best of their ability. Questions on the worksheet ask the person to identify a time when their ‘buttons were pushed’ and how they reacted to that situation. Each group member will share what their experiences were. The group will then brainstorm a variety of ways that the situation could have been handled differently, in a more positive way. The therapist and the group members will summarize the positive ways to react the next time somebody’s ‘buttons get pushed’ to conclude the group.

Resource:
Butler, C.A. (2001). Don’t let them push your buttons. *100 interactive activities for mental health and substance abuse recovery* (pp. 5-6). Plainview, NY: Wellness Reproductions and Publishing, Inc.

Week 4: “Self-Control”
Stress Management

Activity:
‘Frog Parable’

Purpose/Objective:
To identify coping mechanisms when dealing with stress

Materials Needed:

- ‘Frog Parable’
- ‘Frog Parable’ worksheet

Administration:

Introduce the group by discussing the definition of stress and what causes it. Ask for three volunteers to read and perform the parable aloud. Following the performance, distribute worksheets to group members and ask them to complete them independently. Have members share responses to the questions as time permits. End with a discussion about what group members learned overall from the parable and the questions answered.

Resource:

Butler, C.A. (2001). Frog parable. *100 interactive activities for mental health and substance abuse* (pp. 79-81). Plainview, NY: Wellness Reproductions and Publishing, Inc.

Weeks 1-4:

Leisure Exploration

Activities:

- Bowling
- Movie
- Sporting events (watching and/or playing)
- Board games/Card games
- Exercise activities (swimming, walking)

Purpose/Objective:

To provide opportunities for healthy leisure participation and exploration while focusing on improving the parent/child relationship

Materials needed:

Materials required will be dependent upon the activity chosen.

Administration:

The women and their children will make the decision about what leisure activity they would like to participate in that week from a list of activities provided by the shelter. Transportation will be available for activities requiring it.

Program for Children

Occupational Therapy Intake Form/Interview

Today's Date: _____ Date of Arrival: _____

Name: _____ Age: _____

Are you currently in school? _____

If yes, what school are you attending? _____

What are some of the activities you like to do at school/at home?

Therapist Comments/Observations: _____

Therapist Signature

Date

Assessment

The initial assessment period consists of the completion of an initial intake form that will be used in conjunction with the Kinetic Family Drawing. This assessment allows the child to draw what they perceive as their world and the relationships that exist in that world. It is a standardized evaluation in which a child is asked to draw his or her whole family doing something. An inquiry phase follows the completion of the picture. The child should identify each person and animal by name and age as well as the activity occurring in the scene. Other questions may be asked if they pertain to the drawing. This assessment is typically used for individuals 5-20 years of age, but is not restricted to these ages. (Knoff & Prout, 1985). The Kinetic Family Drawing can be obtained from Western Psychological Services (Publishers and Distributors), 12031 Wilshire Boulevard, Los Angeles, California, 90025.

Treatment Planning

MOHO Component	Problems/Challenges	Objectives
Volition <ul style="list-style-type: none"> • Personal Causation • Values • Interests 	Loss of interest in or motivation to participate in pleasurable activities	Identify healthy interests and increase participation in these activities
	Inability to appropriately identify strengths and limitations	Develop a realistic understanding of strengths and limitations
	Feeling life is out of control	Increase stress management skills to cope with feelings of helplessness and powerlessness
	Develop unhealthy interests	Decrease participation in unhealthy activities
	Difficulty identifying and achieving personal goals	Set realistic personal goals
	Avoid social activities due to feelings of inadequacy	Increase participation in social activities
	Decline in academic performance	Improve academic performance

MOHO Component	Problems/Challenges	Objectives
Habituation <ul style="list-style-type: none"> • Habits • Roles 	<p>Roles of child is disrupted</p> <p>Decreased participation in healthy leisure activities</p> <p>Difficulty developing daily routines due to lack of productive role participation</p> <p>Decreased participation in daily occupations</p> <p>Dysfunctional habits are internalized</p> <p>Sense of loss and/or emptiness due to absence of productive roles</p>	<p>Identify realistic role expectations of a child</p> <p>Increase participation in healthy leisure activities</p> <p>Increase effectiveness of role participation by changing habitual performance of carrying it out</p> <p>Increase opportunities for effective participation in daily occupations</p> <p>Identify and eliminate dysfunctional habits</p> <p>Improve family and peer relationships to increase participation in productive roles</p>

MOHO Component	Problems/Challenges	Objectives
Performance Capacity and Skills	Decreased ability to concentrate and attend to task	Increase stress management skills
	Decreased ability to effectively communicate with family and friends	Improve ability to communicate with family and friends effectively
	Difficulty controlling behaviors	Increase self-control
	Difficulty with relationships due to emotional strain	Improve social skills to effectively participate in relationships

MOHO Component	Problems/Challenges	Objectives
Environment	Destructive and potentially dangerous home environment	Understand danger and how to appropriately respond in a potentially dangerous situation Learn that it is acceptable to feel safe and secure
	Limited social network	Identify importance of establishing a healthy social network
	Unrealistic expectations placed on adolescents	Identify realistic expectations of self
	Increase in use of harmful and illegal substances	Establish healthy leisure interests

Program Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1		Self Esteem		Communication Skills	Leisure Exploration
Week 2		Parent/Child Relationships		Peer Relationships	Leisure Exploration
Week 3		Successful Academic Performance		Social Participation	Leisure Exploration
Week 4		Controlling Your Behavior		Stress Management	Leisure Exploration

Program Objectives

- To facilitate successful re-integration into the community by:
 - developing a positive self-esteem and improving communication and stress management skills
 - improving parent/child and peer relationships
 - improving academic and social participation
 - understanding the effects behavior has on social relationships and academic participation
 - engaging in healthy leisure activities as a family unit

Weekly Objectives

Week 1: "Building You Up"

Self-Esteem, Communication Skills, Leisure Exploration

Objectives:

- To recognize 3 positive self-attributes
- To learn to appropriately express emotions
- To identify and participate in a healthy leisure activity

Week 2: "Relationships"

Parent/Child Relationships, Peer Relationships, Leisure Exploration

Objectives:

- To recognize the value of the parent/child relationship
- To recognize the value of appropriate peer relationships
- To identify and participate in a healthy leisure activity

Week 3: "School is Cool"

Successful Academic Performance, Social Participation, Leisure Exploration

Objectives:

- To increase participation in academic activities
- To appropriately interact with peers in a group setting
- To identify and participate in a healthy leisure activity

Week 4: "Self Control"

Controlling Your Behavior, Stress Management, Leisure Exploration

Objectives:

- To recognize inappropriate behaviors and how they impact social relationships and academic participation
- To understand the definition of stress and identify 3 stressors
- To identify and participate in a healthy leisure activity

Sample Activities for Children

Week 1: “Building You Up”

Self-Esteem

Activity:

‘I Will Like Myself A-Z!’

Purpose/Objective:

To increase self-esteem by identifying personal positive attributes

Materials Needed:

- ‘I Will Like Myself A-Z!’ worksheet
- Pen or pencil
- White board/Flip chart and marker

Administration:

Introduce group by discussing the definition of self-esteem and what factors can influence it. Distribute ‘I Will Like Myself A-Z!’ worksheets. Ask participants to identify a positive attribute about him/herself according to the letters of the alphabet. For time purposes, participant should complete at least ten letters. For younger children who are unable to read and/or write, have them partner up with an older participant to work in pairs. Allow 10-15 minutes for completion. Write the letters A-Z on the white board or flip chart. Ask participants to share 2-3 of their attributes to allow practice making positive statements about himself/herself. Write words on the board or chart. Follow-up by processing the benefits of being able to identify and communicate personal positive attributes.

Resource:

Korb, K.L., Azok, S, & Leutenber, E.A. (1989). I will like myself A-Z. *Life management skills: Reproducible activity handouts created for facilitators* (p. 35). Beachwood, OH: Wellness Reproductions and Publishing, Inc.

Week 1: “Building You Up”

Communication Skills

Activity:

“Charades”

Purpose/Objective:

To assist children in learning to appropriately express their emotions

Materials Needed:

- Note cards with one emotion printed on each one

Administration:

Introduce the group by discussing communication and body language. Begin the activity by having one child volunteer to act out an emotion on a note card without speaking. The other participants will guess which emotion is being acted out. The child who guesses the emotion is asked to come up and act out the next one. Continue playing until each child has had a turn. Children can take more than one turn if time allows. Follow-up by discussing that communication with others can depend on what your body language is showing them. Discuss how emotions can affect communication.

Resource:

Designed by Stacie A. Lewis, MOTS and Sarah J. Olin, MOTS (2004).

Week 2: “Relationships”

Parent/Child Relationships

Activity:

‘Making Mom a Card’

Purpose/Objective:

To assist children in recognizing the value of the parent/child relationship and provide a means for expressing his/her thoughts

Materials Needed:

- Pen or pencil
- Crayons and markers
- Art supplies (as available)
- Blank sheet of paper

Administration:

Introduce the group by discussing the value of the parent/child relationship. Have each child state one positive comment about his/her mother. Highlight the benefits of establishing a positive relationship with his/her mother. Explain that each individual will be making his/her mother a card expressing how he/she feels about their relationship and how he/she perceives the current situation. The card can be in writing or drawing depending upon the age level of the child. The card is not to be seen by anybody other than the child and the mother unless the child chooses otherwise, so encourage the child to be open and honest. Provide the remainder of the group time for the children to create their cards. Answer questions and provide ideas as needed for the children.

Resource:

Designed by Stacie A. Lewis, MOTS and Sarah J. Olin, MOTS (2004).

Week 2: “Relationships”

Peer Relationships

Activity:

‘Boomerangs’

Purpose/Objective:

To recognize how your behavior towards peers impacts how they treat you in return

Materials Needed:

- White board/Flip chart and marker
- Pen or pencil
- Crayons
- Bland paper
- Boomerang (optional)

Administration:

Introduce the activity by discussing what a boomerang is and how it works. Ask each child to share a time that he/she treated a peer unkindly and discuss how he/she felt following the encounter. Have each child share a time that he/she was treated unkindly by a peer and discuss how he/she felt following the encounter. Ask “What is good about being nice to somebody even when they are not nice to you?” Assist the children with responses. Discuss ideas of how to show acts of kindness to peers. Discuss how to react if somebody is unkind to you even if you are kind to them. Process the boomerang effect of being kind to others. End with having the children draw a picture of an act of kindness to a friend.

Resource:

Butler, C.A. (2001). Boomerangs. *100 interactive activities for mental health and substance abuse* (p. 187). Plainview, NY: Wellness Reproductions and Publishing, Inc.

Week 3: “School is Cool”

Successful Academic Performance

Activity:

‘Homework Time’

Purpose/Objective:

To complete any assigned homework from school or to participate in a structured academic activity

Materials Needed:

- Child’s homework (if applicable)
- Academic activity books (math, reading, spelling, language, etc.)
- Pen or pencil

Administration:

The therapist will begin the group by discussing how important it is to try your best in school. Each group member will go around and state one thing they’re looking forward to in school this week. The rest of the time will be open for the students to complete any homework they may have from school. If a child does not have any homework, there will be academic activity books available addressing such items as math, reading, spelling, and language. The therapist will be available to assist the students with any questions they may have.

Resource:

Designed by Stacie A. Lewis, MOTS and Sarah J. Olin, MOTS (2004).

Week 3: "School is Cool"

Social Participation

Activity:

'Social BINGO'

Purpose/Objective:

To increase social skills by playing a fun game of BINGO

Materials Needed:

- 'Social BINGO' worksheet
- BINGO markers (ex. paper clips, pennies, torn paper, etc)

Administration:

A BINGO sheet and a handful of bingo markers will be given to each group member. In the boxes in the upper right hand corner of the BINGO sheet, a number of their choice between the parameters listed by the letter needs to be inserted. The occupational therapist will call the BINGO letter/number combinations. When a group member has one of the letter/number combinations on their card, they will do what that square says (ex. give a compliment to the person on your left). When a group member has a BINGO, clear the cards and begin a new game. By the end of the group, the group members will be engaging in social interactions and displaying positive social skills that they may not have done in the past. These skills can be generalized to a larger group, such as a school classroom.

Resource:

Korb-Khalsa, K.L., Azok, S.D., & Leutenberg, E.A. (1994). Social bingo. *Life management skills III: Reproducible activity handouts created for facilitators* (p.47). Beachwood, OH: Wellness Reproductions and Publishing, Inc.

Week 4: “Self-Control”

Controlling Your Behavior

Activity:

‘Don’t Let Them Push Your Buttons’

Purpose/Objective:

To identify situations that makes a person angry and how to prevent an angry response

Materials Needed:

- Large paper buttons
- Tape

Administration:

The group will begin by getting a common definition of what does ‘push my buttons’ actually mean. The group may give examples of times when they have had their buttons pushed. Each child will tape a button onto their shirt. The occupational therapist will go around to each child and ‘push their button.’ The child will then say how they reacted to that situation when their button was pushed. The group will then brainstorm a variety of ways that the situation could have been handled differently, in a more positive way. The therapist and the group members will summarize the positive ways to react the next time somebody’s ‘buttons get pushed’ to conclude the group.

Resource:

Adapted from Butler, C.A. (2001). Don’t let them push your buttons. *100 interactive activities for mental health and substance abuse recovery* (pp. 5-6). Plainview, NY: Wellness Reproductions and Publishing, Inc.

Week 4: “Self-Control”

Stress Management

Activity:

‘Face Painting’

Purpose/Objective:

To identify how a person feels when they are stressed

Materials Needed:

- Finger paint
- Small containers for finger paint
- Paper plates
- Sink to clean up afterwards

Administration:

The therapist will begin by talking about what stress is, why people may get stressed, and ways that some people deal with stress, both positive and negative. The children will then be asked what may stress them out, such as their parents fighting, not having toys to play with, or having to leave their friends. Each stressor may cause a different feeling, such as anxiousness, sadness, or anger. The children will be given paper plates and paint to draw how their face might look if they were stressed. The therapist and the children will come up with positive ways to relieve their stress.

Resource:

Designed by Stacie A. Lewis, MOTS and Sarah J. Olin, MOTS (2004).

Weeks 1-4

Leisure Exploration

Activities:

- Bowling
- Movie
- Sporting events (watching and/or playing)
- Board games/Card games
- Exercise activities (swimming, walking)

Purpose/Objective:

To provide opportunities for healthy leisure participation and exploration while focusing on improving the parent/child relationship

Materials needed:

Materials required will be dependent upon the activity chosen.

Administration:

The women and their children will make the decision about what leisure activity they would like to participate in that week from a list of activities provided by the site. Transportation will be available for activities requiring it.

Resource:

Designed by Stacie A. Lewis, MOTS and Sarah J. Olin, MOTS (2004).

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CHAPTER FIVE

SUMMARY

Conclusion

This scholarly project presents an occupational therapy-based program designed to facilitate successful re-integration of women and children who are victims of domestic violence and homelessness into the community after shelter care. Currently there are limited numbers of occupational therapy programs for women and children living in shelter care that is designed to address the various needs of this population, however, women and children of domestic violence and homelessness will benefit from this type of programming. Occupational therapists have the skills and knowledge to address the needs that are presented in the literature review.

The program is to be implemented by an occupational therapist with expertise and training in the Model of Human Occupation. Problems/challenges exist within each of the components of volition, habituation, performance capacity, and environment for this population. Using the model as a guide, objectives have been developed as a tool for the occupational therapist to use as a guide for intervention in overcoming these problems/challenges.

Limitations and Recommendations for Future Action

Limitations regarding the program for women and children of domestic violence in shelter care and recommendations for future action include the need to stay the full four-week period to gain the full benefits of the program, the domestic violence shelter's

need for continuing funding, and the necessity for evidence-based research. Some homeless women and their children may choose to leave the shelter prematurely and return to their homes for a variety of reasons, and consequently may not complete the entire four-week program. The program covers a variety of areas of need specific to the victims of domestic violence, and therefore in order to gain the full benefits designed for the program, four weeks of occupational therapy intervention is provided. A recommendation is that women and their children who enter the program complete the group intervention for four weeks. It is important to encourage the women to stay long enough to receive maximum benefit from the programming provided. This can only help to strengthen their ability to cope with the future. If a woman chooses to leave the shelter before completing the entire four-week program, follow-up services may be developed to meet the needs of these women.

The domestic violence shelter requires continuing funding to implement the program, as the money will be needed for necessary supplies, assessments, occupation-based activities, and the occupational therapist's salary. The occupational therapist will become a partner with the shelter and will assist in applying for the needed funds. Recommendations for funding include applying for grants at the city, state, and federal level and well as applying for funds from various foundations.

There is a lack of evidence-based research regarding occupational therapy-based programs for women and children of domestic violence in shelter care. A final recommendation for future action is that the program is implemented at a domestic violence shelter and outcome studies be completed to justify the effectiveness of the program. In order to enhance program development on an ongoing basis, outcome

measures are needed to determine that the program is highly effective in successfully re-integrating women and children of domestic violence into the community, which will illustrate to other shelters the value of occupational therapists and the services they provide.

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