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Occupational Therapy: Addressing Mental Health Needs in Permanent Supportive Housing

Jessica Drady

Drew Mapes

Occupational Therapy: Addressing Mental Health Needs in Permanent Supportive

Housing

By

Jessica Drady, MOTS & Drew Mapes, MOTS

Advisor: Janet Jedlicka, Ph.D., OTR/L, FAOTA, Chair, Professor

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This scholarly project, submitted by Jessica Drady, MOTS and Drew Mapes, MOTS in partial fulfillment of the requirement for the Degree of Master 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.

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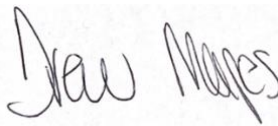Signature of Faculty Advisor   Date

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Title: Occupational Therapy: Addressing Mental Health Needs in Permanent Supportive

     Housing

Department: Occupational Therapy

Degree : Master of Occupational Therapy

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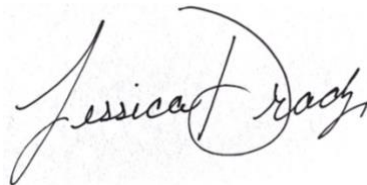

Drew Moyes	4/4/2020
Signature	Date
Jessica Drach	4/4/2020
Signature	Date

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ABSTRACT

Title: Occupational Therapy: Addressing Mental Health Needs in Permanent Supportive Housing

Introduction: The availability and implementation of occupational therapy services in supportive housing are limited. According to Schultheis (2018), out of the 550,000 people in America who experienced homelessness on a given night in 2017, 1 in 5 had a mental illness. Choy-Brown, Padgett, Smith, and Tiderington (2016) found that 92% of individuals with mental illness stated that secure housing was the foundation of their recovery. When housing acts as a cornerstone to recovery, it is important, as occupational therapists, to capitalize on the opportunity and resources stable housing provides to encourage residents to lead meaningful and independent lives (Tiderington, 2017). There is a need for evidence-based, client centered programs for individuals with SMI as the importance of community based mental health becomes more crucial to promote independence and preserve well-being in the community. The purpose of this scholarly project was to develop an intervention protocol to address the need for occupation-based interventions for individuals with SMI living in supportive housing.

Methodology: An extensive literature review on the identified population and factors affecting the population's wellness was conducted using the search databases PubMed and CINAHL Psychinfo, and OT search. Government and non-profit centers for information regarding individuals with SMI living in supportive housing were also used for the literature review and the development of educational materials for this population. To guide the creation of the product, the Person - Environment - Occupation (PEO) and recovery models were used.

Results: An intervention protocol consisting of four intervention guides was created to promote independence and occupational engagement in individuals with SMI living in supportive housing. Each intervention guide focuses on an occupation that research has shown to be a need of the identified population. This group protocol is intended to be implemented by occupational therapists working in supportive housing with a community-based mental health focus. Information is included for the facilitator regarding the incorporation of Cole's 7 steps and facilitation techniques.

I. INTRODUCTION

One of the biggest issues individuals with serious mental illness (SMI) face is the availability of housing. According to Schultheis (2018), out of the 550,000 people in America who experienced homelessness on a given night in 2017, 1 in 5 had a mental illness. For these individuals, the cascading effects of their mental illness may have led them to uncertainty of their housing situation or caused them to lose their homes. However, for many individuals, having a mental illness may have little to no impact on their housing as they live independently in apartments or in their own homes. Overall, research has shown that having secure, stable housing plays an important role in an individual's recovery path as these settings allow access to services that enable those with mental health conditions to live as independently as possible (Aubry, Nelson, & Tsemberis, 2015; Levitt et al., 2009; Pitts, 2011; Mental Health America, 2020).

Supportive housing settings provide the secure and stable living environments necessary in assisting individuals with SMI to develop skills and techniques to live as independently as they desire. According to Pitts (2011), supportive housing is not a fully standardized term across mental health programs and available community-based supports and services for clients of each facility will vary. An important addition to these community-based support teams is the role of an occupational therapist. Occupational therapists act as an important member to the teams as they are skilled at assessing and providing the ongoing support needed to increase the chances of success in community living for persons with mental illness. It is important that individuals living in supportive

housing are provided with the necessary supports and services that will assist in providing equal access and opportunity to the same living, learning, and working opportunities as those without disabilities. Occupational therapy addresses those specific needs/wants of the client from one level of care to another as his/her level of support needs change along the recovery-based path of life (Pitts, 2011).

The purpose of this scholarly project was to create an intervention protocol for occupational therapists working with individuals diagnosed with SMI living in supportive housing. Guided by the findings from the literature review, the sessions address the needs of this population which are also important in improving overall well-being and independence. This protocol is intended to be implemented by occupational therapists, as they are qualified and skilled to assess the interactions between the person, occupation and environment that may influence performance in daily occupations. The occupational therapy facilitator will lead each session while utilizing his/her clinical reasoning skills to adapt the sessions as needed to meet the unique client factors and skills of each participant. Through this program, the occupational therapist will encourage individuals to engage in meaningful everyday occupations to improve their overall health and well-being.

The key occupations addressed in the protocol are health management, financial management, work, social participation, leisure, self-management, and cognition. This program was developed with the intention that occupational therapists would be able to implement the group sessions within the supportive housing setting to promote wellness and independence while constantly incorporating the importance of the client's natural environment to optimize outcomes.

Throughout this project multiple terms will be encountered that are vital to understanding the premise of this paper and topic. The American Occupational Therapy Association (AOTA) defines occupational therapy as the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of enhancing or enabling participation in roles, habits, and routines in home, school, workplace, community, and other settings (AOTA, 2014). Occupations are everyday life activities that an individual needs or wants to do throughout the day for example preparing food, and walking the dog (AOTA, 2014). The setting for the interventions introduced in this project is permanent supportive housing. This is defined as a combination of housing and services intended as a cost-effective way to help people with a variety of complex issues (e.g., homelessness, substance abuse, or mental illness) live more stable, productive lives (Public Housing Authorities [PHA], 2008). Lastly, the target population of these interventions are adults with severe and persistent mental illness (SMI), common characteristics of the population including prolonged, chronic illnesses (e.g., schizophrenia, schizoaffective disorder, bipolar, and major depression) with possible exacerbation and complex consequences on health, well-being, and patterns of everyday life (Lipskaya-Velikovsky, Bar, & Bart, 2014).

The Person-Environment-Occupation (PEO) model was chosen to guide the development of the product associated with this project. PEO includes four domains: person, environment, occupation, and occupational performance (Baptiste, 2017). The person is a combination of physical self, cognitive and affective self, and spiritual self (Baptiste, 2017). The environment includes all things surrounding the person including both living and natural things (Baptiste, 2017). Occupation is the core of occupational therapy practice and includes four main areas: self-care, productivity/work, leisure, and

rest/sleep (Baptiste, 2017). There are two sub terms that fall into the area of occupation within PEO; these terms are temporal aspect and occupational load (Baptiste, 2017). The temporal aspects include habits and routines and is linked to the use of space required for the occupation (Baptiste, 2017). Occupational load is the term used to define the roles, tasks, and occupations that an individual undertakes during a specific span of time (e.g., day or week) (Baptiste, 2017). The last piece of PEO is occupational performance which is the culmination of all interfaces, transactions, and relationships between the person, the place and the doing (Strong, & Gruhl, 2011).

In conjunction with the PEO model, the recovery model was also chosen to guide the development of this project. The Substance Abuse and Mental Health Services (SAMHSA) defines recovery in mental illness as a journey of healing and transformation which enables a person with SMI to live a meaningful existence in his or her community while striving to achieve his or her full potential (2006). Additionally, recovery includes ten components that are fundamental in the journey: self-direction, individualized and person centered, empowerment, holistic, nonlinear, strengths based, peer support, respect, responsibility, and hope (Stoffel, 2011). The combination of the recovery model with PEO analyzes recovery as being a product of dynamic interaction between the individual, the environment, and the characteristics of that exchange (Stoffel, 2011). The recovery model also aids in creating a more client-centered approach to therapy as it stresses the importance of hope, coping and adaptation, empowerment and self-determination, and social and community integration which are central to the context of supportive housing (Stoffel, 2011).

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Description of Chapters

Chapter two presents the results of a comprehensive literature review illustrating the need for the product. Chapter three describes the process of methodology used to develop the product for the targeted population. An introduction to our product can be found in Chapter four. The product in its entirety is found in the appendix, it is a complete intervention protocol addressing four key areas of occupation and it includes session outlines and worksheets. Finally, Chapter five provides a summary of the project and its purpose along with further recommendations for the future when working with individuals with SMI living in permanent supportive housing settings.

II. REVIEW OF LITERATURE

According to a survey conducted by Choy-Brown, Padgett, Smith, and Tiderington (2016) 92% of individuals with mental illness stated that secure housing was the foundation of their recovery. When housing acts as a cornerstone to recovery, what better setting to conduct an all-inclusive intervention approach that is both progressive and recovery based. The goal of supportive housing is promoting resident self-determination, understanding personal strengths, choice and risk-taking, and individual non-linear recovery (Tiderington, 2017). It is important, as healthcare professionals, to capitalize on the opportunity and resources stable housing provides to encourage residents to lead meaningful and productive lives (Tiderington, 2017).

According to the Substance Abuse and Mental Health Services Association (SAMSHA), nearly one in five U.S. adults live with a mental illness, translating to 46.6 million in 2017. Mental illnesses include many different conditions that vary in severity, ranging from mild to moderate to severe. According to SAMHSA (2017), serious mental illness (SMI) is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, substantially interfering with or limiting one or more major life activities. SMI may impact individuals thinking, processing, motor, and social interaction skills necessary for everyday life, resulting in increased assistance and/or additional services to support engagement in everyday life activities/occupations. A study conducted by Wei and Mukamal (2019) is indicative of mental health being the biggest decrement to social functioning, physical health, role development, and emotional

stability. According to SAMHSA (2017), the burden of mental illness is particularly concentrated among those who experience disability due to SMI.

According to Lipskaya-Velikovsky, Bar, and Bart (2014), diagnoses that are considered SMI have common characteristics including prolonged, chronic illnesses with possible exacerbation and complex consequences on health, well-being, and patterns of everyday life. People with severe mental health conditions must cope with the changing throughout their life needs as a result of their illness. There are many facets to mental illnesses, depending on diagnoses, course, and duration of illness, related cognitive effects, and response to medication. There is a need to develop different types of mental health services and interventions to address varying contexts (Lipskaya-Velikovsky, Bar, and Bart, 2014).

The needs of individuals with SMI are complex, however, it is primarily this population that can benefit from a form of mental health care known as supportive housing (Bengtsson-Tops, Ericsson, & Ehliasson, 2014; Forchuk, Ward-Griffin, Csiernik, & Turner, 2006). According to Pitts (2011), there are conceptual problems in defining supportive housing because housing types and supports offered are not fully standardized across mental health programs. For example, people often use supportive housing as an umbrella term to refer to the many different types of housing options available for those with SMI. Whereas the National Alliance on Mental Illness (NAMI), considers and defines different supportive housing facilities based on functional ability and level of independence (2020). For the purposes of this project supportive housing will be defined in terms of the Public Housing Authorities' (PHA) definition which states it is a combination of housing and services intended as a cost-effective way to help people with a variety of complex issues (e.g., homelessness, substance abuse, or mental illness) live

more stable, productive lives (PHA, 2008). Individuals with SMI would benefit from supportive housing that is of good quality, involving participation in decision making, stability, shelter, privacy, friendship, and access to meaningful, everyday activities (Bengtsson-Tops, Ericsson, & Ehliasson, 2014).

According to Bengtsson-tops, Ericcson, and Ehliasson (2014) strengths and recovery are the focus in supportive housing. Supportive housing provides support for individuals, including access to opportunities for engagement in occupation. The key features of supportive housing include individuals living in their own apartment or room, and the services are provided by staff who focus on rehabilitation support. The rehabilitation support focuses on social skills' training, independence, daily occupations, and work (Helfrich, Aviles, Badiani, Walens, & Sabol, 2006). People with SMI living in this setting have the power and the capacity to grow when support is provided in a non-restricted and homelike environment (Brunt & Tibblin, 2011). Overall, this setting allows individuals with SMI to maintain a manageable stress level and the opportunity to have control over their environment.

According to the American Occupational Therapy Association (AOTA, 2014), occupational therapy is defined as the therapeutic use of everyday life activities with individuals or groups to enhance or enable participation in roles, habits, and routines in the home, school, workplace, community, and other settings. According to D'Amico, Jaffe, and Gardner (2018), occupational therapy practitioners are well suited to provide mental health rehabilitation services in a variety of inpatient, outpatient, and community settings as essential team members and program developers. In specific, occupational therapy can be beneficial to individuals with mental illness living in supportive housing settings. According to Pitts (2011), the expertise of an occupational therapist provides the

ability to assess and/or provide the ongoing support needed to increase functional engagement and participation in daily living for those with SMI living in the community.

Occupational therapy practitioners are trained in psychosocial and mental health interventions as part of their education (Accreditation Council for Occupational Therapy Education (ACOTE®); 2012). As clinicians, they provide a holistic perspective to meaningful activities, and occupation-based interventions focused on helping clients gain, regain, and sustain function in everyday life. People who are diagnosed with schizophrenia, bipolar disorder, and major depressive disorder—the most common SMI diagnoses—can benefit from effective occupational therapy interventions that enhance occupational functioning and participation (Swarbrick & Noyes, 2018). In addition, occupational therapists working with individuals living in stable housing are considered to be community-based because they are accompanying people in their day-to-day life, and thus focus on continuous integration and involvement in actual aspects of daily occupations (e.g. work, education, and home management) and real-world settings (Lipskaya-Velikovsky, Bar, & Bart, 2014).

Although occupational therapy in the United States has its roots in mental health practice, over the years it has become less prevalent, and only recently have occupational therapy practitioners been reclassified nationally as qualified mental health providers for reimbursement purposes (AOTA, 2017). There is a substantially smaller percentage of occupational therapists working in mental health in comparison to the percentage of occupational therapists working in pediatrics and physical disability settings (AOTA, 2015). Many occupational therapy practitioners working in mental health still work in the institutional setting failing to define the role of occupational therapy in the community mental health context including supportive housing (Nolan & Swarbrick,

2002). Mental health services are provided by occupational therapists in any of the following settings: acute inpatient, day programs, forensic or juvenile centers, outpatient clinics, and community based mental health centers. Additionally, there is limited research on occupational therapists providing community-based services to those individuals with mental illness living in supportive housing. With that in mind, it is important to consider the needs of the population with SMI in supportive housing and consider how occupational therapy would be beneficial in meeting the needs of the population. According to SAMHSA (2006), the main goal of the recovery model is to live a meaningful life in a community of his/her choosing and striving to reach his/her full potential no matter the diagnosis given to that individual. Occupational therapy would contribute to this population because the profession brings a habilitation and rehabilitation perspective to mental health services in maintaining an emphasis on recovery and wellness directed toward participation in daily life occupations (AOTA, 2017).

Overall, occupational therapists contribute to the promotion of *mental health,* which is understood as a state of well-being in which a person realizes his or her abilities, copes with challenges, and can work and contribute to the community (World Health Organization, 2013). With the consistent contribution of the occupational therapy profession to the population with SMI living in supportive housing, there would be a focus on continual growth and advancement in daily life activities and occupations to live a meaningful life.

Interventions

Serious mental illness (SMI) affects many aspects of daily life. An individual with SMI is not only struggling within the confines of their mind but with their ability to be functional and productive in social and vocational pursuits (Helfrich, Aviles, Badiani, Walens, & Sabol, 2006). Individuals with SMI are negatively impacted in their ability to become and remain independent (Helfrich et al., 2006). The interventions used by occupational therapists should then address the tools necessary for increasing independence in daily life while also addressing an individual's ability to cope with changes and understand his/her mental illness (Karadzhov, Yuan, & Bond, 2019).

Those with SMI diagnoses experience difficulty with varying skills including motor, processing, and/or social interaction skills (AOTA, 2014). The skill level of the individual will directly impact client ability to participate in desired occupations. All in all, a client is more than his/her mental illness but rather a compilation of all his/her skills and client factors (e.g., values, beliefs and spirituality as well as body structures and functions) (AOTA, 2014).

Brown (2011) explained that cognitive impairments are common in many psychiatric disabilities and may be the core feature of their disorder. In specific individuals with schizophrenia and bipolar disorder may experience cognitive deficits across all performance skill areas: attention, memory, and executive functioning (Brown, 2011). Consequently, the various components of cognition are important for individuals to independently engage in daily occupations. It is also important to note that cognitive impairment ranges in severity and may impact an individual's ability to maintain a job or a more severe impairment that may impact someone's ability to engage in activities of daily living, such as sequencing a grooming/hygiene routine (Brown, 2011). The goal of

supportive housing should include assisting individuals grow towards a more independent future (Tiderington, 2017).

Intervention programs in the supportive housing setting need to focus on instrumental activities of daily living (IADLs) such as financial management and health management, work, leisure, and social participation (Helfrich, Aviles, Badiani, Walens, & Sabol, 2006; AOTA, 2014). It is important for these programs to also have a focus on incorporating self-management related to coping techniques and emotional regulation to manage symptoms of their mental diagnosis (Karadzhov, Yuan, & Bond, 2019). Occupational therapy focuses on every day, functional activities for the client to meet his/her goals to become more independent. With this focus in mind, it also provides an opportunity for clients to establish/restore or adapt underlying client factors and performance skills affected by mental illness (AOTA, 2014). Additionally, it is important to address the progression through these occupations and address the varying needs of the individual to create an intervention program that allows for sustained independence and success (Tiderington, 2017).

While incorporating intervention programs, it is vital to have a foundation to guide occupational therapy practice. The Person – Environment – Occupation (PEO) model is a conceptual framework that provides a systematic way for to analyze complex occupational performance issues and barriers (Law et al., 1996). According to Pitts (2011), PEO is an ideal model to incorporate in the supportive housing settings as it provides a comprehensive perspective on the person – environment – occupational transactions in order to understand what the person wants and needs to do to sustain housing while understanding the impact of his/her disability. PEO is unique as it maintains a focus on the impact of an individual's surrounding environment and the

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goodness of fit. Occupational therapy can address the many aspects within the client with SMI, supportive housing setting, and/or occupation to optimize occupational performance which is comprehensive in nature and improves client outcomes (Strong & Gruhl, 2011).

Instrumental Activities of Daily Living (IADLs)

While addressing IADLs with an individual who is working towards independence it is important to help create a routine so that moving forward, the individual is able to maintain the gained skills. IADLs are activities that support daily life within the home and community that require more complex interactions of skills and client factors (AOTA, 2014). These activities include care of pets, community mobility, financial management, health management, cooking, and shopping. IADLs are fundamental areas of occupation addressed in supportive housing due to the role these occupations take in supporting client tenancy, community integration, and independent living (Pitts, 2011; Helfrich, Aviles, Badiani, Walens, & Sabol, 2017). The supportive housing setting is an ideal environment to begin assisting clients in learning, exploring, and building these skills. This setting allows clients to practice these skills while providing the support to allow for mistakes.

According to Pitts (2011), budgeting/financial management and health management and maintenance are important areas of occupation to address in the supportive housing setting due to the necessity of these skills to ensure client success and satisfaction in living environment. There are many components and processes that go into each area of occupation that may pose as barriers for individuals who are diagnosed with psychiatric disabilities. Due to the complexity of each occupation, it would be beneficial to develop intervention plans to address the many components that are encompassed by

one occupational definition as well as build the necessary skills to improve occupational performance.

Health management and maintenance is an occupation within the Occupational Therapy Practice Framework (OTPF) that is defined as developing, managing, and maintaining routines for health and wellness promotion, such as physical fitness, nutrition, decreased health risk behaviors, and medication routines (AOTA, 2014). There are multiple activities that are included under the occupation of health management and maintenance that are important to address within the supportive housing setting. According to the available literature on this topic, specific intervention topics for occupational therapists to address with individuals with SMI living in supportive housing include self-management of mental health symptoms, emotional regulation, coping skills, medication management, use of social skills to meet health related needs, habits and routines, nutrition, and physical health (Bengtsson-Tops & Ehliasson, 2014; Brolin, Rask, Sandgren, & Brunt, 2017; Kinsor & Lyon, 2014; Pitts, 2011; Ramsey & Swarbrick, 2014). With an occupational therapists' perspective, it is important to understand how the transactions between the client, environment, and health management occupation work together for improved occupational performance and its related impact on other areas of occupation and quality of life.

Financial management is defined within the OTPF as "using fiscal resources, including alternative methods of financial transaction, and planning and using finances with long-term and short-term goals" (AOTA, 2014). Financial management is considered to be a transitional skill for independent community living as it is fundamental for sustaining the ability to complete all other daily occupations (Tiderington, 2017). Additionally, the role of supportive housing should be to provide individuals with the

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skills necessary for independent community living as the role of supportive housing should be seen as transitional verses permanent (Jaffe, Dean, Graessle, Demarco, Daniels, Shephard, . . . Burnette, 2016; Tiderington, 2017). In summation, through educating participants in financial management sustainable independence will be achieved along with the increased ability to function with fewer supports in the community.

Work

In occupational therapy, it is acknowledged that the term work is not restricted to paid employment but rather may include household work, caregiving, education, or volunteer experiences (AOTA, 2014). According to Pitts (2011), work is distinguished from all other occupations due to its role in facilitating identity development and social participation. Through addressing work in supportive housing, clients will have the means to build self-efficacy and identity while still maintaining housing (Choy-Browna, Padgett, Smith & Tiderington, 2016). The results of work engagement provide role competence and the creation of structure to an individual's daily routine in order to improve overall time management. It is important to address work with individuals who have a mental health diagnosis and include steady progression of building necessary skills towards finding employment or prevocational opportunities. Employment is not always the final goal depending on the clients wants and needs.

In order to identify work opportunities, one must cultivate awareness of work interests and develop the understanding as to how work engagement impacts mental health (Helfrich, et al., 2017). After this is developed, individuals must set goals and begin searching for work opportunities as well as develop an understanding of what skills they will need for their chosen role. If not already aware, individuals must learn about the application process and develop social interaction skills necessary for interview as well as

develop skills to write resumes and cover letters (Helfrich, et al., 2017). Overall, individuals with psychiatric disabilities living in supportive housing would benefit from an intervention program with a focus on the occupation of work.

Leisure

Leisure may not be fundamental for independent living; however, it is important in maintaining mental health and coping with stress that comes with independent living. Residents should be provided low-cost leisure pursuit options and the use of community opportunities such as community centers, local parks, and free events in the community (D'Amico, Jaffe & Gardner, 2018). Participation in leisure has been shown to cultivate a healthier and more active lifestyle in individuals as well as improved quality of life (Iwasaki, Coyle and Shank, 2010). Additionally, leisure is shown to improve the recovery of Indvidual's with mental illness who come from culturally diverse backgrounds (Iwasaki, Coyle, Shank, Messina, Porter, Salzer, … Naveiras-Cabello, 2014). The research tells us that leisure provides an opportunity for individuals with mental illness to improve overall quality of life through an emphasis on client interest and self-identified roles (Iwasaki, Coyle and Shank, 2010; Iwasaki, et al., 2014; D'Amico, Jaffe & Gardner, 2018).

Social Participation

Social participation is defined as the interweaving of occupations to support desired engagement in community and family/friend activities (AOTA, 2014). According to Lloyd and Deane (2011), an individual may only experience a short episode of disengagement or disruption in social participation and it may cause long term impacts on a person's life, relationships, housing, and employment opportunities. Occupational therapy in the supportive housing setting could offer intervention programs to build social

interaction skills and confidence in abilities to work toward improved social participation. The focus should be on building an assortment of skills, such as self-advocacy, assertiveness, reciprocal communication, effectively expressing oneself, matching language, etc. (AOTA, 2014).

Additionally, supportive housing often helps broaden the social networks of individuals with serious mental illness however many residents still report feelings of isolation and loneliness and difficulty in developing and maintaining social relationships (Forenza & Bermea, 2017). Focus on social skills is shown to improve interpersonal relationships as well as decrease isolative tendencies (Forenza & Bermea, 2017). Lastly, individuals may have a history of abusive or unhealthy relationships and it is important to help educate and promote healthy social support systems (Forenza & Bermea, 2017). Overall, supportive housing may offer increased opportunities for social interaction with other tenants and staff in order to build a support system and offer healthy expansion of an individual's social network.

Coping with Mental Illness

If individuals do not learn effective coping for managing his/her mental illness, it is more challenging to maintain a productive and meaningful life (Pratt & Lu, 2011). When educating residents on all they can do to become independent it is important that they also are educated on what they can do to stay healthy. An example from Bengtsson-Tops, Ericsson, and Ehliasson (2014) was role play for relaxation, practicing yoga, meditation, or physical activity, while also learning to observe their body's reactions to the techniques and finding what works best for them. Residents should be provided with options for coping and relaxation as well as being educated on their illness so they can better manage it (Gutman, Barnett, Fischman, Halpern, Hester, Kerrisk, McLaughlin,

Ozel & Wang, 2019). Coping is important to integrate throughout the process of recovery including when individuals reach the community as stressors continue to increase and coping becomes more essential to day to day functioning (Paul, Corneau, Boozary, & Stergiopoulos, 2018).

Introduction to the Product

Individuals with SMI living in supportive housing have a variety of needs. Those who fall within this population have reported deficits in money management, maintaining employment, food and nutrition, social and leisure participation, and home and self-care (Helfrich, et al., 2006; Forenza & Bermea, 2017). The creation of a protocol with a focus on these areas of occupation as well as a focus on this specific population's needs will improve quality of life and occupational performance for individuals with SMI living in supportive housing. This protocol will be informed by a recovery-based approach while incorporating the Person-Environment-Occupational model to influence an understanding of how personal factors, the environment and task demands influence occupational performance while maintaining client-centered, top-down, and occupation-based interventions (Baptiste, 2017).

The recovery-based approach is an important framework to embed within intervention protocols within the supportive housing setting because it focuses on client's personal sense of purpose and active participation within his/her natural environments (Krupa, 2014). This framework values client centeredness as it allows for fundamental transformation of illness, health, and well-being (Krupa, 2014). The intervention protocol closely aligns with the recovery based approach as it embeds its key factors: renewing hope and commitment, incorporating and managing mental illness, involvement in meaningful activities, assuming control, empowering clients, and support provided by

professionals and peers (Krupa, 2014). According to Pitts (2011), individuals with SMI

living in supportive housing would benefit from this client centered and empowerment

focus of the recovery-based model to improve occupational performance.

III. METHODOLOGY

SAMSHA reports nearly one in five U.S. adults live with a mental illness possibly resulting in serious functional impairment (2017). Individuals with severe mental illness have a variety of complex needs which may be addressed within supportive housing allowing for participation in decisions, stability, shelter, privacy, social support, and access to meaningful, everyday activities (Bengtsson-Tops, Ericsson, & Ehliasson, 2014; Forchuk, Ward-Griffin, Csiernik, & Turner, 2006). All of these areas are within the scope of occupational therapy practice however, there is a substantially smaller percentage of occupational therapists working in mental health in comparison to the percentage of occupational therapists working in other settings (AOTA, 2015). It is not possible to single handedly increase the number of occupational therapists working in psychosocial practice settings, therefore the authors have created a comprehensive, evidence-based intervention protocol, consisting of four parts, to address the occupational needs of the population living in supportive housing with SMI. The authors hope that by providing the tools to occupational therapists working in community based mental health, the needs of this population can better be addressed.

An extensive search of databases including PubMed, Psychinfo, CINAHL complete, and OT search was completed to document the need for this product. In order to specify the searches, the same search terms were chosen and used for all database searches. The search terms used for gathering resources were "severe and persistent mental illness", "occupational therapy", and "permanent supportive housing". To further

specify the data collection process publications prior to 2014 were not used unless essential to our topic or of high rigor and significance to the topic. Common themes and trends were identified during this process and include: the need for improved community based mental health services, the limited research on occupational therapy's role in supportive housing, and the continued need to focus on the management of mental health and increasing independence of individuals who reside in this setting

Throughout the healthcare environment, there has been a paradigm shift in addressing healthcare needs of various populations. Healthcare is shifting from a focus on disease care and reactivity to prevention and proactivity (Dhawan, 2016). This paradigm shift justifies the need for more community based mental health services as they are vital to preventative care and health promotion (Na et al., 2016). Occupational therapy is a positive addition to community based mental health as the therapists' holistic view of clients and their ability to analyze tasks and adapt occupations enhances the lives of individuals receiving occupational therapy services.

The protocol the authors developed focuses on health management, financial management, work, leisure, social participation, and coping. There is a need to continue to emphasize recovery and health promotion even if clients are housed and are completing their activities of daily living effectively. These individuals living in this setting benefit from empowerment and support for their equal opportunity in improving quality of life in the many different areas of occupation. Chapter four provides a summary of the protocol. The complete intervention protocol can be found in the appendix.

IV. PRODUCT & RESULTS

According to a survey conducted by Choy-Brown, Padgett, Smith, and Tiderington (2016) 92% of individuals with mental illness stated that secure housing was the foundation of their recovery. The role of occupational therapy as a service within supportive housing would be beneficial in improving the lives of those with SMI. Occupational therapists specialize in the promotion of independence in meaningful daily activities; according to Ramsey and Swarbrick (2014), occupational therapists possess unique qualities and skills as a result of their specialized education. These include holistic perspective of client, therapeutic use of self, use of ongoing evaluation, task analysis, and client centeredness. When working with individuals with mental illness, occupational therapists provide a holistic perspective to meaningful activities, and occupation-based interventions focused on helping clients gain, regain, and sustain function in everyday life. Occupational therapists working with individuals living in supportive housing are considered to be community-based because they are accompanying people in their day-to-day life, and thus focus on continuous integration and involvement in actual aspects of daily occupations (e.g. work, education, and home management) and real-world settings (Lipskaya-Velikovsky, Bar, & Bart, 2014).

Occupational therapists are equipped to hold the facilitator/instructor role in providing intervention due to the focus on the client, and his/her success with the chosen occupations within the natural environment. This protocol is not intended to be used with clinicians or other skilled practitioners working in permanent supportive housing who do

not hold the title of occupational therapist or supervised occupational therapy student. Certified occupational therapy assistants may also administer this protocol with the necessary supervision by a registered occupational therapist.

Based on extensive review of literature and evidence an intervention protocol was develop as the final product. This intervention protocol targeted a variety of occupations that are relevant to the population of individuals with SMI living in supportive housing facilities. The overarching themes for the program addressed health management, financial management, work, social participation, leisure, self-management, and cognition. This protocol was developed with the intention that occupational therapists would be able to implement the group sessions within the supportive housing setting to promote wellness and independence while constantly incorporating the importance of the client's natural environment to optimize outcomes. Individuals with SMI living in supportive housing hold the right to access necessary supports and services that will assist in providing equal access and opportunity to the same living, learning, and working opportunities as those without disabilities. With that being said, occupational therapy services would be a great addition to the community based professional team in order to address these opportunities and maximize independence.

The PEO and recovery models were as the foundation for the construction of this intervention protocol. PEO closely aligns with these important components of the recovery model as it aims to understand the goodness of fit between the person, environment, and occupation (Cole & Tufano, 2008). PEO looks at occupational performance as the equal contribution and impact of all the interfaces, transactions, and relationships between the person, place, and doing (Baptiste, 2017). The recovery model aligns closely to the intervention protocol as it focuses on incorporating and managing

mental illness, being involved in meaningful activities, overcoming stigma, becoming empowered, being in control, and being supported by others (Davidson, 2005). With the focus of the intervention protocol being on individuals with SMI living in supportive housing, it is important to understand the multitude of transactions and interfaces that impact occupational performance in order to improve overall health and well-being.

The protocol includes four intervention guides addressing different areas of occupation: financial management, health management, leisure, and work. Each guide varies in length and amount of sessions. The financial management guide is eight sessions, the health management guide is seven sessions, the leisure guide is 10 sessions, and then the work intervention guide is eight sessions. Each intervention guide will take up to five weeks to complete as there will be two sessions per week. The duration of each session will be 45 minutes to one hour. There are four intervention guides and the occupational therapy facilitator/instructor will lead each intervention guide session while utilizing his/her clinical reasoning skills to adapt the sessions as needed to meet the unique client factors and skills of each participant. These intervention guides were designed to focus on the many activities of the one occupation. It is not expected that intervention guides are completed in succession but rather deciding on the necessary guide to implement depending on the need of the individuals within that supportive housing facility at one time. Each guide will be chosen in collaboration with the members of the interdisciplinary team (e.g. case manager, supportive housing staff, physician, and other mental health clinicians) and group participants present in the supportive housing facility. The occupational therapist will be responsible in utilizing "just-right" fit to identify the important topics based on the goals of the individuals and the purpose of the activities.

A pre and post assessment are also provided during the first and final sessions to assess client goals and desired areas of focus which the therapist can use to prioritize sessions and measure outcomes. The pre and post assessments do not provide an extensive occupational profile so additional evaluation tools should be used per the discretion of the facilitating occupational therapist to determine needs of the clients. Each session within the protocol was guided by Coles 7 steps: introduction, activity, sharing, processing, generalizing, application, and summary (Cole, 2012). The protocol will include all materials following the session in which they are intended to be used, additionally all intervention guides will be separated with an overarching plan that highlights the significance of each session as well as the overall goals for the guide.

Appropriate copyright permission has been gained for use of all materials in this product. There are no specific materials which required more than the American Psychiatric Association's citation standards due to the use of materials provided by the government and the creativity of the Master of Occupational Therapy Student's responsible for this project and protocol (e.g., creation of novel materials). Lastly, we have chosen to use a creative commons "by" license for the project and protocol so that it is free to be reused in both commercial and non-commercial settings with credit given to Jessica Drady and Drew Mapes for the work and time put into this project. With this creative commons license the hope is that occupational therapy practitioners will use and build upon the protocol for continued improvement.

V. SUMMARY

Discussion

The purpose of this project was to highlight the need for occupational therapy services when working with individuals with SMI living in supportive housing. Occupational therapists are trained to guide people to the highest level of independence they can attain and do that using occupation as a means and an end. An intervention protocol was developed to be utilized in this setting specifically by occupational therapists or occupational therapy assistants. This protocol is comprehensive as it addresses various areas of occupation (e.g., instrumental activities of daily living, work, leisure, and social participation) with coping addressed throughout. There are seven to ten group intervention session outlines for each occupation. The intervention guides include all worksheets, and assessment tools needed to complete the protocol.

Limitations

The limitations of this project included the decision to keep the target setting broad by not defining a specific supportive housing type. Although the intervention protocol is supported by research, it has never been implemented and it is unknown how/if it translates to practice in the chosen setting. Finally, the authors of this project have limited clinical practice experience and knowledge. In order to account for these limitations, the authors consulted multiple professional viewpoints to assist in the development and editing of this project.

Implications for Future Research

It is encouraged that the finished protocol will be expanded upon and improved in future scholarly projects. Future researchers could implement this protocol which will allow for understanding of its effectiveness and provide basis to necessary revisions. There continues to be a need for mental health service expansion that is supported by up to date research. There is potential for a qualitative and/or quantitative study to be conducted with use of this protocol to support occupational therapists' role in the supportive housing setting. Lastly, it is the desire of the authors that this protocol is distributed to and implemented by various community based occupational therapy companies and feedback be provided to the authors for continual improvement. Overall, this project has introduced the prevalence of SMI in the United States population, occupational therapy's scope of practice, and the needs of the individuals with SMI living in supportive housing settings. The authors used this information to create a protocol that demonstrates the potential of occupational therapists' role when working with individuals with SMI living in supportive housing. Occupational therapy may benefit the unique lives of these holistic beings that strive for successful occupational engagement to promote overall well-being. As the creators, we believe that occupational therapy would be a great addition to the supportive housing setting and benefit the lives of the clients with SMI as well as the other professions working on these community based mental health teams.

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APPENDIX

Addressing Mental Health Needs in Permanent Supportive Housing: An Intervention Protocol

Introduction to the Product

One of the biggest issues individuals with serious mental illness (SMI) face is the availability of housing. According to Schultheis (2018), out of the 550,000 people in America who experienced homelessness on a given night in 2017, 1 in 5 had a mental illness. For these individuals, the cascading effects of their mental illness may have led them to uncertainty of their housing situation or caused them to lose their homes. However, for many individuals, having a mental illness may have little to no impact on their housing as they live independently in apartments or in their own homes. Overall, research has shown that having secure, stable housing plays an important role in an individual's recovery path as these settings allow access to services that enable those with mental health conditions to live as independently as possible. (Aubry, Nelson, & Tsemberis, 2015; Levit et al., 2009; Pitts, 2011; Mental Health America, 2020).

Supportive housing settings provide the secure and stable living environments necessary in assisting individuals with SMI to develop skills and techniques to live as independently as they desire. According to Pitts (2011), supportive housing is not a fully standardized term across mental health programs and available community-based supports and services for clients of each facility will vary. An important addition to these community-based support teams is the role of an occupational therapist. Occupational therapists act as an important member to the teams as they are skilled at assessing and providing the ongoing support needed to increase the chances of success in community living for persons with mental illness. It is important that individuals living in supportive housing are provided with the necessary supports and services that will assist in providing equal access and opportunity to the same living, learning, and working opportunities as those without disabilities. To follow, occupational therapy addresses those specific needs/wants of the client from one level of care to

another as his/her level of support needs change along the recovery-based path of life (Pitts, 2011).

This product is an intervention protocol for occupational therapists working with individuals diagnosed with SMI living in supportive housing. Guided by the findings from the literature review, the sessions address the "needs" of this population which are also important in improving overall well-being and independence. This protocol is intended to be implemented by occupational therapists, as they are qualified and skilled to assess the interactions between the person, occupation and environment that may influence performance in daily occupations. The occupational therapy facilitator will lead each session while utilizing his/her clinical reasoning skills to adapt the sessions as needed to meet the unique client factors and skills of each participant. Through this program, the occupational therapist will encourage individuals to engage in meaningful everyday occupations to improve their overall health and well-being.

The overarching themes for the program are health management, financial management, work, social participation, leisure, self-management, and cognition. This program was developed with the intention that occupational therapists would be able to implement the group sessions within the supportive housing setting to promote wellness and independence while constantly incorporating the importance of the client's natural environment to optimize outcomes.

The protocol includes four intervention guides addressing different areas of occupation: financial management, health management, leisure, and work. Each guide varies in length and amount of sessions. Each intervention guide will take up to five weeks to complete as there will be two sessions per week and duration of each session will be 45 minutes to one hour. There are four intervention guides and the occupational therapy facilitator/instructor will lead each intervention guide session while utilizing his/her clinical reasoning skills to adapt the

sessions as needed to meet the unique client factors and skills of each participant. Each session within the protocol was guided by Coles 7 steps: introduction, activity, sharing, processing, generalizing, application, and summary (Cole, 2012). These intervention guides were designed to focus on the many activities of the one occupation. Therefore, it is not expected that intervention guides are completed in succession but rather deciding on the necessary guide to implement depending on the need of the individuals within that supportive housing facility at one time. Each guide will be chosen in collaboration with the members of the interdisciplinary team (e.g. case manager, supportive housing staff, physician, and other mental health clinicians) and group participants present in the supportive housing facility. The occupational therapist will be responsible in utilizing "just-right" fit to identify the important topics based on the goals of the individuals and the purpose of the activities.

The Person-Environment-Occupation (PEO) model is embedded within the intervention protocol. Each session addresses important concepts associated with the PEO model and aligns with the model framework. PEO includes four domains: person, environment, occupation, and occupational performance (Baptiste, 2017). These four domains guide the evaluation and intervention of each protocol session. In conjunction with the PEO model, the recovery model was also chosen to act as the framework for the intervention protocol. The following recovery components are embedded within the protocol purpose and organization: self-direction, individualized, empowerment, holistic, nonlinear, strengths based, peer support, respect, responsibility, and hope (Stoffel, 2011). The combination of the recovery model with PEO analyzes recovery as being a product of dynamic interaction between the individual, the environment, and the characteristics of that exchange (Stoffel, 2011). The recovery model also aids in creating a more client-centered approach to therapy as it stresses the importance of hope, coping and adaptation, empowerment and self-determination, and social and community integration which are central to the context of supportive housing (Stoffel, 2011).

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Table of Contents

Health Management Intervention Guide

Session 1: What is health management?	**What**: Education on the value of health management and how that influences overall well-being. **Why**: Allow understanding of how this topic pertains to this population and independence.
Session 2: Exploring and Practicing Coping Strategies	**What**: Education on coping strategies and explore novel coping strategies to use outside of therapeutic session. **Why**: An important aspect of health management includes decreasing health risk behaviors. In order to do that, one needs to implement strategies for self-regulation in order to assist in making healthier choices for coping.
Session 3: Medication for Psychiatric Disorders	**What**: Education on importance of medication management and allow client further exploration of strategies to improve performance. **Why**: The impact that medication management has on overall independence of mental health symptoms.
Session 4: Self-Advocacy and Interpersonal Communication with Supportive Services	**What**: Education on importance of self-advocacy and interpersonal communication in order to get health management needs met with corresponding professions. **Why**: According to literature, this area is identified as being difficult for individuals with SMI and it is an important aspect of health management.
Session 5: Nutrition and Physical Health	**What**: Education on the importance of research and its indication regarding the mental health population. Clients will get a chance to create healthy grocery list for upcoming grocery outing. **Why**: The literature states 4 barriers to performance in nutrition and physical health activities for this population, therefore this session address the barriers to improve overall health.
Session 6: Skills – Creating Habits and Routines	**What**: Clients will be educated on impact of habits and routines with health management and create weekly schedule to improve/promote habits and routines with health management activities.

	Why: It is important to start forming health management activities into habits/routines in order for improved performance and follow through.
Session 7: Wrap up	What: This session will be a final wrap up. Residents will be told to come with worksheet from session 1 to compare insight/awareness to health management as an occupation. Why: This will allow clients to reflect on overall performance and share progress with group members to improve self-efficacy.

Health Management Session I:

What is health management?

1. Introduction:
   a. Introduce yourself (instructor) and give a brief synopsis of group goals
      i. By end of session, client will improve insight/awareness of health management and how it presents in daily life and impacts occupational performance.
      ii. By end of session, client will improve self-efficacy by identifying barriers and occupational goals to improve performance in this area of occupation.
   b. Have everyone introduce themselves
   c. Have everyone state one thing they know about the importance of managing health

2. Activity:
   a. Pass out health management educational handout, located following session outline, and instructor will allow group to look over handout
   b. Instructor will then read definition of health management and the group will be allowed 1-2 minutes to circle corresponding activities associated with term.
   c. Then, the instructor will educate and link importance of activities in client daily routine. Instructor will then facilitate sharing, processing, and generalizing steps with corresponding sections on educational handout and allow clients to fill out as needed.
   d. Have group members look over worksheet and provide opportunity to ask questions

3. Sharing:
   a. Go around circle and have each attendee give an answer to one of the following questions: a) How often do you engage in these activities? b) Which of these activities do you get assistance with from supportive staff? c) How do you feel when you are successful as opposed to unsuccessful with these activities during daily routine?

4. Processing:
   a. Instructor will encourage group members further processing with use of probing questions to increase client education and knowledge on topic.
   b. Questions to encourage further processing:
      i. How does health management impact your day to day life?
      ii. Describe what health management means to you?
      iii. Identify some environments in which you engage in these activities.

        iv. What makes health management an important occupation?

        v. What health management activities are you currently getting assistance with?

        vi. How can more independence with these activities impact your overall well-being?

5. Generalizing:

    a. Point out similarities or differences between group members' perspectives

    b. Sum up the responses of the group and point out main ideas

6. Application:

    a. Instructor will direct group members to complete scale on educational handout to identify current satisfaction with performance in health management occupation, which allows clients to apply concept to own lives with numerical scale.

    b. Instructor will encourage clients to identify 2-3 activity areas with health management they want to improve in. Instructor will also challenge each group member to identify barrier (environmental, personal, occupational), in other words, something that makes achieving this goal difficult.

    c. Group members will get the opportunity to identify own goals and potential barriers when working toward goal and these will be addressed in upcoming sessions.

    d. Remind group members to keep all handouts and worksheets given to them in order to reflect during session 7, which is the wrap up session.

7. Summary:

    a. Review group goals

        i. By end of session, client will improve insight/awareness of health management and how it presents in daily life and impacts occupational performance.

        ii. By end of session, client will improve self-efficacy by identifying barriers and occupational goals to improve performance in this area of occupation.

    b. Any questions?

    c. Thank you for attending this group

    d. Next session will be on coping strategies!

What does health management mean to you?

Definition: "developing, managing, and maintaining routines for health and wellness promotion, such as physical fitness, nutrition, decreased health risk behaviors, and medication routines" (AOTA, 2014, p. S19).

Please circle the following areas in which are important in improving overall physical and mental health:

- Physical activity/exercise

- Eating fruits and vegetables

- Monitoring diet to improve health

- Taking medications prescribed to you by your doctor
- Attending necessary appointments

- Contacting supports for assistance/help when you need it

- Incorporate healthy coping techniques

- Other:_____
___

These make up the necessary activities of health management! Reflecting with therapist on the things you have circled above:

a. How often do you engage in these activities?

b. Which of these activities do you get assistance with from supportive staff?

c. How do you feel when you are successful as opposed to unsuccessful with these activities during your daily routine?

d. On a scale of 1-10, what is your level of satisfaction with your performance with health management in your daily routine?

     1   2   3   3   4   5   6   7   8   9
     10
(least satisfied)   (most satisfied)

Choose 2-3 activity areas in which you would like to improve in over the course of intervention guide which we will focus on to improve overall health management:

	Activity Area	Identify 1 current barrier to performance with activity.

Health Management Session II:

Exploring and Practicing Coping Strategies

1. Introduction:
   a. Introduce yourself (instructor) and give a brief synopsis of group goals
      i. By end of session, client will improve awareness on importance of coping skills and how these skills relate to health management performance.
      ii. By end of session, client will explore and practice different coping strategies to improve management of mental health symptoms and emotional regulation.
   b. Have each group member share his/her current "go-to" coping skill and how often they use it.

2. Activity:
   a. Instructor will provide the following education on coping strategies and the relation to health management.
      i. According to AOTA (2014) and as stated in previous session, health management includes developing, managing, and maintaining routines for health and wellness promotion which includes decreased health risk behaviors. In order to decrease health risk behaviors, individuals must learn to cope with mental health symptoms in a positive manner and learn to regulate his/her own feelings and emotions. When we discuss positive coping strategies, we are referring to the explicit actions taken by individuals as they encounter difficulty conditions in their daily lives (Haertl & Christiansen, 2011). Just like anything, you can improve coping skills by practicing them. Coping strategies will be unique to each person. What may work for you may not work for another individual. So, it is all about exploring all of the potential ideas and practicing the ones that work the best for you in your unique environments and activities.
   b. Instructor will guide the group through 2 different coping strategies as examples: progressive relaxation and breathing.
      i. After the group has a chance to trial these strategies, they will complete a worksheet, provided by the instructor, that indicates which coping strategies they would like to explore and practice in the future,
   c. Allow 10-15 to complete worksheet.

3. Sharing:

      a. Share thoughts on coping skills used during session and which coping strategies they would like to practice in home environment to improve management of mental health symptoms and emotional regulation.

4. Processing:

      a. Ask the group the following questions:

            i. What is your perspective on your current coping skill performance?

            ii. How would using coping strategies in your everyday routine benefit you?

            iii. How does using positive coping strategies impact health management performance as opposed to using negative coping strategies?

            iv. Will the worksheet help guide your exploration of novel coping skills in the future?

            v. When is it important to utilize your coping skills?

                1. Specific environments?

                2. During specific occupational activities?

            vi. How can more improve performance with this area of your life impact your overall well-being?

5. Generalizing:

      a. What similarities have you observed while listening to group members' answers?

      b. Instructor will sum up the main ideas presented throughout session up to this point.

6. Application:

      a. The instructor will then list some ways the group members could use the visual aid during daily life.

      b. The instructor will ask group members to commit to using the worksheet outside of the therapeutic session.

7. Summary:

      a. Review group goals:

            i. By end of session, client will improve awareness on importance of coping skills and how these skills relate to health management performance.

            ii. By end of session, client will explore and practice different coping strategies to improve management of mental health symptoms and emotional regulation.

      b. Any questions?

      c. Thank you for attending this group!

      d. Next session will address medication management!

Strategy	Not Interested	Interested	I already use this strategy.
Progressive Relaxation			
Breathing Exercises			
Journaling			
Creative Expression (drawing, painting, sculpting etc.)			
Going outdoors			
Exercise			
Reading			
Spending time with friends/family			
Meditation			
Positive Self Talk			
Listening to Music			
Participating in preferred hobby			
Visualization			
Other:			
Other:			

Haertl, K, & Christiansen, C. (2011). Coping Skills. In C. Brown & V. Stoffel (Eds.),

(Eshelman & McKay, 2008; Haertl & Christiansen, 2011)

Health Management Session III:

Medication for Psychiatric Disorders

1. Introduction:
   a. Introduce yourself (instructor) and give a brief synopsis of group goals
      i. By end of session, client will improve awareness on importance of medication compliance along with the benefits this health management activity has on overall well-being.
      ii. By end of session, client will identify barrier to medication management and choose novel strategy to incorporate in home environment for improved medication management performance.
   b. For warm up activity, group members will complete checklist, provided by instructor, that reflects different beliefs about medication based on culture, family background, and his/her own experience.

2. Activity:
   a. Instructor will begin with the following education on benefits of medication compliance regarding mental health:
      i. According to Kinsor and Lyon (2014), both biological vulnerability and stress contribute to mental health symptoms. Medications play a main role in reducing biological vulnerability by helping to correct the chemical imbalance in the brain, which leads to reducing symptoms. Some additional benefits from taking prescribed medications include reducing severity of symptoms and reducing chances of experiencing acute psychiatric episodes in the future. According to Kinsor and Lyon (2014), taking medication is not a cure for mental illness however engagement in this health management activity on a regular basis is proven to significantly reduce risk of relapses and hospitalizations. Overall, it helps to take a step forward in becoming more independent and having more control over your own mental health diagnosis.
   b. Then, instructor will instruct client to complete worksheet, located following session outline, to identify pros/cons of prescription medications along with identifying potential strategies to incorporate in home environment to combat cons and improve overall medication management performance.
      i. The instructor may assist client in forming/constructing strategy, as needed by individual clients.

3. Sharing:
   a. Instructor will facilitate each client to share pros/cons he/she listed. The instructor will also encourage each client to share strategies they use or

would like to use in order to improve/increase engagement in medication management and combat his/her listed cons.

  i. This section will allow clients to relate within the group and further discuss their own personal experiences to assist in further knowledge on topic.

4. Processing:

a. How do you feel about medications? Refer to your warm – up checklist filled out at beginning of session.

b. Tell me why it is so important to understand the research and evidence behind medication compliance? Does this impact your opinions on the topic?

c. If you take medication, what have you found helps get the best results?

d. How has your personal experience with medications impacted your performance in this area today?

e. What tips/helpful advice do you have for your peers to improve performance in this area?

f. Are you currently getting supportive staff assist with medication management?

  i. Would you like to become more independent?

g. Which strategy would you see as beneficial in increasing your independence with this area of occupation?

h. Can you understand (insert group member name)'s positive perspective on adhering to medication routine as prescribed by medical professional?

i. How can more independence with this area of your life impact your overall well-being? (prevent future hospitalizations, management mental health symptoms, etc.)

5. Generalizing:

a. The instructor will point out similarities or differences between group members' difficulties, emotions, and responses to the medication worksheet.

b. The instructor will develop and discuss the principles learned as discussed in the processing section.

6. Application:

a. Clients will be expected to trial novel strategy prior to next session and report follow through to instructor, if identified as a need.

b. Instructor will also communicate with supportive housing staff of client assignment to improve inter-professional communication and allow supportive staff to assist with client accountability.

c. Overall, the instructor will educate clients on improved performance in medication management over time will result in less reliance on supportive staff assistance and increased independence.

7. Summary:

a. Review session goals:
    i. By end of session, client will improve awareness on importance of medication compliance along with the benefits this health management activity has on overall well-being.
    ii. By end of session, client will identify barrier to medication management and choose novel strategy to incorporate in home environment for improved medication management performance.
b. Any questions?
c. Thank you for attending this group
d. Next session will be on understanding self-advocacy and social skills

WARM – UP:
What are your personal beliefs about medication?

Mark a check mark next to the follow quotations that reflect your beliefs:

_____ "My uncle is diabetic and takes insulin. He leads a normal life. I have a mental illness and take medication for it. It's the same thing to me."

_____ "My medicine helps get rid of the symptoms I was having. It's made a world of difference to my peace of mind."

_____ "I tried everything I could on my own: exercise, relaxation techniques, counseling. I was still miserable and depressed until I tried some medicine."

_____ "In my culture, we don't believe in Western medicines, I only want to use herbal remedies."

_____ "I'm afraid of the long-term effects on my body of using medications."

_____ "It's a matter of will power. I shouldn't need a drug to make me feel better."

Pros and Cons of Taking Medications

Pros of Taking Medications (benefits):	Cons of Taking Medications (drawbacks):

Strategies to Combat Cons/Drawbacks and Improve Performance

Strategy	I **have used** this strategy:	I would **like to try** this strategy:
Simplify medication schedule with assist from medical professional.		
Take medication at same time every day.		
Build taking medication into daily routine.		
Use cues and reminders: calendars, notes, pill organizers, etc.		
Remind myself of the benefits of taking this medication.		
Use of self - identified techniques to cope with side effects of my psychiatric medications.		
Other:		

Health Management Session IV:

Self-Advocacy and Interpersonal Communication with Supportive Services

1. Introduction:
   a. Introduce yourself (instructor) and give a brief synopsis of group goals
      i. By end of session, client will improve awareness on importance of social participation skills and self-advocacy when navigating health management needs and wants with community supports (healthcare workers and supportive staff, family/friends).
      ii. By end of session, client will role play a conversational situation related to getting his/her health management need/want met when conversing with a supportive role to improve social participation skills and self-advocacy.
   b. Have all clients introduce themselves and identify his/her favorite aspect about social participation.

2. Activity:
   a. Instructor will begin with the following education on benefits of medication compliance regarding mental health:
      i. These skills are necessary to improve health management because clients are typically in contact with supportive services such as staff at their facilities, therapists, or doctors in order to manage their mental health. Clients are responsible in communicating their wants/needs to these supportive services to optimize overall well-being, this is just part of managing physical and mental health. Therefore, social interaction skills and self-advocacy are very important in health management. Social participation can be difficult for individuals with serious mental illness due to lack of understanding, practice, and motivation. Also, according to the literature, individuals with SMI within supportive housing don't always feel "in control" of the decisions that are made when it comes to their own health management (Bengtsson-Tops & Ehliasson, 2014; Brolin, Rask, Sandgren, & Brunt, 2017). Clients are the bosses of their own health and it is important to feel empowered and involved in your care.
   b. After the education on the importance of these skills, the instructor will go through the "Self Advocacy and Getting Needs Met" worksheet to break down the sequencing of steps to identify health management need and contact the appropriate support systems.
      i. Group members will get 10-15 minutes to complete exercise, with assistance provided as need.
   c. Then, the instructor will give each client a separate social interaction skills handout to benefit them during the role play portion of the activity. Both

handouts can be copied and used in the client's home environment for novel situations that occur in clients' daily life.

d. Clients will then role play a conversation with a partner as identified in "Self Advocacy and Getting Needs Met" worksheet.

e. The instructor will also communicate with supportive housing staff of worksheets to assist with social interaction and self-advocacy skills. They can act within client environment to encourage group members to utilize worksheets prior to having important conversations with supportive services about getting needs met. This will assist in improvement of client preparedness and allow them to practice social interaction skills prior to these important conversations about health management activities.

3. Sharing:

a. Instructor will encourage client partnerships to share how role play went and how the worksheet they completed beforehand impacted confidence and readiness for actual conversation.

4. Processing:

a. Do you ever have difficulty communicating your needs to supportive services?

b. What is the most difficult part when communicating with supportive services?

c. What has helped you overcome this difficulty in the past?

d. Could you see this worksheet benefitting you when preparing for these important conversations regarding your own mental/physical health in the future?

e. Is it helpful to practice these social interaction skills and prepare for difficult conversations before the actual conversation?

f. What is your past experience with communicating with supportive services?

g. Are you currently getting supportive staff assist with advocacy? Would you like to improve your self-advocacy skills?

5. Generalizing:

a. How can more independence with this area of your life impact your overall well-being?

b. What similarities/differences did you observe with your group members?

6. Application:

a. The instructor will provide an extra copy of the "Self Advocacy and Getting Needs Met" worksheet in order for clients to use in upcoming situations.

b. Client will be encouraged to practice social skills as listed on handout and role play conversations prior to actual important conversation.

c. Instructor will also inform client's that supportive staff is aware of expectation and will hold client's accountable. Overall, instructor will

conclude clients that improved performance in social interaction skills and self-advocacy over time will result in less reliance on supportive staff assistance and increased independence.

7. Summary:
   a. Review session goals:
      i. By end of session, client will improve awareness on importance of social participation skills and self-advocacy when navigating health management needs and wants with community supports (healthcare workers and supportive staff, family/friends).
      ii. By end of session, client will role play a conversational situation related to getting his/her health management need/want met when conversing with a supportive role to improve social participation skills and self-advocacy.
   b. Any questions?
   c. Thank you for attending this group
   d. Next session will be on nutrition and physical health!

Health Management – Self Advocacy and Getting Needs Met

What health management need would you like to address?
_____
_____

Who would be the most appropriate individual to communicate this need to? (ex: supportive staff, family member, doctor, etc.)
_____

How do you plan to communicate with this individual? (ex: phone call, meeting, appointment, etc.)
_____

List at least 3 questions that you could ask this person to help get your need met.

    1. _____
    2. _____
    3. _____

How will getting this need met benefit your health management and overall wellbeing?
_____
_____

Write explanation of how you would like to solve need.
_____
_____

Write explanation of how the other individual would like to solve need.
_____
_____

After collaborating with other individual, what is your plan?
_____
_____
_____
_____

List of helpful social skills to practice and use when communicating with others according to AOTA (2014):

- Turn toward individual and look at them as she/he speaks

- Reply to questions that the other person may ask

- Use appropriate manners such as "thank you" and "you are welcome"

- Take turns to speak when conversing with other person

- Speak clear and at an appropriate volume (not too loud, not too quiet)

- Attend to topic of conversation and listen to the other person

- Allow other person to speak without interrupting them

- Use socially appropriate gestures and motions to match language

Health Management Session V:

Nutrition and Physical Health

1. Introduction:
   a. Introduce yourself (instructor) and give a brief synopsis of group goals
      i. By end of session, client will improve awareness on importance of nutrition and physical activity and relation to health management occupational performance.
      ii. By end of session, client will create healthy grocery list to assist in choosing healthier food options in upcoming grocery outing in order to improve physical health.
   b. Have all clients introduce themselves and instructor will lead clients on 5-minute walk as warm up activity.

2. Activity:
   a. Instructor will begin with the following education on benefits of eating healthy and being physically active:
      i. According to Çelik Ince and Partlak Günüşen (2018) unhealthy lifestyles with insufficient physical activity, sedentary lifestyle, and high calorie food intake are reported to be more common in individuals with mental illness. These authors also stated that these unhealthy lifestyles affect physical health such as increased incidence of obesity, metabolic syndrome, diabetes, and cardiovascular disease. Research shows that it is important to address nutrition and physical activity with individuals who have a mental illness for these exact reasons. Çelik Ince and Partlak Günüşen (2018) reported that individuals with mental illness face barriers that impact their ability to engage in physical activity and a healthy diet, such as: low motivation, increase in mental illness symptoms, lack of knowledge in these areas, and support from family/supportive staff. Therefore, today we will be looking at a list of healthy food options and create a grocery list of cost effective and healthy food options to choose during your next grocery visit. This activity will address low motivation, increase knowledge, and talk about how you can get supportive staff involved.
   b. Instructor will then instruct client to complete the grocery list by choosing corresponding healthy food options in lists provided. The goal is for each group member to identify foods they would like to purchase in order to improve nutrition and physical health.
      i. Instructor may assist client in forming grocery list and answering any questions clients may have.

      c.   Attendees will be given 10 minutes to complete activity

3. Sharing:

      a.   Instructor will have everyone some items they chose to put on grocery list.

4. Processing:

      a.   How do you feel about your current physical health? What would you like to improve in?

      b.   Was it helpful to have the options as a guide to choose healthier food items?

      c.   Will having a grocery list assist you in making better nutritional choices in upcoming grocery outing?

      d.   How does eating healthier impact your overall well-being?

      e.   What tips/helpful advice do you have for your peers to improve performance in this area?

      f.   Are you currently getting supportive staff assistance with nutritional eating and physical activity?

         i.   How could you include supportive staff in your desire to improve physical health by improving diet choices and physical activity?

      g.   How does your environment impact you and your performance with living a healthy lifestyle?

5. Generalizing:

      a.   In what ways can you educate yourself on healthy eating and physical activities?

      b.   How can more independence with this area of your life impact your overall well-being?

6. Application:

      a.   Encourage client use of grocery list in upcoming grocery outing.

      b.   Encourage group members to keep list of healthy food options (which are provided with the worksheet) in order to improve awareness of all potential items to choose from to improve overall health.

7. Summary:

      a.   Review session goals:

         i.   By end of session, client will improve awareness on importance of nutrition and physical activity and relation to health management occupation.

        ii.   By end of session, client will create healthy grocery list to assist in choosing healthier food options in upcoming grocery outing in order to improve physical health.

      b.   Any questions?

      c.   Thank you for attending this group

      d.   Next session will be on habits and routines with health management!

Healthy Grocery List

Vegetables

_____ _____ _____
_____ _____ _____
_____ _____ _____

Fruits

_____ _____ _____
_____ _____ _____
_____ _____ _____

Protein Foods

_____ _____ _____
_____ _____ _____
_____ _____ _____

Dairy

_____ _____ _____
_____ _____ _____
_____ _____ _____

Grains

_____ _____ _____
_____ _____ _____

Other

_____ _____ _____
_____ _____ _____
_____ _____ _____

Vegetable Options:

- Artichoke
- Arugula
- Asparagus
- Green Beans
- Bamboo shoots
- Beets
- Broccoli
- Brussel sprouts
- Cabbage
- Carrots
- Cauliflower
- Cucumber
- Edamame
- Ginger
- Kale
- Lettuce
- Mushrooms
- Onion
- Peppers
- Potato
- Radish
- Squash
- Tomato
- Zucchini

Fruit Options:

- Apple
- Apricot
- Avocado
- Banana
- Blackberries
- Blueberries
- Cantaloupe
- Cherries
- Cranberries
- Figs
- Grapefruit
- Grapes
- Honeydew Melon
- Kiwi
- Lime
- Lemon
- Mango
- Orange
- Papaya
- Peaches
- Pear
- Raspberries
- Prunes
- Strawberries
- Rhubarb
- Watermelon

Protein Food Options:

- Lean meat (skinless turkey or chicken, ground beef, etc.)
- Eggs
- Seafood (tuna, salmon, etc.)
- Beans & Peas (chickpeas, soybeans, kidney beans, etc.)
- Nuts (almonds, cashews, peanuts, etc.)
- Tofu

Dairy Options:

- Milk
- Cheese
- Yogurt

Grain Options:

- Bread
- Rice
- Quinoa
- Oatmeal
- Barley
- Grits
- Cereals
- Pasta
- Tortillas
- Rice cakes
- popcorn

Health Management Session VI:

Creating Habits and Routines

1. Introduction:
   a. Introduce yourself (instructor) and give a brief synopsis of group goals
      i. By end of session, client will improve awareness of importance of habits and routines along with the benefits these performance patterns have on health management occupational performance.
      ii. By end of session, client will create BA tool (weekly schedule) to improve/promote client habits and routines with health management activities.
   b. Have all clients introduce themselves and identify an appropriate, well developed habit with the group.

2. Activity:
   a. The instructor will begin with the following education on habits and routines with the use of an educational handout, following session outline.
      i. Instructor will create interactive opportunity for group members to identify habit and routine within educational handout to confirm client understanding of definitions and education.
   b. Then, the instructor will explain the importance of follow through of health management activities in order to make them more habit and routine based to create a more automatic/repetitive action to improve overall daily structure and independent follow through with health management.
   c. Instructor will educate clients on the use of behavioral activation (BA) tool such as calendar, journal, weekly schedule, etc. to improve follow through of daily routine and habits with health management activities.
   d. Clients will then be asked to identify important health management activities and fill out a weekly schedule, provided by the instructor, during session and ask for instructor assistance with completion of this BA tool as necessary, found following session outline.
   e. Attendees will be given 15-20 minutes to complete activity

3. Sharing:
   a. Instructor will have each group member share one thing that they found easy when completing weekly schedule and then one thing they found difficult.

4. Processing:
   a. What might help you to follow through with this schedule you have created for yourself this week?

b. What health management activities are you currently getting assistance with?
c. What was the most difficult thing about creating this schedule for yourself?
d. Do you anticipate difficulty with use of BA tool? How can you overcome difficulty?
e. Identify how you might communicate with supportive staff to get daily initials?
f. Why are habits and routines so important?

5. Generalizing:

a. How can each of you relate to your group members?
   i. Similarities?
   ii. Differences?
b. How can more independence with these activities impact your overall well-being?

6. Application:

a. Clients will be informed that they will be expected to communicate follow through of activities with supportive staff and get signatures from staff as they follow through with health management activities throughout the week.
   i. There will be a place for staff initials at the bottom of each day to improve client accountability.
b. Overall, instructor will conclude on improved performance and follow through with these health management activities over time will result in less reliance on supportive staff assistance and increased independence.

7. Summary:

a. Review session goals:
   i. By end of session, client will improve awareness of importance of habits and routines along with the benefits these performance patterns have on health management occupational performance.
   ii. By end of session, client will create BA tool (weekly schedule) to improve/promote client habits and routines with health management activities.
b. Any questions?
c. Thank you for attending this group
d. Next session will be a wrap up session, take time to reflect on progress in the area of health management and bring any questions you have regarding material addressed throughout this course.

Importance of Habits and Routines

Habits: "Acquired tendencies to respond and perform in certain consistent ways in familiar environments or situations: specific, automatic behaviors performed repeatedly, relatively automatically, and with little variation" (AOTA, 2014, p. S27).

IN OTHER WORDS AND SIMPLY STATED

Habits are things you do every day with little thought, such as:

- turning the light off after leaving a room
- automatically putting tv remote in the same place
- looking both ways before crossing the street.

State your own example of a habit:

_____

Routines: "Patterns of behavior that are observable, regular, and repetitive and provide structure for daily life and in which require momentary time commitment" (AOTA, 2014, p. S27).

IN OTHER WORDS AND SIMPLY STATED

Routines are a set of actions that someone does to complete a desired goal, such as:

- following morning sequence to complete toileting, bathing, and dressing
- Following certain steps to cook a recipe

State your own example of a routine:

_____

How can we turn health management activities into habits and routines??

**We can create habits and routines with the use of behavioral activation (BA) tools such as monthly calendars, journals, weekly schedules, etc. to improve follow through of daily routine and habits with health management activities.

Overall, the more you participate in and follow through with a desired activity, the higher chances it will become more automatic and be embedded as part of your daily routine, resulting in less assistance and more independence!

Weekly Calendar – Health Management Activities

Examples of Activities to Include:

Physical activity/exercise   Eat fruits and vegetables   Take prescribed medications   Medical appointments

Incorporate coping technique   Contact supports for assistance

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Staff initials:	Staff initials:	Staff initials:	Staff initials:	Staff initials:	Staff initials:	Staff initials:

Health Management Session VII:

Wrapping Up Health Management

1. Introduction:
    a. Introduce yourself (instructor) and give a brief synopsis of group goals
        i. By end of session, client will review and assess own insight and awareness on health management and how it presents in daily life transactions.
        ii. By end of session, client will reflect on progress and share improvements in performance in this area of occupation with instructor and group members.
    b. Have everyone introduce themselves
    c. Have everyone state one big take – away from these health management sessions.

2. Activity:
    a. Pass out health management educational handout and instructor will allow group to review handout
    b. Instructor will then allow 3-4 minutes to circle corresponding activities associated with term and reflect on questions stated on handout.
    c. Majority of session will consist of sharing and processing as they reflect and discuss all previous sessions.

3. Sharing:
    a. Go around circle and have each attendee give an answer to one of the following questions: a) How has your understanding of health management changed? b) Which of these activities do you get assistance with from supportive staff? c) How has your performance in this area of occupation improved over the course of these sessions?

4. Processing:
    a. Instructor will encourage group members further processing with use of probing questions to increase client education and knowledge on topic.
    b. Questions to encourage further processing:
        i. How does health management impact your day to day life?
        ii. What makes health management an important occupation?
        iii. How do you see yourself participating in these activities moving forward?
        iv. What is your game plan to improve performance?
        v. How can you keep supportive staff involved but still maintain independence?

　　　vi. Tell us about your experience throughout these health management sessions.

5. Generalizing:
　　a. Point out similarities or differences between group members' perspectives
　　b. Sum up the responses of the group and point out main ideas

6. Application:
　　a. Instructor will direct group members to complete scale on educational handout to identify current satisfaction with performance in health management occupation, which allows clients to apply concept to own lives with numerical scale.
　　　　i. Instructor will ask group member to compare satisfaction scale to the one completed during session 1.
　　b. Instructor will encourage clients to identify 2-3 activity areas with health management they believe they have improved in and how it has impacted overall physical and mental health.

7. Summary:
　　a. Review group goals
　　　　i. By end of session, client will review and assess own insight and awareness on health management and how it presents in daily life transactions.
　　　　ii. By end of session, client will reflect on progress and share improvements in performance in this area of occupation with instructor and group members.
　　b. Any questions?
　　c. Thank you for attending these sessions focused on health management. All in all, improved performance and follow through with these health management activities over time will result in less reliance on supportive staff assistance and increased independence as well as improved quality of life! Great job.

What does health management mean to you?

Definition: "developing, managing, and maintaining routines for health and wellness promotion, such as physical fitness, nutrition, decreased health risk behaviors, and medication routines" (AOTA, 2014, p. S19).

Please circle the following areas in which are important in improving overall physical and mental health:

- Physical activity/exercise

- Eating fruits and vegetables

- Monitoring diet to improve health

- Taking medications prescribed to you by your doctor
- Attending necessary appointments

- Contacting supports for assistance/help when you need it

- Incorporate healthy coping techniques

- Other:_____
___

These make up the necessary activities of health management! Reflecting with therapist on the things you have circled above:

a. How has your understanding of health management changed?

b. Which of these activities do you get assistance with from supportive staff?

c. How has your performance in this area of occupation improved over the course of these sessions?

d. On a scale of 1-10, what is your level of satisfaction with your performance with health management in your daily routine?

    1   2   3   3   4   5   6   7   8   9
    10
(least satisfied)   (most satisfied)

Choose 2-3 activity areas you believe that you have improved in over the course of this intervention guide:

	Activity Area	How has this impacted you both physically and mentally?

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Managing Personal Finances Intervention Guide

Intervention plan: Managing Personal Finances	Who: Occupational Therapist and residents of a supportive housing program. When: bi-weekly sessions, with homework for 3 weeks Where: Community room of supportive housing
Session 1: Money and Me	What: During this session, residents will be educated on the value of money and how that influences spending decisions. Why: This session will help residents understand why this topic is so important and help them to better understand why this topic pertains to them.
Session 2: My Financial Goal	What: This session will revolve around residents setting a savings goal. Residents will be educated on how to determine how much they need to save and how they can use their budget to help meet this. Why: Many residents of supportive housing will have very little money and by setting a saving goal they can begin building up the amount of money they have.
Session 3: Ballin' on a Budget	What: This session will educate residents on how to shop on a budget and how advertisements influence spending. This will also address how to use coupons and why sales should be taken into account when going to the grocery store. Why: Budgeting is a cornerstone of managing financials and by beginning with this topic it can be referred back to for progressive learning.
Session 4: Understanding Financial Institutions	What: During this session, residents will be educated on the financial institutions that are available to them (banks, credit unions) and the services they offer. Why: This will be important for long term financial planning as well as making educated decisions about the services they provide.

Session 5: Managing Finances in an Automated World	<u>What:</u> This session will introduce residents to electronic banking, transferring money, and credit cards. <u>Why:</u> This is a fundamental lesson in financial planning in today's world and will help residents understand how automation in money and banking relates to them, their financial goals, and their financial needs.
Session 6: Developing a plan	<u>What:</u> This session will incorporate all previous lessons and give residents the opportunity to develop a spending plan and budget based on their knowledge of their financial goals, automation in money, banking, and budgeting. <u>Why:</u> This will bring all previous sessions together and help make sense of everything they've learned in terms of themselves. This session brings everything back to them.
Session 7: Checks and Balances	<u>What:</u> This session will focus on writing checks and balancing checkbooks. There will be opportunities to practice writing a check and discuss the principles of balancing a check book. <u>Why:</u>
Session 8: Wrapping up	<u>What:</u> This session will be a final wrap up. Residents will be told to come with questions about any previous sessions or other financial questions they may have. Lastly, residents will be taught how to write and cash checks. <u>Why:</u> A lot of information was covered in the previous 7 sessions and residents may have not had the opportunity to ask questions or things may have come up in the meantime.

Managing Personal Finances Session I:

Money and Me

1. Introduction: Welcome to Managing Personal Finances
   a. Introduce yourself (instructor) and give a brief synopsis of group goals
      i. By end of session, group attendees will be able to identify one way they can/will make money.
      ii. By the end of this session, group attendees will be able to delineate between needs and wants.
      iii. By end of session, group attendees will be able to identify one thing they need money for.
   b. Have everyone introduce themselves
   c. Have everyone state one thing they know about money
   d. Have group members complete pre-assessment

2. Activity: Money 101 worksheet
   a. Pass out Money 101 worksheet
   b. Have attendees look over worksheet and provide opportunity to ask questions
   c. Give attendees 8-10 minutes to complete worksheet
      i. If this is not a sufficient amount of time for some individuals allow them to fill in blanks while debriefing worksheet.

3. Sharing:
   a. Go around circle and have each attendee answer one question in worksheet order

4. Processing:
   a. Allow 10 minutes for this section. Do not cut off discussion if it seems productive for attendees.
   b. Following sharing ask the following questions:
      i. How many of you were able to accurately estimate an item that costs $20?
         1. What do think made this possible/a challenge?
      ii. What did you notice about the things you wanted verses the things you needed?
      iii. What are you doing right now to make money?
         1. Will this be sufficient in the future? Why or why not?

5. Generalizing:
   a. Put up local apartment ads, grocery ads, insurance prices
   b. Put up job listings with hourly rates

      c. Allow 5 minutes for attendees to discuss this in regards to them

6. Application:

      a. How have determined what you were going to spend your money on in the past?

          i. How will you do this moving forward?

7. Summary:

      a. Review group goals

          i. By end of session, group attendees will be able to identify one way they can/will make money.

         ii. By the end of this session, group attendees will be able to delineate between needs and wants.

        iii. By end of session, group attendees will be able to identify one thing they need money for.

      b. Any questions?

      c. Thank you for attending this group

      d. Next session will be on setting financial goals!

What Does Financial Management Mean to You?

Financial management is defined as "Using fiscal resources, including alternate methods of

financial transaction, and planning, and using finances with long-term and short-term goals"

(AOTA, 2014, p. S19).

Please circle the following areas which are importance in improving your overall ability to manage your personal finances:

- Writing a check

- Opening a bank account

- Using electronic banking services

- Creating a budget

- Developing personal financial goals

- Creating a plan to reach your financial

  goals _____

- Other:

These are all pieces of managing personal things you have circled above:

a. Have you done any of these things in the past as part of managing your finances?

b. Which of these activities do you think you'd need assistance with from family, friends, or supportive staff?

c. How do you think you'd define being successful in these areas of financial management?

d. On a scale of 1-10, what is your level of satisfaction with your personal financial management?

| 1   2   3   3   4   5   6   7   8   9 |
| 10 |
| (least satisfied)   (most satisfied) |

Choose 2-3 activity areas in which you would like to improve in over the course of the Managing Personal Finances groups which we will focus on to help you reach your personal financial goals:

	Activity Area	Identify 1 current barrier to performance with activity.
1		
2		
3		

Money 101

Name: _____

Beginning discussion questions:

1. **What is money and what does it do for you?**

   _____

   _____

   _____

2. **How do you get money?**

   _____

   _____

   _____

3. **What would you buy if you had $20? After discussing look up if you accurately estimated the price of this product.**

   _____

   _____

   _____

Needs	**Wants**

Managing Personal Finances Session II:

My Financial Goal

1. Introduction:
   a. Introduce yourself (instructor) and give a brief synopsis of group goals
      i. By end of session, group attendees will be able to identify one personal financial goal
      ii. By end of session, group attendees will be able to identify one way in which they plan to start working towards this goal.
   b. Have all attendees introduce themselves and share one time they needed to use money in the last week.

2. Activity: Financial Goal Collage
   a. Instructor provide scissors, glue sticks, magazine pages or pages of finance related images, markers, and cardstock or heavy paper.
   b. Provide a sample of a collage you made (Create your own) and explain that your collage should state or be representative of a goal you have for your finances
      i. Examples: moving to an apartment, being able to pay child support, pay off credit card bills, etc.
   c. Allow 10-15 minutes to complete collage

3. Sharing:
   a. Having every attendee (that wants to) share their collage and their financial goal

4. Processing:
   a. Ask the group the following questions:
      i. How long do you think it will take you to reach the goal you set for your finances?
      ii. What is one thing you can do this week to help you start working towards your goal?
      iii. Have you ever set a personal financial goal in the past? Did you reach it? How or what barriers prevented you from doing so?

5. Generalizing:
   a. What did you notice was similar to all of the goals shared?
   b. Are the goals mostly wants or mostly needs (in reference to previous session)?

6. Application:
   a. Tell the attendees to hang their collage up in their room or put it somewhere they can see it daily as a continual reminder of their goal.

7. Summary:
   a. Review group goals:
      i. By end of session, group attendees will be able to identify one personal financial goal
      ii. By end of session, group attendees will be able to identify one way in which they plan to start working towards this goal.
   b. Any questions?
   c. Thank you for attending this group!
   d. Next session will address sticking to a budget.

Managing Personal Finances Session III:

Ballin' on a Budget

1. Introduction:
    a. Introduce yourself (instructor) and give a brief synopsis of group goals
        i. By end of session, group attendees will demonstrate ability to stick to a budget while creating a grocery list.
        ii. By end of session, group attendees will demonstrate an understanding of how to use coupons.
        iii. By end of session, group attendees will understand the how keeping a budget is associated with financial planning and reaching their financial goals.
    b. Have all clients introduce themselves and state their personal definition of a budget.
2. Activity:
    a. Provide (write on board) group attendees with a dollar amount for purchasing a "weeks' worth" of groceries. Provide budgeting grocery list as well to ease their time completing activity.
        i. Based on a minimum wage income:
            1. Individuals have $77/week ($11/day) to spend on non-housing items including food, healthcare, transportation, childcare, and entertainment. (Livingston, et al., 2018)
    b. Lay out local grocery store ads and coupon books to aid in their decision process and acquiring prices for item.
3. Sharing:
    a. What did you base your grocery list on?
    b. Did you have food items in mind for all daily meals?
4. Processing:
    a. What information surprised you that you learned about the suggested weekly budget of someone living on minimum wage?
    b. What did you find difficult about sticking to the provided budget?
        i. Less difficult?
5. Generalizing:
    a. Was there ever a time in the past when you used coupons to be able to afford an item? Explain.
    b. How will you use what you learned today moving forward?
6. Application:

    a. Provide attendees with coupon books for local grocery stores, and other businesses to aid in their future budgeting.

    b. Provide budgeting worksheet for them to complete on their own time when they can put time to assess how much money is allocated to various resources.

7. Summary:

    a. Review session goals:

        i. By end of session, group attendees will demonstrate ability to stick to a budget while creating a grocery list.

        ii. By end of session, group attendees will demonstrate an understanding of how to use coupons.

        iii. By end of session, group attendees will understand the how keeping a budget is associated with financial planning and reaching their financial goals.

    b. Any questions?

    c. Thank you for attending this group

    d. Next session will be on understanding financial institutions.

🍇 🍊 🍎 Grocery List 🍎 🍊 🍇

Total budget: | $ |

	Item:	Quantity:	Cost:
1			$
2			$
3			$
4			$
5			$
6			$
7			$
8			$
9			$
10			$
11			$
12			$
13			$
14			$
15			$
16			$
17			$
18			$

Total Cost = $_____

Make a Budget

Remaining Budget = $ _____

Use this worksheet to see how much money you spend this month. Then, use this month's information to help you plan next month's budget.

Some bills are monthly and some come less often. If you have an expense that does not occur every month, put it in the "Other expenses this month" category.

MONTH _____ **YEAR** _____

My income this month

Income	Monthly total
Paychecks (salary after taxes, benefits, and check cashing fees)	$
Other income (after taxes) for example: child support	$
Total monthly income	$

My expenses this month

	Expenses	Monthly total
HOUSING	Rent or mortgage	$
	Renter's insurance or homeowner's insurance	$
	Utilities (like electricity and gas)	$
	Internet, cable, and phones	$
	Other housing expenses (like property taxes)	$
FOOD	Groceries and household supplies	$
	Meals out	$
	Other food expenses	$

Make a Budget

Expenses	Monthly total

TRANSPORTATION

Expenses	Monthly total
Public transportation and taxis	$
Gas for car	$
Parking and tolls	$
Car maintenance (like oil changes)	$
Car insurance	$
Car loan	$
Other transportation expenses	$

HEALTH

Expenses	Monthly total
Medicine	$
Health insurance	$
Other health expenses (like doctors' appointments and eyeglasses)	$

PERSONAL AND FAMILY

Expenses	Monthly total
Child care	$
Child support	$
Money given or sent to family	$
Clothing and shoes	$
Laundry	$
Donations	$
Entertainment (like movies and amusement parks)	$
Other personal or family expenses (like beauty care)	$

FINANCE

Expenses	Monthly total
Fees for cashier's checks and money transfers	$
Prepaid cards and phone cards	$

Bank or credit card fees	$
Other fees	$

OTHER

School costs (like supplies, tuition, student loans)	$
Other payments (like credit cards and savings)	$
Other expenses this month	$
Total monthly expenses	

$$\boxed{\$} - \boxed{\$} = \boxed{\$}$$

Income   **Expenses**

Maybe your income is more than your expenses. You have money left to save or spend.

Maybe your expenses are more than your income. Look at your budget to find expenses to cut.

Managing Personal Finances Session IV:

Understanding Financial Institutions

1. Introduction:
   a. Introduce yourself (instructor) and give a brief synopsis of group goals
      i. By end of session, group attendees will be able to explain the difference between a bank and credit union
      ii. By end of session, group attendees will be able to name a minimum of three services offered by financial institutions
      iii. By end of session, group attendees will understand how to effectively navigate an online banking webpage
   b. Have all clients introduce themselves and identify one local or national bank/credit union they know of or have previously used

2. Activity: Understanding Financial Institutions worksheet
   a. Instructor will provide worksheet, pens/pencils, and provide information on local banks and credit unions (e.g., pamphlets on provided services).
   b. Attendees will be given 10 minutes to complete activity

3. Sharing:
   a. Instructor will have everyone share one of the facts they found for part II of the worksheet.
      i. Try to have everyone share a different factoid

4. Processing:
   a. What did you find the most helpful about this activity?
   b. What is one new thing you learned from doing this?
   c. How will you use what you learned today?

5. Generalizing:
   a. How will understanding financial institutions help you reach your financial goals?
   b. Which services are you most likely to utilize by a financial institution?

6. Application:
   a. Tell attendees that it may benefit them to hang up/keep this worksheet with their financial goal collage to help them relate them together.
   b. Attendees may also choose to take the information from local banks to pursue financial institutions in the future.

7. Summary:
   a. Review session goals:
      i. By end of session, group attendees will be able to explain the difference between a bank and credit union

ii. By end of session, group attendees will be able to name a minimum of three services offered by financial institutions

iii. By end of session, group attendees will understand how to effectively navigate an online banking webpage

b. Any questions?

c. Thank you for attending this group

d. Next session will be on understanding Managing Finances in an Automated World (i.e. utilizing online banking)

UNDERSTANDING FINANCIAL INSTITUTIONS

Part I: What do you know about…

Banks   Credit Unions

Both
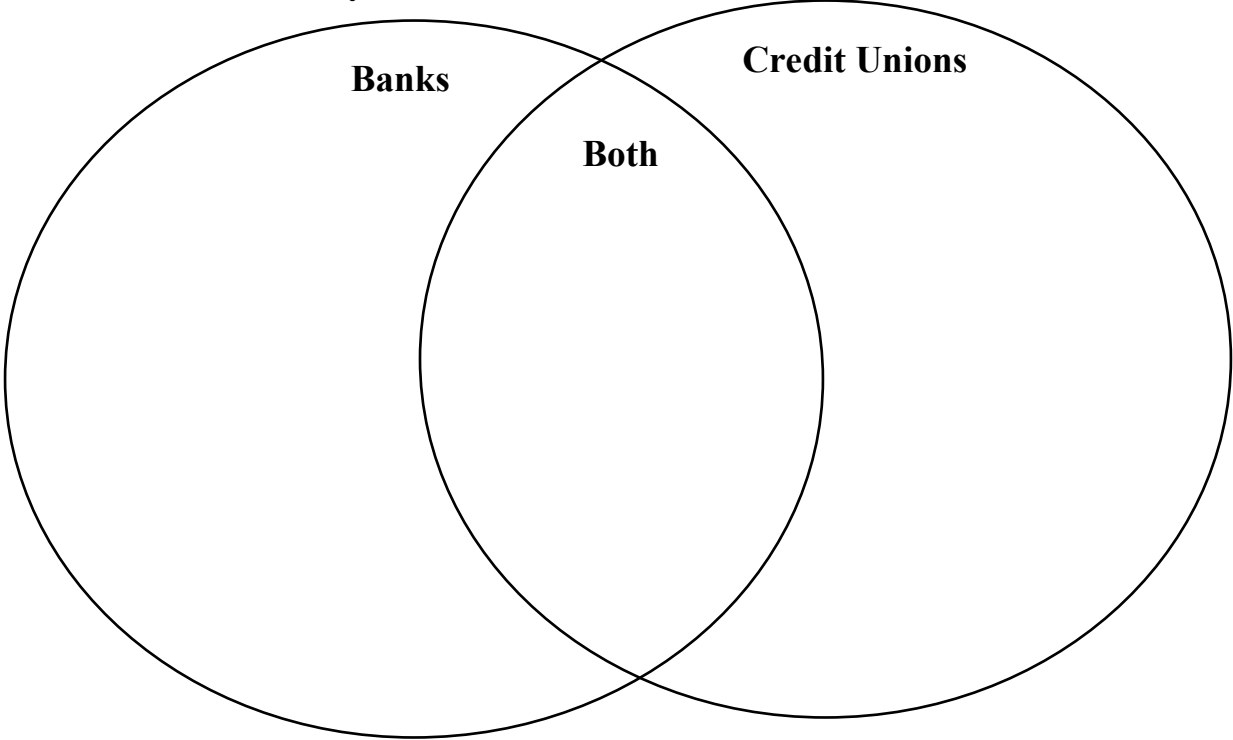
Part II: The world of online financial management

1. Write a plan that incorporates a bank or credit union into reaching your financial goals.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Managing Personal Finances Session V:

Managing Finances in an automated world

1. Introduction:
   a. Introduce yourself (instructor) and give a brief synopsis of group goals
      i. By end of session, group attendees will be able to explain how to make transfers between bank accounts.
      ii. By end of session, group attendees will understand how to maintain appropriate security with online banking
      iii. By end of session, group attendees will understand how to use coupons to stick within a budget.
   b. Have all clients introduce themselves and identify whether or not they have ever used online banking.

2. Activity: Online banking made easy
   a. Instructor will provide worksheet, pens/pencils, and a copy or copies of the Federal Trade Commission's electronic banking information book.
   b. Attendees will be given 10 minutes to complete activity

3. Sharing:
   a. Instructor will have everyone share one thing that surprised them while completing the worksheet.

4. Processing:
   a. Can someone define online banking for me?
   b. What are some common financial scams to be aware of?
   c. What are some pros and cons of online banking?

5. Generalizing:
   a. Where have you seen examples of automated banking in your everyday life?
   b. How do you think online banking could make your financial planning easier/better?

6. Application:
   a. Provide pamphlets on online banking for a variety of local financial institutions and allow attendees to take what they want.

7. Summary:
   a. Review session goals:
      i. By end of session, group attendees will be able to explain how to make transfers between bank accounts.
      ii. By end of session, group attendees will understand how to maintain appropriate security with online banking

        iii. By end of session, group attendees will understand how to use coupons to stick within a budget.

b. Any questions?

c. Thank you for attending this group

d. Next session will be on understanding and utilizing financial institutions (i.e. banks and credit unions)

Online Banking made easy.

Name:

Using the Federal Trade Commissioner's information booklet on electronic banking answer the following questions.

1. **What are 5 ways you can electronically transfer funds?**

   _____

   _____

   _____

   _____

   _____

2. **What should you do if your debit or ATM card is lost or stolen?**

   _____

   _____

   _____

   _____

   _____

3. **What happens if you overdraft your account?**

   _____

   _____

   _____

   _____

   _____

4. **What additional rights are protected by the EFT Act?**

   _____

   _____

   _____

   _____

   _____

(Federal Trade Commission, 2012)

Electronic Banking

Federal Trade Commission | ftc.gov

For many people, electronic banking means 24-hour access to cash through an automated teller machine (ATM) or Direct Deposit of paychecks into checking or savings accounts. But electronic banking involves many different types of transactions, rights, responsibilities — and sometimes, fees. Do your research. You may find some electronic banking services more practical for your lifestyle than others.

Electronic Fund Transfers

Electronic banking, also known as electronic fund transfer (EFT), uses computer and electronic technology in place of checks and other paper transactions. EFTs are initiated through devices like cards or codes that let you, or those you authorize, access your account. Many financial institutions use ATM or debit cards and Personal Identification Numbers (PINs) for this purpose. Some use other types of debit cards that require your signature or a scan. For example, some use radio frequency identification (RFID) or other forms of "contactless" technology that scan your information without direct contact with you. The federal Electronic Fund Transfer Act (EFT Act) covers some electronic consumer transactions.

Here are some common EFT services:

ATMs are electronic terminals that let you bank almost virtually any time. To withdraw cash, make deposits, or transfer funds between accounts, you generally insert an ATM card and enter your PIN. Some financial institutions and ATM owners charge a fee, particularly if you don't have accounts with them or if your transactions take place

at remote locations. Generally, ATMs must tell you they charge a fee and the amount on or at the terminal screen before you complete the transaction. Check with your institution and at ATMs you use for more information about these fees.

Direct Deposit lets you authorize specific deposits — like paychecks, Social Security checks, and other benefits — to your account on a regular basis. You also may pre-authorize direct withdrawals so that recurring bills — like insurance premiums, mortgages, utility bills, and gym memberships — are paid automatically. Be cautious before you pre-authorize recurring withdrawals to pay companies you aren't familiar with; funds from your bank account could be withdrawn improperly. Monitor your bank account to make sure direct recurring payments take place and are for the right amount.

Pay-by-Phone Systems let you call your financial institution with instructions to pay certain bills or to transfer funds between accounts. You must have an agreement with your institution to make these transfers.

Personal Computer Banking lets you handle many banking transactions using your personal computer. For example, you may use your computer to request transfers between accounts and pay bills electronically.

Debit Card Purchase or Payment Transactions let you make purchases or payments with a debit card, which also may be your ATM card. Transactions can take place in-person, online, or by phone. The process is similar to using a credit card, with some important exceptions: a debit card purchase or payment transfers money quickly from your bank account to the company's account, so you

have to have sufficient funds in your account to cover your purchase. This means you need to keep accurate records of the dates and amounts of your debit card purchases, payments, and ATM withdrawals. Be sure you know the store or business before you provide your debit card information to avoid the possible loss of funds through fraud. Your liability for unauthorized use, and your rights for dealing with errors, may be different for a debit card than a credit card.

Electronic Check Conversion converts a paper check into an electronic payment in a store or when a company gets your check in the mail.

When you give your check to a cashier in a store, the check is run through an electronic system that captures your banking information and the amount of the check. You sign a receipt and you get a copy for your records. When your check is given back to you, it should be voided or marked by the merchant so that it can't be used again. The merchant electronically sends information from the check (but not the check itself) to your bank or other financial institution, and the funds are transferred into the merchant's account.

When you mail a check for payment to a merchant or other company, they may electronically send information from your check (but not the check itself) through the system; the funds are transferred from your account into their account. For a mailed check, you still should get notice from a company that expects to send your check information through the system electronically. For example, the company might include the notice on your monthly statement. The notice also should state if the company will electronically collect a fee from your

account — like a "bounced check" fee — if you don't have enough money to cover the transaction.

Be careful with online and telephone transactions that may involve the use of your bank account information, rather than a check. A legitimate merchant that lets you use your bank account information to make a purchase or pay on an account should post information about the process on its website or explain the process on the phone. The merchant also should ask for your permission to electronically debit your bank account for the item you're buying or paying on. However, because online and telephone electronic debits don't occur face-to-face, be cautious about sharing your bank account information. Don't give out this information when you have no experience with the business, when you didn't initiate the call, or when the business seems reluctant to discuss the process with you. Check your bank account regularly to be sure that the right amounts were transferred.

Not all electronic fund transfers are covered by the EFT Act. For example, some financial institutions and merchants issue cards with cash value stored electronically on the card itself. Examples include prepaid phone cards, mass transit passes, general purpose reloadable cards, and some gift cards. These "stored-value" cards, as well as transactions using them, may not be covered by the EFT Act, or they may be subject to different rules under the EFT Act. This means you may not be covered for the loss or misuse of the card. Ask your financial institution or merchant about any protections offered for these cards.

For details, see *Gift Cards* at **consumer.ftc.gov**.

Disclosures

To understand your rights and responsibilities for your EFTs, read the documents you get from the financial institution that issued your "access device" – the card, code or other way you access your account to transfer money electronically. Although the method varies by institution, it often involves a card and/or a PIN. No one should know your PIN but you and select employees at your financial institution. You also should read the documents you receive for your bank account, which may contain more information about EFTs.

Before you contract for EFT services or make your first electronic transfer, the institution must give you the following information in a format you can keep.

► a summary of your liability for unauthorized transfers

► the phone number and address for a contact if you think an unauthorized transfer has been or may be made, the institution's "business days" (when the institution is open to the public for normal business), and the number of days you have to report suspected unauthorized transfers

► the type of transfers you can make, fees for transfers, and any limits on the frequency and dollar amount of transfers

► a summary of your right to get documentation of transfers and to stop payment on a pre-authorized transfer, and how you stop payment

► a notice describing how to report an error on a receipt for an EFT or your statement, to request

more information about a transfer listed on your statement, and how long you have to make your report

▶ a summary of the institution's liability to you if it fails to make or stop certain transactions

▶ circumstances when the institution will share information about your account with third parties

▶ a notice that you may have to pay a fee charged by operators of ATMs where you don't have an account, for an EFT or a balance inquiry at the ATM, and charged by networks to complete the transfer.

You also will get two more types of information for most transactions: terminal receipts and periodic statements. Separate rules apply to deposit accounts from which pre-authorized transfers are drawn. For example, pre-authorized transfers from your account need your written or similar authorization, and a copy of that authorization must be given to you. Additional information about pre-authorized transfers is in your contract with the financial institution for that account. You're entitled to a terminal receipt each time you initiate an electronic transfer, whether you use an ATM or make a point-of-sale electronic transfer, for transfers over $15. The receipt must show the amount and date of the transfer, and its type, like "from savings to checking." It also must show a number or code that identifies the account, and list the terminal location and other information. When you make a point-of-sale transfer, you'll probably get your terminal receipt from the salesperson.

You won't get a terminal receipt for regularly occurring electronic payments that you've pre-authorized, like

insurance premiums, mortgages, or utility bills. Instead, these transfers will appear on your statement. If the pre-authorized payments vary, however, you should get a notice of the amount that will be debited at least 10 days before the debit takes place.

You're also entitled to a periodic statement for statement cycle in which an electronic transfer is made. The statement must show the amount of any transfer, the date it was credited or debited to your account, the type of transfer and type of account(s) to or from which funds were transferred, the account number, the amount of any fees charged, the account balances at the beginning and end of the statement cycle, and the address and phone number for inquiries. You're entitled to a quarterly statement whether or not electronic transfers were made.

Keep and compare your EFT receipts with your periodic statements the same way you compare your credit card receipts with your monthly credit card statement. This will help you make the best use of your rights under federal law to dispute errors and avoid liability for unauthorized transfers.

Errors

You have 60 days from the date a periodic statement containing a problem or error was sent to you to notify your financial institution. The best way to protect yourself if an error occurs is to notify the financial institution by certified letter. Ask for a return receipt so you can prove that the institution got your letter. Keep a copy of the letter for your records.

Under federal law, the institution has no obligation to conduct an investigation if you miss the 60-day deadline.

Once you've notified the financial institution about an error on your statement, it has 10 business days to investigate. The institution must tell you the results of its investigation within three business days after completing it, and must correct an error within one business day after determining that the error has occurred. An institution usually is permitted to take more time — up to 45 days — to complete the investigation, but only if the money in dispute is returned to your account and you're notified promptly of the credit. At the end of the investigation, if no error has been found, the institution may take the money back if it sends you a written explanation.

An error also may occur in connection with a point-of-sale purchase with a debit card. For example, an oil company might give you a debit card that lets you pay for gas directly from your bank account. Or you may have a debit card that can be used for a various types of retail purchases. These purchases will appear on your bank statement. In case of an error on your account, however, you should contact the card issuer (for example, the oil company or bank) at the address or phone number provided by the company for errors. Once you've notified the company about the error, it has 10 business days to investigate and tell you the results. In this situation, it may take up to 90 days to complete an investigation, if the money in dispute is returned to your account and you're notified promptly of the credit. If no error is found at the end of the investigation, the institution may take back the money if it sends you a written explanation.

Lost or Stolen ATM or Debit Cards

If your credit card is lost or stolen, you can't lose more than $50. If someone uses your ATM or debit card without your permission, you can lose much more.

If you report an ATM or debit card missing to the institution that issues the card <u>before</u> someone uses the card without your permission, you can't be responsible for any unauthorized withdrawals. But if unauthorized use occurs before you report it, the amount you can be responsible for depends on how quickly you report the loss to the card issuer.

► If you report the loss within two business days after you realize your card is missing, you won't be responsible for more than $50 of unauthorized use.

► If you report the loss within 60 days after your statement is mailed to you, you could lose as much as $500 because of an unauthorized transfer.

► If you don't report an unauthorized use of your card within 60 days after the card issuer mails your statement to you, you risk unlimited loss; you could lose all the money in that account, the unused portion of your maximum line of credit established for overdrafts, and maybe more.

If an extenuating circumstance, like lengthy travel or illness, keeps you from notifying the card issuer within the time allowed, the notification period must be extended. In addition, if state law or your contract imposes lower liability limits than the federal EFT Act, the lower limits apply.

Once you report the loss or theft of your ATM or debit card to the card issuer, you're not responsible for additional unauthorized use. Because unauthorized transfers may appear on your statements, though, read each statement you receive after you've reported the loss or theft. If the statement shows transfers that you didn't make or that you need more information about, contact the card issuer immediately, using the special procedures it provided for reporting errors.

For more information, see *Lost or Stolen Credit, ATM, and Debit Cards* at **consumer.ftc.gov**.

Overdrafts for One-Time Debit Card Transactions and ATM Cards

If you make a one-time purchase or payment with your debit card or use your ATM card and don't have sufficient funds, an overdraft can occur. Your bank must get your permission to charge you a fee to pay for your overdraft on a one-time debit card transaction or ATM transaction. They also must send you a notice and get your opt-in agreement before charging you.

For accounts that you already have, unless you opt-in, the transaction will be declined if you don't have the funds to pay it, and you can't be charged an overdraft fee. If you open a new account, the bank can't charge you an overdraft fee for your one-time debit card or ATM transactions, either, unless you opt-in to the fees. The bank will give you a notice about opting-in when you open the account, and you can decide whether to opt-in. If you opt-in, you can cancel any time; if you don't opt-in, you can do it later.

These rules do not apply to recurring payments from your account. For those transactions, your bank can enroll you in their usual overdraft coverage. If you don't want the coverage (and the fees), contact your bank to see if they will let you discontinue it for those payments.

Limited Stop-Payment Privileges

When you use an electronic fund transfer, the EFT Act does not give you the right to stop payment. If your purchase is defective or your order isn't delivered, it's as if you paid cash: It's up to you to resolve the problem with the seller and get your money back.

One exception: If you arranged for recurring payments out of your account to third parties, like insurance companies or utilities, you can stop payment if you notify your institution at least three business days before the scheduled transfer. The notice may be written or oral, but the institution may require a written follow-up within 14 days of your oral notice. If you don't follow-up in writing, the institution's responsibility to stop payment ends.

Although federal law provides limited rights to stop payment, financial institutions may offer more rights or state laws may require them. If this feature is important to you, shop around to be sure you're getting the best "stop-payment" terms available.

Additional Rights

The EFT Act protects your right of choice in two specific situations: First, financial institutions can't require you to repay a loan by preauthorized electronic transfers. Second, if you're required to get your salary or government benefit check by EFT, you can choose the institution where those payments will be deposited.

For More Information and Complaints

If you decide to use EFT, keep these tips in mind:

► Take care of your ATM or debit card. Know where it is at all times; if you lose it, report it as soon as possible.

► Choose a PIN for your ATM or debit card that's different from your address, telephone number, Social Security number, or birthdate. This will make it more difficult for a thief to use your card.

► Keep and compare your receipts for all types of EFT transactions with your statements so you can find errors or unauthorized transfers and report them.

► Make sure you know and trust a merchant or other company before you share any bank account information or pre-authorize debits to your account. Be aware that some merchants or companies may process your check information electronically when you pay by check.

► Read your monthly statements promptly and carefully. Contact your bank or other financial

institution immediately if you find unauthorized transactions and errors.

If you think a financial institution or company hasn't met its responsibilities to you under the EFT Act, you can complain to the appropriate federal agency. Visit the Consumer Financial Protection Bureau (**consumerfinance.gov**) or **HelpWithMyBank.gov**, a site maintained by the Office of the Comptroller of the Currency, for answers to frequently-asked questions on topics like bank accounts, deposit insurance, credit cards, consumer loans, insurance, mortgages, identity theft, and safe deposit boxes, and for other information about federal agencies that have responsibility for financial institutions.

The FTC works to prevent fraudulent, deceptive and unfair business practices in the marketplace and to provide information to help consumers spot, stop and avoid them. To file a complaint or get free information on consumer issues, visit **ftc.gov** or call toll-free, 1-877-FTC-HELP (1-877-382-4357); TTY: 1-866-653-4261.

Watch the video, *How to File a Complaint*, at **consumer.ftc.gov/media** to learn more. The FTC enters consumer complaints into the Consumer Sentinel Network, a secure online database and investigative tool used by hundreds of civil and criminal law enforcement agencies in the U.S. and abroad.

Federal Trade Commission
ftc.gov
August 2012

Managing Personal Finances Session VI:

Making a Plan

1. Introduction:
   a. Introduce yourself (instructor) and give a brief synopsis of group goals
      i. By end of session, group attendees will demonstrate integration of all previous groups in developing a financial plan.
      ii. By end of session, group attendees will have developed a plan to meet financial goals.
      iii. By end of session, group attendees will demonstrate knowledge of how to manage their personal finances.
   b. Have all clients introduce themselves and identify their favorite group to date and why.

2. Activity: The plan
   a. Instructor will provide worksheet, pens/pencils, and access to a computer or internet in some way shape of form.
   b. Attendees will be given 20 minutes to complete activity

3. Sharing:
   a. Instructor will have everyone share one thing that surprised them while completing the worksheet.

4. Processing:
   a. Can someone share the most challenging part of developing the financial plan?
   b. What did you not think about prior to viewing this worksheet in regards to your financial plan?
   c. How did this worksheet impact your course of action moving forward.

5. Generalizing:
   a. Looking back at your financial goal from session 2, does this goal still seem relevant to you?
   b. Did developing this plan influence a change of your goal? How or how not?

6. Application:
   a. Provide access to budgeting worksheet and financial planning workbook

7. Summary:
   a. Review session goals:
      i. By end of session, group attendees will demonstrate integration of all previous groups in developing a financial plan.

        ii. By end of session, group attendees will have developed a plan to meet financial goals.

       iii. By end of session, group attendees will demonstrate knowledge of how to manage their personal finances.

b. Any questions?

c. Thank you for attending this group

d. Next session will be a wrap up session, bring any questions you have regarding any material addressed throughout this course. We will also be reviewing how to write checks.

FINANCIAL PLANNING WORKSHEET

MY NEW MONEY GOAL

cfpb Consumer Financial Protection Bureau

Sometimes we set new goals, have changes in income, or switch priorities in our lives. Making a plan is the easiest way to navigate these changes.

You wouldn't start a road trip without mapping it out first, and the same is true with your finances. This guide will help you gain a clear view of where your money goes now so you can more easily decide where you want it to go in the future.

These are _____'s goals as of ___/___/___
YOUR NAME   MM / DD / YYYY

1 What is my new money goal?

I want $ _____ by ___/___/___
GOAL AMOUNT   MM / DD / YYYY

Keep this in a visible place, like on your refrigerator or near your desk to remind you of your new money goal!

because I want to save for _____
WHAT ARE YOU SAVING FOR?

2 What am I saving now?

List your savings goals in the spaces below. Include some money for retirement and rainy days. Try to give each goal a dollar amount and set a target for when you'd like to reach each goal. Then write down the monthly amount

you'll need to reach your goals. After completing the income, savings, and expenses sections on the pages that follow, write down how much you plan to commit this month.

Priority	Goal	Total needed	Months to goal	Monthly amount	This month's commitment
	Emergency savings				
	Retirement				
	My new goal				
	Other:				
	Other:				
	Other:				

❸ What are my sources of income?

List your sources of income. Include wages, salary, tips, government benefits, investment income, etc. List your actual take-home pay for last month in the **Month 1** column.

Under **Month 2**, list the income you expect for this month. Enter any difference between the two. At the end of this month (**Month 2**), write down your actual income and compare it to the amount you expected.

Source	Month 1	Month 2	Difference	Actual
Total				

❹ What are my expenses?

List your expenses by category in the **expense** column in the table on right. Continue your list on additional sheets of paper if more space is needed.

Here is a list of sample expenses to help get you started. Create your own categories as needed.

- **Home** mortgage, rent, utilities, telephone, maintenance

- **Debt** credit cards, loans

- **Food** groceries, restaurants, take-out, coffee, snacks

- **Family** day care, child support payments, alimony payments, tuition, school supplies, activities, clothing, laundry and dry cleaning, allowances, toys

- **Transportation** fuel, parking, tolls, public transportation, maintenance, car insurance

- **Health** doctor visits, dentist, medications, insurance, personal care items, gym memberships

- **Entertainment** movies, events, books, subscriptions, music, and movie or game rentals

- **Miscellaneous** charity or tithes, gifts, pet food and supplies

4 What are my expenses? (CONTINUED)

In the **Month 1** column, list your actual expenses
for last month. When you're done, go to step 5,
on the next page, to compare last month's income
and expenses.

Expense	Month 1	Month 2	Difference	Actual
Total				

5 What is my new money goal?

Total your **Month 1** income and expenses. Then subtract the expenses from your income to see what's left over.

Last month: $ _____   **—** $ _____   **=** $ _____
                   TOTAL INCOME   TOTAL EXPENSES   WHAT'S LEFT?

6 Budget for the coming month

Are you spending more in some areas than you thought? What changes do you want to make? Enter your future spending targets in the **Month 2** column of your expenses list.

Keep track of the difference between your **Month 1** and **Month 2** expenses in the difference column. Enter your **Month 2** total budgeted income and expenses on the lines below.

This month: $ _____   **—** $ _____   **=** $ _____
                   BUDGETED TOTAL INCOME   BUDGETED EXPENSES   MONEY TO PUT TOWARD
                                                                   YOUR TOTAL GOAL

7 See how you did & make adjustments

At the end of the month, list what you spent and compare your real-life numbers to your projections.

You may not hit all your targets the first month. That's okay. No one can predict the future. But now you have been working toward your goals for at least a few weeks. You've probably made some progress. So make a few tweaks and try again.

About us

The Consumer Financial Protection Bureau is an independent federal agency built to protect consumers. We write and enforce rules that keep banks and other financial companies operating fairly. We also educate and empower consumers, helping them make more informed choices to achieve their financial goals.

Learn more at consumerfinance.gov

Connect with us

Submit a complaint
consumerfinance.gov/complaint

Tell your story
consumerfinance.gov/your-story

Ask CFPB
consumerfinance.gov/askcfpb

Share your thoughts
facebook.com/cfpb
twitter.com/cfpb

7/2017

Managing Personal Finances Session VII:

Checks and Balances

1. Introduction:
    a. Introduce yourself (instructor) and give a brief synopsis of group goals
        i. By end of session, group attendees will demonstrate how to write and a cash a check.
        ii. By end of session, group attendees will have the information for best practices when using checks.
        iii. By end of session, group attendees will have the information for balancing a check book
    b. Have all clients introduce themselves and state one thing they learned from attending the "Managing Personal Finances" groups.
2. Activity: Writing a check worksheet
    a. Instructor will provide worksheet, pens/pencils, and access to a computer or internet in some way shape of form.
    b. Attendees will be given 10 minutes to complete activity
3. Sharing:
    a. Instructor will have everyone share one time they have used or will need to use a check.
4. Processing:
    a. What was one new thing you learned from this activity?
    b. How could balancing your checkbook be used to maintain your budget?
5. Generalizing:
    a. How do you see yourself using the skills your learned today in the future?
        i. E.g., maintaining a budget, paying bills, etc.
6. Application:
    a. This week beginning tracking your spending using the information for balancing a checkbook.
7. Summary:
    a. Review session goals:
        i. By end of session, questions from group attendees will be answered.
        ii. By end of session, group attendees will demonstrate how to write and a cash a check.
    b. Any final comments or questions.
    c. Thank you for attending this group and any other sessions you may have attended.

UNDERSTANDING A CHECK AND BALANCING A CHECKBOOK WORKSHEET

When reviewing the information about "Filling out a check" what was one thing that you felt was new information?

_____

_____

_____

_____

Please fill out the check below with the dollar amount of $47.50 to someone in the group today.

YOUR NAME	**1234**
Your address	
Your Phone Number	
	Date: _____
Pay to the Order of: _____	$ [_____]
_____ DOLLARS	
YOUR BANK or CREDIT UNION	
Your city, state, zip code	
MEMO: _____	_____
0000123456789 0000	0000

Why would you need to endorse a check?   _____

_____

_____

_____

When reviewing the information about "how to balance your check book" what was one thing that your felt was new information?

_____

_____

_____

_____

_____

What are three things you feel you will want to talk to your bank about in order to better understand writing a check or balancing a checkbook?

1._____

2._____

3._____

(United States Government, 2020)

My CreditUnion.gov
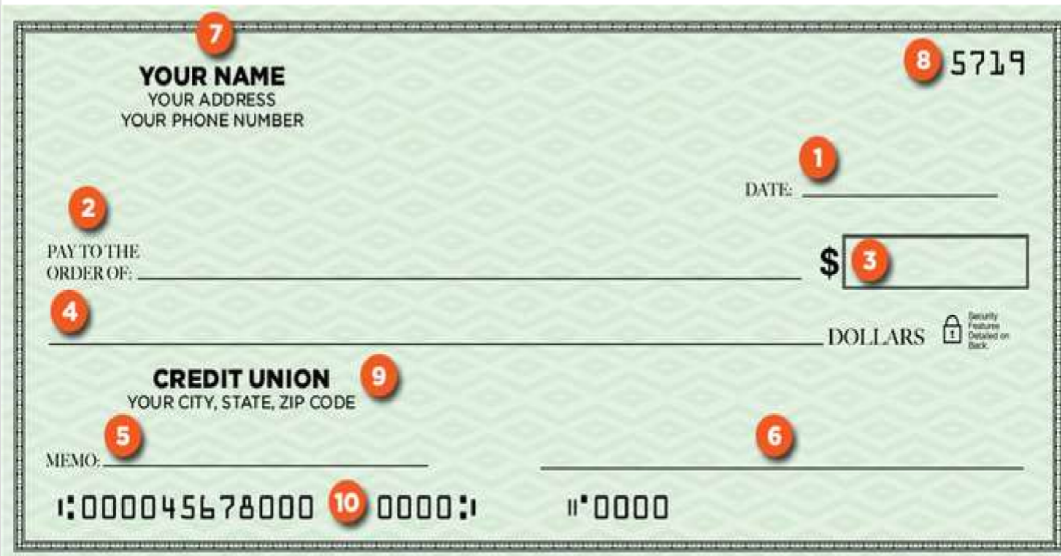
Understanding a Check and Balancing a Checkbook

> Understan... ...g a ...eck and ... .g ... ...

Understanding a Check

Filling Out a Check

To complete your checks, you will need to fill in the following pieces of information:

1. **The date**.
2. **The Pay to the Order of line**.
   This is where you write the name of the person or company to whom you will give the check. After writing the name, you can draw a line to the end. This prevents anyone from adding an additional name on your check.
3. **The dollar amount of the check in numbers**.
   Such as $19.75.
4. **The dollar amount of the check in words**.
   Such as Nineteen and 75/100. After writing out the amount of the check, draw a line to the end. This prevents anyone from adding an additional amount after what you have written.
5. **The memo section**.
   This area is optional. You can use this area to remind yourself why you wrote the check or to

record the account number of the bill you are paying.
6. **The signature line**. Did you know that the line you sign on is actually micro-sized text that forms a line? This is one of many security features on a check.

What is on the Check That You Will Need to Know

7. **Your name**.
   Your address and phone number are sometimes included.
8. **The check number**.
   The number is used to identify each check written.
9. **Your financial institution's number and branch**.
10. **Routing and Account numbers**. These numbers are helpful when setting up direct deposit or an automatic withdrawal/deposit.

What is on The Back of Your Check?

ENDORSE HERE

_____

_____

_____

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL ISTITUTION USE*

There is also important information printed on the back of your checks:
The back of the check has an endorsement area. Endorsing a check means to sign the back of the check to make it "cashable." For example, if you write a check to your friend, your friend would endorse the check to get the cash or the deposit the amount into his or her account.

10 Best Practices When Writing a Check

1. Always check your balance to make sure you have enough money before writing a check.

2. Record the transaction and update the balance after writing a check.
3. Write checks legibly with a pen.
4. Print the correct date on the check. Do not post-date a check.
5. Make sure the number and written words you write for the check amount match.
6. Write the check amount to the left of the amount line.
7. If you make a mistake on a check, write "VOID" across the check's face, tear up the check, and write a new one.
8. Don't sign blank checks.
9. Use restrictive endorsements, such as "For Deposit Only," when appropriate.
10. Destroy voided or unused checks and deposit slips.

How to Balance Your Checkbook

- Update your balance in your checkbook register by keeping track of each withdrawal and deposit as they occur.
- When you receive your monthly statement from your credit union, balance, or reconcile, the statement to your checkbook register. To reconcile the statements, match each transaction in the statement to the transactions in your register and place a mark next to the transaction in your register for each transaction that matches the statement. If you have a record of a transaction that does not appear on the statement, the transaction may still be pending or may not have been presented to the credit union.
- The balances as of the end of the month should match. If the balances do not match, check your register to see whether one of your withdrawals or deposits has not been processed, the credit union has a record of a transaction that you do not have recorded in your register, or the amount of one of the transactions differs.
- To match your current balance to the balance from the statement, add back to your current balance any withdrawals made after the date of the statement and subtract the amount of any deposits made after the date of the statement. This should match the balance from the statement.
- If the balances still do not match, check your register and receipts against the record from the credit union to determine whether an error has occurred. Also check for any arithmetic errors (e.g., adding rather than subtracting) in your register. If you believe an error has occurred, contact your credit union.

Managing Personal Finances Session VIII:

Wrapping Up Managing Personal Finances

1. Introduction:
   a. Introduce yourself (instructor) and give a brief synopsis of group goals
      i. By end of session, questions from group attendees will be answered.
   b. Have all clients introduce themselves and state one thing they learned from attending the "Managing Personal Finances" groups.

2. Activity:
   a. Instructor will pass out post assessment for clients to complete.
   b. Group attendees will be given approximately 5-10 minutes to complete this post assessment
   c. After the instructor will then pass out the preassessment for those who completed it.

3. Sharing:
   a. What is one area you feel you grew in your knowledge of from the first session you attended to the last?
      i. Explain.

4. Processing, Generalizing, Application:
   a. For this part of the group the instructor will open the floor up for questions regarding any previous groups.
      i. NOTE: instructor may answer with "I would like to get more information in order to better answer questions" and following up with clients at a later time if question is challenging for therapist.
      ii. Instructor should provide resources when/if available

5. Summary:
   a. Review session goals:
      i. By end of session, questions from group attendees will be answered.
   b. Any final comments or questions.
   c. Thank you for attending this group and any other sessions you may have attended.

What Does Financial Management Mean to You?

Financial management is defined as "Using fiscal resources, including alternate methods of

financial transaction, and planning, and using finances with long-term and short-term goals"

(AOTA, 2014, p. S19).

Please circle the following areas which are importance in improving your overall ability to manage your personal finances:

- Writing a check

- Opening a bank account

- Using electronic banking services

- Creating a budget

- Developing personal financial goals

- Creating a plan to reach your financial

  goals _____

- Other:

These are all pieces of managing personal things you have circled above:

e. Have you done any of these things in the past as part of managing your finances?

f. Which of these activities do you think you'd need assistance with from family, friends, or supportive staff?

g. How do you think you'd define being successful in these areas of financial management?

h. On a scale of 1-10, what is your level of satisfaction with your personal financial management?

        1   2   3   3   4   5   6   7   8   9
        10
(least satisfied)   (most satisfied)

Choose 2-3 activity areas in which you would like to improve in over the course of the Managing Personal Finances groups which we will focus on to help you reach your personal financial goals:

	Activity Area	Identify 1 current barrier to performance with activity.
1		
2		
3		

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Work Intervention Guide

Session 1: What does work mean to you?	What: Education on the value of work and how it impacts overall health and well-being. Why: Allow understanding of how this pertains to this population and the benefits of engagement.
Session 2: Interest and Skills Checklist	What: Group members will complete checklist to explore and identify work –related skills and activities unique to themselves. Why: This session is important in the identification of skills and interests to compare and contrast potential fit for the future/current work related activity.
Session 3: Work – Related Skills	What: Focus on identifying work – related skills based off available job descriptions. Why: Alllow clients to practice identifying skills within descriptions and improve ability in matching own skills to available job descriptions in home environments.
Session 4: Accessing Resources	What: Group members/clients will be educated on importance of using available resources and services to find and maintain work. Why: Equipping residents with the knowledge and awareness of where they can get additional help in the future to be proactive.
Session 5: Building Resumes	What: Introduction of the importance of resume building within the work preparation process. Why: This will allow clients to begin thinking about personal experiences and skills to establish outline of resume for work related activity.
Session 6: Social Interaction Skills within the Workplace	What: Education for group members on the importance of social interaction skills in the workplace. Why: Social interaction skills are an important component in work – related activity.

Session 7: Presentation of Self in the Workplace	What: Clients will be educated on impact of both personal appearance and etiquette within the workplace environment/setting. Why: According to literature, individuals with mental illness require increased education on the importance of self-presentation, both physical and cultural.
Session 8: Maintaining Work Performance Skills and Wrap – Up	What: This session will include education on importance of maintaining work – related skills and include the final wrap up. Residents will be told to come with worksheet from session 1 to compare insight/awareness from beginning of sessions to end. Why: This will allow clients to reflect on overall performance and share progress with group members to improve self-efficacy and understanding of the importance of work to overall well-being.

Work Session I:
What does work mean to you?
1. Introduction:
   a. Introduce yourself (instructor) and give a brief synopsis of group goals
      i. By end of session, client will improve insight and awareness of work and how it promotes sense of purpose and belonging.
      ii. By end of session, client will improve self-efficacy by identifying occupational goals related to work performance and upcoming sessions.
   b. Have everyone introduce themselves
   c. Have everyone state one thing they associate with the term "work"
   d. Pass out work educational handout, located at end of this session outline, and instructor will allow group to look over handout
   e. Instructor will then read definition of work and identify the corresponding activities that are directly associated with the term, work.

2. Activity: Compare and Contrast
   a. The main idea of the activity is to allow the group members to state some of the positive and negative aspects that they associate with the term "work". The instructor will write down things said by group members to create a positive aspects and a negative aspects list. The instructor will create these lists on whiteboard, chalkboard, or large piece of poster paper so it can act as visual aid and reference point when moving on to sharing and processing stages. General and cultural knowledge of the term "work" in the United States tends to be more constricting in comparison to the holistic view of occupational therapy. Therefore, this activity will be followed by education of the term and how it can be used as effective intervention to improve overall wellbeing.
   b. The instructor will educate the group members on the benefits of work engagement. This will include the following information.
      i. Did you know that the term work means more than we think it does? In occupational therapy, it is acknowledged that the term work is not restricted to paid employment but rather may include household work, caregiving, education, or volunteer experiences (AOTA, 2014). According to Pitts (2011), work is distinguished from all other occupations due to its role in facilitating identity development and social participation. In other work can make us feel good about ourselves and gives us a sense of purpose and community! Work assists in providing structure to our day and allows us to get out of the house. Work is not something that you have to make money from but rather something that helps you to earn a sense of self and belonging/meaning!! So, when we discuss work throughout this intervention guide and the following

> sessions—we are going to assume we are talking about all the possibilities of what "work" means to each one of us.
>
> c. The instructor will then create an additional list with the following key words outlined in the education portion based on the literature: meaning, purpose, volunteering, sense of self, free will, unpaid, belonging, relationships, and development of identify.

3. Sharing:

    a. Go around circle and have group members compare and contrast the lists they created to the list the instructor created.

4. Processing:

    a. Instructor will encourage group members further processing with use of probing questions to increase client education and knowledge on topic.

        i. What is one thing that surprised you about this activity?

        ii. Has your viewpoint on work changed from education provided? How?

        iii. Can you think of other activities you do that provide sense of self and identify?

        iv. What is your experience with work?

            1. Does involvement in work interest you?

            2. If not, how does addressing this topic remain helpful?

        v. Talk about the level of assistance you have experienced when addressing work as an area of occupation?

        vi. How can you see improvement in participation in work can impact overall mental health?

5. Generalizing:

    a. Point out similarities or differences between group members' perspectives

    b. Sum up the responses of the group and point out main ideas

6. Application:

    a. Instructor will direct group members to complete scale on educational handout to identify current satisfaction with performance in the occupation of work, which allows clients to apply concept to own lives with numerical scale.

    b. Instructor will encourage clients to identify 2-3 activity areas within work that they want to explore and improve skills in to impact overall performance.

    c. Group members will get the opportunity to identify own goals. These will continue to be addressed in upcoming sessions.

    d. Remind group members to keep all handouts and worksheets given to them in order to reflect during session 8, which will include the wrap - up.

7. Summary:

    a. Review group goals

        i. By end of session, client will improve insight and awareness of work and how it promotes sense of purpose and belonging.

      ii. By end of session, client will improve self-efficacy by identifying occupational goals related to work performance and upcoming sessions.

b. Any questions?
c. Thank you for attending this group
d. Next session will be on work – related interests and skills.

What does work mean to you?

Definition: "Labor or exertion; to make, construct, manufacture, form, fashion, or shape objects; to organize, plan, or evaluate services or processes of living or governing; committed occupations that are performed with or without financial reward" (AOTA, 2014, p. S20).

Occupational therapy addresses the following areas of work-related activities:

- Employment interests and pursuits

- Employment seeking and acquisition

- Job performance

- Retirement preparation and adjustment

- Volunteer exploration

- Volunteer participation

- Other:_____

Reflecting with therapist on the things you have circled above:

a. What is your experience with work?

b. Talk about the level of assistance you have experienced when addressing work as an area of occupation?

c. On a scale of 1-10, what is your level of satisfaction with your performance in work related activities?

    1   2   3   3   4   5   6   7   8   9
    10
(least satisfied)   (most satisfied)

Choose 2-3 activity areas in which you would like to explore and improve skills in over the course of intervention guide:

	Activity Area
1	
2	

Work Session II:
The Interest and Skills Checklist

1. Introduction:
   a. Introduce yourself (instructor) and give a brief synopsis of group goals
      i. By end of session, client will improve awareness on importance of pairing performance skill ability to area of work interest
      ii. By end of session, client will identify at least 5 unique performance skills that will benefit work performance.
      iii. By end of session, client will identify 3 potential work related activities that are of interest to client in future work participation.
   b. Have all attendees introduce themselves and share their childhood idea of what they wanted to be when they grew up.

2. Activity:
   a. Instructor will distribute the Interest and Skills Checklist, which can be found following session outline, to group members. Instructor will read over directions and purpose of checklist.
   b. They will be allowed to look it over and ask questions.
      i. Allow 10-15 minutes for group members to complete checklist.

3. Sharing:
   a. Group members will be expected to share experiences when filling out checklist, including:
      i. Surprises?
      ii. Like? Dislike?
      iii. Difficulty level?

4. Processing:
   a. Ask the group the following questions in order to understand how this checklist is helpful:
      i. What do you think the purpose of this checklist is?
      ii. How can this be a helpful tool in deciding future work involvement?
      iii. Is it important to have the skills necessary for a certain activity? Why or why not?
      iv. Was it helpful to link the activities you enjoy doing to your own skills?
      v. How does your current environment impact future work environment and performance?

5. Generalizing:
   a. What is one way you could identify necessary skills for a certain work related activity?
   b. How does work experience impact your skills in a certain activity?

6. Application:

    a. The instructor will have each group member identify and write down 5 positive performance skills they possess as well as 3 work related activity interests.

    b. The instructor will ask group members to keep checklist as a resource in identifying work related interests in the future.

7. Summary:

    a. Review group goals:

        i. By end of session, client will improve awareness on importance of pairing performance skill ability to area of work interest

        ii. By end of session, client will identify at least 5 unique performance skills that will benefit work performance.

        iii. By end of session, client will identify 3 potential work related activities that are of interest to client in future work participation.

    b. Any questions?

    c. Thank you for attending this group!

    d. Next session will address work – related skills.

The Interest and Skills Checklist

Name:_____   Date:_____

Jobs can be divided into categories, based on the kinds of tasks you perform each day. The purpose of this inventory is to find out:

• What kind of activities you enjoy doing

• What you think you have skill to do

• What kind of work experience you have

Instructions: For the questions in each of the categories, put a check mark (√) in front of each activity that you would enjoy doing. Similarly, put a check mark in front of each skill that you think you have. Finally, in the Work Experience section for each group, list any work experience you have ever had that relates to the kinds of activities listed in that group and check the boxes. Add the checks in each group and put the total in the blank provided.

Category 1

Typical Activities (check the boxes for the activities you would enjoy doing)

☐ Repairing machines, cars, or houses

☐ Making things with your hands

☐ Driving or operating a car or truck

☐ Painting or construction work

☐ Working with plants, shrubs, or farm crops

Typical Skills (check the boxes for any skills you believe you have)

☐ Able to figure out what's wrong with a machine or car and fix it

☐ Able to build beautiful things with your hands and tools

☐ Able to drive a car or truck without accidents

☐ Able to plant and care for flowers, shrubs, or trees

☐ Able to paint, wallpaper, or clean a building or house

Work Experience (list experience you have in this area and check the box):_____

_____

_____

_____

Add the total number of check marks in this group and enter it here: _____

Category 2

Typical Activities (check the boxes for the activities you would enjoy doing)

☐ Do various kinds of tests or experiments in a laboratory

☐ Solve math problems

☐ Develop a plan or design for doing something

☐ Read and study manuals and books

☐ Study biology

☐ Play chess

Typical Skills (check the boxes for any skills you believe you have)

☐ Good at math

☐ Good at science

☐ Good at logical thinking

☐ Good at solving technical problems

☐ Good at reading

Work Experience (list experience you have in this area and check the box)_____

_____
_____
_____

Add the total number of check marks in this group and enter it here: _____

Category 3

Typical Activities (check the boxes for the activities you would enjoy doing)

☐ Writing a short story or poem

☐ Painting or sketching a picture

☐ Taking beautiful pictures

☐ Making beautiful things for a craft show

☐ Enjoying or participating in music

Typical Skills (check the boxes for any skills you believe you have)

☐ Good at writing

☐ Good at creating artistic objects or presentations

☐ Good at some form of music

☐ Good at design of clothes, houses, or gardens

☐ Good at doing computer graphics

Work Experience (list experience you have in this area and check the box)_____
_____
_____
_____

Add the total number of check marks in this group and enter it here: _____

Category 4

Typical Activities (check the boxes for the activities you would enjoy doing)

☐ Teaching children or adults how to do something

☐ Caring for people who are sick

☐ Taking care of children (at daycare center)

☐ Assisting other by taking care of personal needs (cutting hair, serving food)

☐ Assisting people in need due to hunger, fire, storm, or other disasters

Typical Skills (check the boxes for any skills you believe you have)

☐ Good at talking with people

☐ Good at taking care of people

☐ Good at knowing how to express yourself through words or actions

☐ Good at helping others with their needs and problems

☐ Good at teaching

Work Experience (list experience you have in this area and check the box)_____
_____
_____
_____

Add the total number of check marks in this group and enter it here: _____

Category 5

Typical Activities (check the boxes for the activities you would enjoy doing)

☐ Selling products or services to people

☐ Managing or leading people

☐ Taking responsibility for a project or for other people

☐ Starting a new idea, product, or service

☐ Convincing others to do or buy something

Typical Skills (check the boxes for any skills you believe you have)

☐ Talking to people

☐ Being able to make a product or service sound appealing

☐ Managing or leading other people

☐ Persuading other people to do things your way

☐ Making a business or project grow and be successful

Work Experience (list experience you have in this area and check the box)_____
_____
_____
_____

Add the total number of check marks in this group and enter it here: _____

Category 6

Typical Activities (check the boxes for the activities you would enjoy doing)

☐ Organize things

☐ Keep accurate records or files

☐ Remember and handle details

☐ Keep accurate track of money

Typical Skills (check the boxes for any skills you believe you have)

☐ Typing on computer or word processing

☐ Use a computer

☐ File accurately

☐ Record facts and numbers accurately

☐ Prepare good business letters

Work Experience (list experience you have in this area and check the box)_____

_____

_____

_____

Add the total number of check marks in this group and enter it here: _____

Interest and Skills Checklist. Adapted from List of Assessments, In *United States Courts*,
  n.d., Retrieved January 31, 2020, from
  https://www.mow.uscourts.gov/sites/mow/files/interest_checklist.pdf

Work Session III:
Work-Related Skills

1. Introduction:
   a. Introduce yourself (instructor) and give a brief synopsis of group goals
       i. By end of session, client will demonstrate improvement in analyzing and identifying necessary work-related skills within job descriptions.
   b. For warm up activity, group members will identify at least 2 admirable work-related skills.

2. Activity: Job Descriptions
   a. Instructor will begin by handing out the job descriptions worksheet (located following session outline) and explain activity instructions and purpose
       i. Group members will read two job descriptions and then identify some of the necessary work-related skills associated with each job description.
       ii. Group members will complete worksheet in pairs.
       iii. Allow 10-15 minutes to complete.
       iv. Instructor will answer any questions group members have.

3. Sharing:
   a. Each group member pair will share at least 2 work related skills they identified in each job description.

4. Processing:
   a. What are your thoughts about this activity?
   b. How is this activity helpful in relation to work exploration and participation?
       i. What is important about identifying skills in job descriptions?
   c. Which job description was more difficult to identify the work –related skills?
       i. What made it more difficult?
   d. What are your experiences with reading job descriptions and identifying skills in the past?
   e. What tips/helpful advice do you have for your peers to improve performance in this area?
   f. Which strategy would you see as beneficial in increasing your independence with this area of occupation?

5. Generalizing:
   a. The instructor will point out similarities and differences between group members' difficulties, emotions, and responses to the worksheet.
   b. The instructor will develop and discuss the principles learned as discussed in the processing section.

6. Application:
   a. Instructor will challenge group members to locate job description in available resources (online, newspaper, etc.) and identify work – related skills.
      i. Instructor will inform supportive staff of this challenge.
      ii. Each group member will be challenged to follow- up with supportive staff on what they found.

7. Summary:
   a. Review session goals:
      i. By end of session, client will demonstrate improvement in analyzing and identifying necessary work-related skills within job descriptions.
   b. Any questions?
   c. Thank you for attending this group
   d. Next session will be on accessing work related resources.

Work Description #1:

Companion/Visitor

This position requires workers to provide assistance to older adults through in-home support services. Workers must be responsible, caring, and flexible individuals with experience in basic housekeeping/management tasks, such as, light housekeeping, laundry, bed making, trash removal. Workers also may assist older adults with meal planning and preparation as well as grocery shopping. Workers will be expected to accompany clients to activities and social events, and promote the health of their clients by adhering to diet and exercise plans. Workers will be expected to have a regular schedule and provide overall physical and emotional support to clients.

List the work – related skills necessary for this position:

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

Work Description #2:

Cashier

Some of the main duties of a cashier include welcoming customers, answering customer questions, operating scanners, scales, cash registers, and other electronics. This cashier position requires workers to ensure all prices and quantities are accurate and providing a receipt to every customer. Cashiers must ring up all sales made at the store, bag items, request price checks, honor coupons, collect correct payment and give appropriate change. The cashier will be expected to count the contents of the cash register at the end of each shift.

List the work – related skills necessary for this position:

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

Work Session IV:
Accessing Resources

1. Introduction
  a. Introduce yourself (instructor) and give a brief synopsis of group goals
    i. By end of session, client will improve awareness of available resources and services that will assist in finding and maintaining work.
    ii. By end of session, client will demonstrate improvements in accessing appropriate resources and services within accessible environments to assist in work exploration and seeking.
  b. Have each group member introduce themselves and identify his/her progress with assignment given at the end of last session. The assignment given was to locate job description with available resources in home environment and identify necessary work – related skills.

2. Activity
  a. Instructor will begin with educating group members on work exploration and seeking. This will include a worksheet, which is located at end of session outline, that will introduce multiple different online and real – life services and resources that exist within the community to assist with process. The worksheet will act as a guide for education and group members will be able to take this with them at end of session for future reference.
  b. After the education, the instructor will distribute the local newspaper to each group member and give them 10 minutes to explore work listings and identify 2 that they would be interested in. Group members will be instructed to cut out these 2 job descriptions.

3. Sharing
  a. Instructor will have each group member share one work description that they were interested in.

4. Processing
  a. Have you ever used the newspaper to identify available work positions in your area?
    i. What did you think about the activity?
  b. With access to internet, what other service would you utilize to identify available work in your area?
  c. Where you aware that there are available services in your area to assist with the work process?
    i. How would these be helpful to you now or in the future?
  d. Does anyone have experience with accessing these resources?
  e. How do these resources impact your ability to be independent?
  f. How can you use your available environment for assistance with this work-related activity?

5. Generalizing
    a. Instructor will summarize group perspectives and principles identified up to this point of group session.
    b. If available, use of technology/internet to navigate potential work descriptions using other resources provided on worksheet.

6. Application
    a. Group members will be encouraged to keep educational worksheet for future reference.
    b. If available, instructor can look up locations of work-related services in local area and give information to group members.

7. Summary
    a. Review session goals:
        i. By end of session, client will improve awareness of available resources and services that will assist in finding and maintaining work.
        ii. By end of session, client will demonstrate improvements in accessing appropriate resources and services within accessible environments to assist in work exploration and seeking.
    b. Any questions?
    c. Thank you for attending this group
    d. Next session will be on building resumes.

Places to look for work opportunities:

Newspaper: Local newspaper will help you explore and identify available work positions in your area.

PeopleReady:

This is a nationwide website that provides assistance in locating and identifying available jobs in the following areas: construction, hospitality, manufacturing and logistics, marine, transportation, warehousing and distribution, waste and recycling, and many other industries. This company has a network of over 600 branches across all 50 states, Canada, and Puerto Rico, we are experts at matching workers to the jobs in-demand and their identified skills.

https://www.peopleready.com/customer

usa.gov: This website is extremely helpful in many different areas. Specifically, at this site you can find available services and resources to assist in exploring and finding different jobs. You will find links to the following services on the website:

https://www.usa.gov/disability-jobs-education

- **_State Vocational Rehabilitation agencies:_** Every state has one and the goal of these agencies is to help individuals with disabilities meet their employment goals. They can assist individuals with disabilities to prepare for, obtain, maintain, or regain employment.
    - https://askearn.org/state-vocational-rehabilitation-agencies/

- **_American Job Centers:_** These are located nationwide to help people search for jobs, find training, and answer other employment related questions.
    - https://www.careeronestop.org/localhelp/americanjobcenters/find-american-job-centers.aspx

- Workers with Disabilities section at **_CareerOneStop.org_**: resources to help you:
    - Develop job skills
    - Conduct a job search
    - Prepare for interviews

Work Session V:
Building Resumes

1. Introduction
   a. Introduce yourself (instructor) and give a brief synopsis of group goals
      i. By end of session, client will improve awareness on importance of resume within the work preparation process.
      ii. By end of session, client will demonstrate improvement in work preparation by creating resume outline regarding personal abilities and experiences.
   b. For the warm-up activity, clients will share past experiences with resumes.

2. Activity:
   a. Instructor will inform group members of the importance of a resume within the work preparation process.
   b. Instructor will then distribute the resume building worksheet, located after session outline, to each group member.
      i. The purpose of the worksheet is to assist group members in compiling necessary resume information and begin thinking about the necessary components of the resume.
      ii. Instructor may assist client as necessary.
   c. Attendees will be given 10-15 minutes to complete activity.

3. Sharing
   a. Instructor will have each group member share his/her experience filling out the resume building worksheet.

4. Processing
   a. What makes your resume important in the work preparation process?
   b. What kind of things can a resume showcase?
   c. Did you find gathering this information was difficult? Easy?
   d. What would be the next step of creating your resume?
   e. What tips/helpful advice do you have for your peers to improve performance in this area?
   f. How would you create your resume to showcase you as a unique person, your environment, and occupational performance?

5. Generalizing
   a. Identify an additional support that is available to assist you with your resume.
   b. How can increased independence with this activity may impact your overall well-being?

6. Application
   a. Encourage clients continued use of worksheet template if they think of additional things to add in the future.

    b. Ask group members if they have current intention of sending resume to work – related organization/companies.

7. Summary

    a. Review session goals:
        i. By end of session, client will improve awareness on importance of resume within the work preparation process.
        ii. By end of session, client will demonstrate improvement in work preparation by creating resume outline regarding personal abilities and experiences.
    b. Any questions?
    c. Thank you for attending this group
    d. Next session will be on social interaction skills within the workplace.

Resume Building Worksheet

_____ (FIRST NAME)

_____ (LAST NAME)

_____ | _____ | _____
       (address)   (phone)   (email)

Skills Summary (list skills unique to you)

- _____
- _____
- _____
- _____

- _____
- _____
- _____
- _____

Education (list level of education you received, location, and date graduated)

Job Experience (past & present, job title, location, date, and primary purpose of position)

Volunteer Experience (past & present, title, location, date, and primary purpose of position)

Awards and Acknowledgements (name of award, year received)

Work Session VI:
Social Interaction Skills Within the Workplace

1. Introduction
   a. Introduce yourself (instructor) and give a brief synopsis of group goals
      i. By end of session, client will improve awareness of importance of social interaction skills and performance within the workplace.
      ii. By end of session, client will demonstrate improvements in social interaction skills related to work performance.
   b. Have all clients introduce themselves and identify something they are grateful for.

2. Activity:
   a. The instructor will begin with the following education on social interaction skills in the workplace:
      i. According to Eisfelder and Gewurtz (2012), training in social skills is an important component of the work support process. Basic social interaction skills are constantly used in the work setting as you are typically surrounded by coworkers and customers. These social interaction skills come in handy during interviews, talking with coworkers or managers during the day, conflict resolution, providing information to consumers, setting boundaries, managing emotions, and advocating for yourself and others within workplace.
   b. Then the instructor will distribute social interaction skill worksheet to each group member, located after session outline. The instructor will explain purpose as stated on worksheet.
   c. Instructor will then distribute scenario, located following session outline, in which they will read and fill out the appropriate questions on the worksheet according to scenario.
      i. Allow 5 minutes.
   d. Group members will then pair up to role play the steps of the worksheet according to the scenario they were given and complete questions on worksheet.
      i. Allow 5-10 minutes.

3. Sharing
   a. Instructor will have group members share experiences with role play and use of worksheet to help with social interaction.

4. Processing
   a. What did you think about the worksheet?
      i. Was it helpful?
   b. What are the positives about taking the time to stop and think before acting.
   c. How can this assist in improving social interaction in the workplace?
   d. Why is it important to work on these skills?

    e. Talk about your current confidence level in handling conflict and disagreements in the workplace.

    f. What are some other ideas for conflict resolution in the work environment?

5. Generalizing

    a. How can each of you relate to your group members?

        i. Similarities?

        ii. Differences?

    b. How can more independence with these skills impact your overall well being?

6. Application

    a. Supply group members with 2 additional worksheets to use in future.

    b. Encourage practice of social interaction skills through role play and how it will impact all areas of life.

7. Summary

    a. Review session goals:

        i. By end of session, client will improve awareness of importance of social interaction skills and performance within the workplace.

        ii. By end of session, client will demonstrate improvements in social interaction skills related to the work performance.

    b. Any questions?

    c. Thank you for attending this group

    d. Next session will be related to presentation of yourself within a workplace.

Communicating Effectively: Conflict Resolution

Name:_____   Date:_____

Purpose: This worksheet is designed for you to break down the steps of conflict resolution and it challenges you to think before you act. This worksheet will help to understand the many different aspects of the disagreements you may have throughout your day and allow you to come up with the best solution for you and the other person.

1. Decide if you and the other person/people are in a disagreement.

   _____
   _____

2. What is the issue or problem you are disagreeing about?

   _____
   _____
   _____

3. Tell about your opinion/feelings about the issue.

   _____
   _____
   _____

4. Ask the other person/people how they are feeling about the issue.

   _____
   _____

5. Listen and restate what you heard them say.

   _____
   _____

6. Determine if you can agree on an alternative that you're both satisfied with.

   _____
   _____
   _____

Conflict Resolution Scenario:
In this scenario, you are a worker at the local animal shelter as a volunteer. Your shift is scheduled every Tuesday morning with a fellow co-worker named Dennis. On Tuesday mornings, the animal shelter expects employees to take the dogs on a walk. You must take 3 dogs on a walk at a time, which you find difficult and overwhelming. The last 4 weeks you have taken the dogs on a walk by yourself because Dennis likes to stay at the shelter and watch TV. Dennis believes that walking the dogs is an easy task and you can do it by yourself.

Work Session VII:
Presentation of Self in the Workplace

1. Introduction:
   a. Introduce yourself (instructor) and give a brief synopsis of group goals
      i. By end of session, client will improve awareness of the importance of presentation of self and etiquette in the work place to improve work performance.
   b. Have everyone introduce themselves

2. Activity:
   a. Instructor will pass out "Presentation of Self in Workplace" quiz, located following session outline, and explain directions.
   b. Instructor will then allow 10 minutes to complete quiz.

3. Sharing
   a. Instructor will review answers with key, located following session outline, to quiz and allow discussion of any questions that group members have.

4. Processing
   a. Instructor will encourage group members further processing with use of probing questions to increase client education and knowledge on topic.
   b. Questions to encourage further processing:
      i. Do you disagree with any items on quiz?
      ii. What did you learn from the quiz?
         1. How did you do on it?
      iii. How does this topic relate to our work theme?
         1. Why are these things important to remember?
      iv. Tell us about your experience with workplace appearance and etiquette.
      v. How does your environment and the activity impact expected appearance and etiquette?

5. Generalizing
   a. Describe how you could learn about a particular workplace expectation of dress and etiquette.
   b. Summarize main points developed from sharing and processing portion.

6. Application
   a. How does this quiz apply to your current learning?
   b. How will it assist in your knowledge of work expectations in the future?

7. Summary:
   a. Review group goals
      i. By end of session, client will improve awareness of the importance of presentation of self and etiquette in the work place to improve work performance.
   b. Any questions?

c. Thank you for attending. Next session will be the final wrap – up session, including education on maintaining work performance in the future.

Presentation of Self in Workplace Quiz
Directions: Read each question and circle correct answer.

1. It is important to dress according to work setting expectations.
    a. true
    b. false

2. How do you learn about the type of clothing your work setting wants you to wear during your shift?
    a. Ask your family
    b. Wear what you feel like wearing
    c. Contact manager/supervisor of your work setting and ask them
    d. Wait to see what co-workers are wearing on your first day

3. Can what you wear impact how you feel and what others think of you?
    a. True
    b. False

4. Imagine you woke up late for work and ended up going to work in your pajamas. What might coworkers and/or customers assume about you?
    a. You are fun.
    b. You are determined and passionate about your job.
    c. You are lazy.

5. What are important things to remember before attending work?
    a. Brush your teeth
    b. Comb your hair
    c. Take a shower
    d. Wear appropriate work outfit
    e. All of the above

6. What does the word "etiquette" mean?
    a. Expected set of polite behaviors among members of a profession or group.
    b. How someone looks
    c. A certain work activity that involves making kits

7. What may be some behaviors that are involved in etiquette within any work setting?
    a. Respectful and kind
    b. Being on time to work
    c. Understanding
    d. Judgmental
    e. a, b, & c

8. Using your manners, such as "thank you" and "you are welcome" are considered inappropriate etiquette.
    a. True
    b. False

9. Shannon decided to ignore the workplace policies and use her cellphone during a meeting. Is she demonstrating positive etiquette?
    a. No
    b. Yes
    c. Maybe

10. The presentation of yourself includes both physical appearance as well as follow through of workplace etiquette.
    a. True
    b. False

Presentation of Self in Workplace Quiz - KEY
Directions: Read each question and circle correct answer.

1. It is important to dress according to work setting expectations.
   a. **true**
   b. false

2. How do you learn about the type of clothing your work setting wants you to wear during your shift?
   a. Ask your family
   b. Wear what you feel like wearing
   c. **Contact manager/supervisor of your work setting and ask them**
   d. Wait to see what co-workers are wearing on your first day

3. Can what you wear impact how you feel and what others think of you?
   a. **True**
   b. False

4. Imagine you woke up late for work and ended up going to work in your pajamas. What might coworkers and/or customers assume about you?
   a. You are fun.
   b. You are determined and passionate about your job.
   c. **You are lazy.**

5. What are important things to remember before attending work?
   a. Brush your teeth
   b. Comb your hair
   c. Take a shower
   d. Wear appropriate work outfit
   e. **All of the above**

6. What does the word "etiquette" mean?
   a. **Expected set of polite behaviors among members of a profession or group.**
   b. How someone looks
   c. A certain work activity that involves making kits

7. What may be some behaviors that are involved in etiquette within any work setting?
   a. Respectful and kind
   b. Being on time to work
   c. Understanding
   d. Judgmental
   e. a, b, & c

8. Using your manners, such as "thank you" and "you are welcome" are considered inappropriate etiquette.
   a. True
   b. False

9. Shannon decided to ignore the workplace policies and use her cellphone during a meeting. Is she demonstrating positive etiquette?
   a. No
   b. Yes
   c. Maybe

10. The presentation of yourself includes both physical appearance as well as follow through of workplace etiquette.
    a. True
    b. False

Work Session VIII:
Maintaining Work Performance and Wrapping Up Work

1. Introduction:
    a. Introduce yourself (instructor) and give a brief synopsis of group goals
        i. By end of session, client will improve awareness of skills necessary to assist in maintaining work performance and participation.
        ii. By end of session, client will self-reflect on progress and share improvements in performance in this area of occupation across intervention guide sessions.
    b. Have everyone introduce themselves state one big take – away from these work sessions.

2. Activity:
    a. Instructor will provide following education on maintaining work performance:
        i. Getting hired or accepted into a work position is very exciting! It indicates that your qualities and skills matched the work position. It requires effort to explore and find a work position but it also requires effort to maintain that work position over time. According to Eisfelder and Gewurtz (2012), some important skills that assist in maintaining work include time management, coping techniques for stress, adaptability, emotional regulation, communication, incorporating life balance and physical/mental endurance. These skills are important to remember and progress in during work and outside of work. These are things you can work on with supportive services like family/facility staff or even using community work services as discussed in session 4, refer to session 4 handout. Just remember to access the available supports and resources when necessary to improve work performance and confidence in yourself. People are here to help you!
    b. Instructor will then hand out work educational handout, similar to session 1 handout. Instructor will have group members read over handout.
    c. Majority of session will consist of sharing and processing as they reflect and discuss all previous sessions.

3. Sharing
    a. Go around circle and have each attendee give an answer to one of the following questions: a) How has your understanding and perception of work changed? b) How has your performance in this area of occupation improved over the course of these sessions?

4. Processing

    a. Instructor will encourage group members further processing with use of probing questions to increase client education and knowledge on topic.

    b. Questions to encourage further processing:

        i. What is the meaning of work?

        ii. How does can work impact your day to day life?

        iii. What makes work an important occupation?

        iv. How do you see yourself participating in these activities moving forward?

        v. What is your game plan to improve performance?

        vi. How can you keep supportive staff involved but still maintain independence?

        vii. Tell us about your experience throughout these "work" sessions.

        viii. How do the following factors interact in order to have successful performance in the occupation of work: person, environment, and occupation?

5. Generalizing

    a. Point out similarities or differences between group members' perspectives

    b. Sum up the responses of the group and point out main ideas

6. Application

    a. Instructor will direct group members to complete scale on educational handout to identify current satisfaction with performance in work – related activities, which allows clients to apply concept to own lives with numerical scale.

        i. Instructor will ask group member to compare satisfaction scale to the one completed during session 1.

    b. Instructor will encourage clients to identify 2-3 activity areas with they believe they have improved in and how it has impacted overall physical and mental health.

7. Summary:

    a. Review group goals

        i. By end of session, client will improve awareness of skills necessary to assist in maintaining work performance and participation.

        ii. By end of session, client will reflect on progress and share improvements in performance in this area of occupation across intervention guide sessions.

    b. Any questions?

    c. Thank you for attending these sessions focused on work. All in all, improved performance and follow through with these work – related activities over time will result in less reliance on others and increased independence as well as improved quality of life! Great job.

What does work mean to you?

Definition: "Labor or exertion; to make, construct, manufacture, form, fashion, or shape objects; to organize, plan, or evaluate services or processes of living or governing; committed occupations that are performed with or without financial reward" (AOTA, 2014, p. S20).

Occupational therapy addresses the following areas of work-related activities:

- Employment interests and pursuits

- Employment seeking and acquisition

- Job performance

- Retirement preparation and adjustment

- Volunteer exploration

- Volunteer participation

- Other:_____

Reflecting with therapist on the things you have circled above:

a. What is your experience with work?

b. How has your understanding and perception of work changed?

c. On a scale of 1-10, what is your level of satisfaction with your performance in work related activities?

| 1 | 2 | 3 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
(least satisfied)   (most satisfied)

Reflect on the 2-3 activity areas you identified in session 1 regarding work-related activities, identify progress in goals since beginning of intervention guide.

	Activity Area
1	
2	
3	

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Leisure, Social Participation, and Coping Intervention Guide

Intervention plan: Leisure, Social Participation, and Coping	Who: Occupational Therapist and residents of a supportive housing program. When: bi-weekly sessions, with homework for 3 weeks Where: Community room of supportive housing
Session 1: What is leisure, social participation, and coping?	What: During this session, residents will be educated on the areas of leisure, social participation, and coping with mental illness as well as providing a run through of what each session of this course will entail. Why: This session will help residents understand why this topic is so important and help them to better understand why this topic pertains to them. Additionally it will provide an opportunity for participants to plan for other sessions.
Session 2: Lookin' at Leisure	What: This session will educate participants on various low cost and healthy leisure options as while as providing an opportunity to try one potential leisure activity (e.g., playing cards) Why: Leisure is an important aspect in developing healthy, sustainable habits. Leisure is also a habit that can be implemented right away while living in supportive housing.
Session 3: Let's get cookin'	What: This session will revolve around residents planning, and budgeting for a meal to be prepared during the next session. Additionally, a handout on proper nutrition will be provided to help participants plan well balanced meals. This will be designed to incorporate leisure into a daily living skill. Why: Many residents of supportive housing will have limited experience with meal planning and cooking and this group will give them an opportunity to enhance these skills.
Session 4: Grocery shopping	What: This session will provide an opportunity for participants to go out into the community for grocery shopping allowing them to practice locating items in a grocery store, paying for items/making

	change, and following a set list of items to purchase. Why: This is a fundamental lesson in meal preparation and allows for learning a skilled task while participating in community integration work and following through with a preset plan of action.
Session 5: Cooking group	What: During this session, residents will have the opportunity to prepare the meal they planned for last week. Due to limited time, purchasing of food will be completed prior to this group by the instructor. Why: This will be an opportunity for participants to learn basic kitchen safety and standards of meal preparation. Many participants will have limited experience cooking their own meals so this will be an opportunity for them to learn about meal preparation. In addition to relating to leisure, the necessity for delegating tasks with also incorporate social participation into this group.
Session 6: Social participation and the toxic relationship	What: This session will educate clients on the differences between healthy and toxic relationships and provide an opportunity for them to identify the individuals in their life who are toxic to them and their life goals. Why: Toxic relationships often go hand in hand with individuals with mental illness and substance abuse issues. Additionally, it will open a door to identifying toxic traits in people which is key to developing healthy social relationships moving forward.
Session 7: Developing new relationships	What: This session will be focused around what positive social encounters look like and how to develop new, healthy relationships. This includes how/where to meet people, pro-social conversation starters, and learning other aspects of healthy relationships. Why: This is important in helping individuals feel empowered to create new circles of friends once they eliminate the toxic relationships in their life (see previous session)

Session 8: Coping with mental illness	What: This session will be focused around finding ways to relax and cope. This session will be designed to be calm and stress-free while providing resources for the clients to use as coping skills in their day to day life. Coping skill mini lessons will be incorporated throughout the sessions and this session will serve to tie it all together and provide even more options. Why: This is a frequently addressed topic in mental health but providing the education in a community integrative setting will allow for easier generalizations to various areas of the participants life.
Session 9: Wrapping up	What: This session will be a final wrap up. Residents will be told to come with questions about any previous sessions or other questions they may have about leisure, social participation and coping. Why: A lot of information was covered in the previous 6 sessions and residents may have not had the opportunity to ask questions or things may have come up in the meantime.

Leisure, Social Participation, and Coping Session I:

What is leisure, social participation, and coping?

1. Introduction: Welcome!
   a. Introduce yourself (instructor) and give a brief synopsis of group goals
      i. By end of session, group attendees will be able to define leisure, social participation, and coping.
      ii. By end of session, group attendees will have identified 3 goals for the group.
      iii. By end of session, group attendees will have an understanding of the goals of the group.
   b. Have everyone in group introduce themselves
   c. Have everyone state one thing that comes to mind when they hear, "leisure, social participation, and coping"

2. Activity: What is leisure, social participation, and coping? Worksheet
   a. Pass out preassessment worksheet
   b. Have attendees look over preassessment worksheet and provide opportunity to ask questions
   c. Give attendees 8-10 minutes to complete preassessment
      i. If this is not a sufficient amount of time for some individuals allow them to fill in blanks while debriefing worksheet.

3. Sharing:
   a. Go around circle and have each attendee answer one question of their choosing from the preassessment

4. Processing:
   a. Allow 10 minutes for this section. Do not cut off discussion if it seems productive for attendees.
   b. Following sharing ask the following questions:
      i. Explain some things that you have done in the past as a leisure activity.
         1. Were these things healthy or unhealthy in your opinion?
      ii. What makes an activity or relationship unhealthy?
      iii. How do you want these groups to help you increase your satisfaction in leisure, social participation, or coping?

5. Generalizing:
   a. Provide visual examples of leisure activities, social participation, and coping

b. Prompt group attendees to take the pictures of ones that they have done in the past or are interested in doing in the future.

c. Allow 5 minutes for attendees to discuss this in regards to them

6. Application:

a. Refer to the pictures of leisure activities, social participation, and coping that they just retrieved.

b. Prompt participants to use these in their rooms, or journals to remind them of things they can do or learn more about.

7. Summary:

a. Review group goals

    i. By end of session, group attendees will be able to define leisure, social participation, and coping.

    ii. By end of session, group attendees will have identified 3 goals for the group.

    iii. By end of session, group attendees will have an understanding of the goals of the group.

b. Any questions?

c. Thank you for attending this group, Next session will be on session will be on exploring different leisure activities!

What Does Leisure, Social Participation and Coping Mean to You?

Leisure is defined as "Nonobligatory activity that is intrinsically motivated and engaged in during discretionary time, that is, time not committed to obligatory occupations such as work, self-care, or sleep" (Parham & Fazio, 1997, p. 250). Social participation is "The interweaving of occupations to support desired engagement in community and family activities as well as those involving peers and friends" (Gillen & Boyt Schell, 2014, p. 607).

Please circle the following areas which are most important to you:

- Having and making friends

- Having activities to fill your free time

- Identifying toxic relationships

- Communicating with others

- Coping with difficult times you face

- Developing new relationships

- Other: _____

These are all pieces of leisure, social participation, and coping ! Reflect with the therapist on the things you have circled above:

a. On a scale of 1-10, what is your level of satisfaction with ability to fill your free time?

1   2   3   3   4   5   6   7   8   9   10
(least satisfied)   (most satisfied)

b. On a scale of 1-10, what is your level of satisfaction with your relationships?

1   2   3   3   4   5   6   7   8   9   10
(least satisfied)   (most satisfied)

c. On a scale of 1-10, what is your level of satisfaction with your ability to cope with stressful situations?

1   2   3   3   4   5   6   7   8   9   10
 (least satisfied)   (most satisfied)

Choose 2-3 activity areas in which you would like to improve in over the course of the Leisure, Social Participation, and Coping groups which we will focus on to help you reach your personal financial goals:

	Activity Area	Identify 1 current barrier to performance with activity.
1		
2		
3		

Leisure, Social Participation, and Coping Session II:

Lookin' at Leisure

1. Introduction:
   a. Introduce yourself (instructor) and give a brief synopsis of group goals
      i. By end of session, group attendees will be able to identify 3 leisure activities they would like to participate in.
      ii. By end of session, everyone in group will be able to delineate between healthy and unhealthy leisure pursuits.
      iii. By end of session, group attendees will have participated in one leisure activity.
   b. Have everyone in group introduce themselves
   c. Have everyone think of one leisure activity they participate in or ask a question in reference to leisure.

2. Activity:
   a. Card game: War
   b. Place decks of cards and instruction sheets with groups of 2-3 individuals.
   c. Encourage groups to figure out the game on their own but offer help as needed
   d. Allow 10 minutes for game

3. Sharing:
   a. Who won each game of war?

4. Processing:
   a. Did you all enjoy this game?
      i. Why or why not?
      ii. Is this something you've done before as a leisure activity?
   b. Would this be something you could do in your spare time at *name of supportive housing*?

5. Generalizing:
   a. Provide sheet of cost-efficient leisure activities.

6. Application:
   a. Participants will be given a chart that they can choose to use or not to use to help them identify what leisure activities they have participated in the past are healthy and unhealthy.

7. Summary:
   a. Review group goals
      i. By end of session, group attendees will be able to identify 3 leisure activities they would like to participate in.

      ii.   By end of session, everyone in group will be able to delineate between healthy and unhealthy leisure pursuits.

     iii.   By end of session, group attendees will have participated in one leisure activity.

b. Any questions?

c. Thank you for attending this group, Next session will be on session will be planning a meal to cook during group 6 while utilizing a budget and working as team.

Low-Cost Leisure

1. Go to the park
2. Watch the sunset
3. Have a picnic
4. Play a board game
5. Play a card game
6. Do a mobile scavenger hunt
7. Have a bon fire
8. Get ice cream
9. Make a romantic dinner
10. Make something new
11. Go to the museum
12. Go to the zoo
13. Look through old photos
14. Take photographs
15. Go to a Farmer's market
16. Pick fresh fruit
17. Bake a pie
18. Volunteer your time
19. Spend time with friends/family
20. Go fishing
21. Go to the beach
22. Go to the library
23. Read a book
24. Have a movie marathon
25. Rearrange your furniture
26. Write your bucket list
27. Do a puzzle
28. Walk dogs
29. Clean out your closet
30. Watch shooting stars
31. Ride bike
32. Write out your life plan
33. Set 3 new goals
34. Attend a community play
35. Help someone in need
36. Buy food for the homeless
37. Go bowling
38. Go to a garage sale
39. Plant a garden
40. Go dancing
41. Do an art project
42. Write a letter
43. Write poetry
44. Journal
45. Go on a hike
46. Watch the clouds
47. Exercise
48. Go for a walk
49. Go to a flea market
50. Try a new hobby
51. Play an instrument
52. Listen to music
53. Wash your car
54. Feed the ducks
55. Lift weights
56. Play a competitive sport
57. Go to a coffee shop
58. Sewing, knitting, or embroidering
59. Go for a scenic drive
60. Creative writing
61. Do a crossword puzzle
62. Go to a free concert
63. Origami
64. Scrapbook
65. Learn a magic trick
66. Grow house plants
67. Walk the mall
68. Watch butterflies
69. Make candles
70. Sing karaoke
71. Go horseback riding
72. Look at holiday lights
73. Star gaze
74. Talk on the phone
75. Leather work
76. Wood burning
77. Model making
78. Go on a free tour
79. Jewelry making
80. Do word puzzles
81. Go for a bus ride
82. Surf the internet
83. Go sledding
84. Build a snowman
85. Learn something new
86. Do yoga
87. Play ping pong
88. Shoot pool
89. Start a collection
90. Watch butterflies

Leisure, Social Participation, and Coping Session III:

Let's get cookin'

1. Introduction:
    a. Introduce yourself (instructor) and give a brief synopsis of group goals
        i. By end of session, group attendees will have created a grocery list to use in next session.
        ii. By end of session, group attendees will demonstrate ability to stick to a budget while creating a grocery list.
        iii. By end of session, group attendees will demonstrate ability to work with peers and compromise in order to create single grocery list.
    b. Have everyone in group introduce themselves (if necessary)
    c. Have everyone state their favorite meal to eat or prepare.
2. Activity:
    a. (Get approval for budget prior to beginning this activity) put the budget for the meal large at the front of the room or other central location.
        i. Note: this meal may be one that is shared with all living in the supportive housing establishment, or only shared amongst group attendees.
    b. Provide local grocery ads to the group
    c. Provide a grocery list that allows them to write the budget. items, number of items, cost and add cost
    d. The group may decide what they want to make and then find the ingredients in the ads needed to make them or decide on a meal based on what is on sale and will allow them to stick to budget
3. Sharing:
    a. Have each member share one thing that they felt went well while planning the meal and one thing they thought was a barrier.
4. Processing:
    a. What are you looking forward for during the next two sessions where we grocery shop for the items on our list and cook the meal?
    b. What makes you nervous about during the next two sessions where we grocery shop for the items on our list and cook the meal?
5. Generalizing:
    a. Generalizing for this group is done with utilizing local grocery ads and planning for the shopping trip.
6. Application:
    a. The application of this group will follow in the next two sessions.
7. Summary:

a. Review group goals
   i. By end of session, group attendees will have created a grocery list to use in next session.
   ii. By end of session, group attendees will demonstrate ability to stick to a budget while creating a grocery list.
   iii. By end of session, group attendees will demonstrate ability to work with peers and compromise in order to create single grocery list.
b. Any questions?
c. Thank you for attending this group, Next session will be on session will be on grocery shopping for the items on our list.

Grocery List

Total budget: | $ |

	Item:	Quantity:	Cost:
1			$
2			$
3			$
4			$
5			$
6			$
7			$
8			$
9			$
10			$
11			$
12			$
13			$
14			$
15			$
16			$
17			$
18			$

Total Cost = $_____

Remaining Budget = $ _____

Leisure, Social Participation, and Coping Session IV: Grocery shopping

1. Introduction: (May take place while loading van to grocery store)
    a. Introduce yourself (instructor) and give a brief synopsis of group goals
        i. By end of session, group attendees will demonstrate ability to work as a group to delegate tasks for successful group completion.
        ii. By end of session, group attendees will demonstrate adequate skills for completing a task in a public environment.
        iii. By end of session, group attendees will have gathered all necessary supplies to cook pre-planned meal during next session.
    b. Have everyone in group introduce themselves (if necessary)
    c. Have everyone state their "job" at the grocery store today.

2. Activity: Grocery shopping
    a. Clients will load van and go to nearest grocery store.
    b. Clients will be given 30 minutes to complete grocery shopping
    c. All sharing and processing will be completed while drive back to the house, unloading, and stocking groceries.

3. Sharing:
    a. Have everyone share one thing that went well when working as a group and one thing that didn't go as well.

4. Processing:
    a. While unloading groceries ask the following questions to process the events of the group:
        i. What did you feel was the most difficult while grocery shopping?
            1. What do you feel would have made that go more smoothly?
        ii. What would you do differently in order to complete this same task on your own?

5. Generalizing:
    a. This activity is generalizing the skill of grocery shopping because the activity is done in the setting it will be done in (the grocery store). Additionally, the processing questions provided allow individuals to consider how this activity would be different on their own.

6. Application:
    a. This activity is application in itself and the next session will continue to build on the groceries purchased for this session.

7. Summary:
    a. Review group goals

       i. By end of session, group attendees will demonstrate ability to work as a group to delegate tasks for successful group completion.

     ii. By end of session, group attendees will demonstrate adequate skills for completing a task in a public environment.

   iii. By end of session, group attendees will have gathered all necessary supplies to cook pre-planned meal during next session.

b. Any questions?

c. Thank you for attending this group, next session will be preparing the meal we purchased food for today.

Leisure, Social Participation, and Coping Session V: Cooking Group

1. Introduction:
   a. Introduce yourself (instructor) and give a brief synopsis of group goals
      i. By end of session, group attendees will demonstrate ability to work as a group to delegate tasks for successful group completion.
      ii. By end of session, group attendees will demonstrate safety knowledge and precautions to take while cooking a meal using the kitchen.
      iii. By end of session, group attendees will have successfully made (and enjoyed) a meal they planned and prepared.
   b. Have everyone in group introduce themselves (if necessary)
   c. Have everyone state what has been their favorite part of the plan and shopping process so far.
2. Activity:
   a. Cooking!
   b. Provide ONLY as much support for the completion of the meal as necessary for this group of individuals.
   c. ***The following sections will be completed while the group eats their meal***
3. Sharing:
   a. Have everyone share their favorite part of the meal.
4. Processing:
   a. What went well while preparing this meal today? What went not so well?
   b. How would this process look different if you were doing it with fewer people or on your own?
      i. How would you differently manage the assigning of tasks to make this successful?
   c. What is one thing you would change about how we did this activity today?
5. Generalizing:
   a. How was this task different today than how you have completed a similar task in the past? How was it the same?
6. Application:
   a. This activity is application in itself.
7. Summary:
   a. Review group goals
      i. By end of session, group attendees will demonstrate ability to work as a group to delegate tasks for successful group completion.

        ii. By end of session, group attendees will demonstrate safety knowledge and precautions to take while cooking a meal using the kitchen.

       iii. By end of session, group attendees will have successfully made (and enjoyed) a meal they planned and prepared.

b. Any questions?

c. Thank you for attending this group, next session will be learning about healthy verses unhealthy relationships.

Leisure, Social Participation, and Coping Session VI:

Social Participation and the Toxic Relationship

1. Introduction:
   a. Introduce yourself (instructor) and give a brief synopsis of group goals
      i. By end of session, group attendees will demonstrate knowledge of aspects of healthy and unhealthy relationships.
      ii. By end of session, group attendees will have the knowledge to identify healthy and unhealthy relationships in their own life.
      iii. By end of session, group attendees will be given a safe environment for disclosure of personal information
   b. Have everyone in group introduce themselves (if necessary)
   c. Have everyone state whether or not a negative relationship has caused something less than favorable to happen in their life.

2. Activity: Relational Wheels
   a. Provide a copy of the power and control wheel and the equality wheel to all group members.
   b. Going through the power and control wheel participants will engage in open dialogue of each rung (e.g., providing examples of each behavior personal or made up) to highlight what these unhealthy aspects look like in a relationship.
   c. Following the power and control wheel repeat the activity using the equality wheel.

3. Sharing:
   a. What is one aspect from each wheel that stood out the most to you? Why?

4. Processing:
   a. Why do you think it is important to understand aspects of both healthy and unhealthy relationships?
   b. Has there ever been a time in your life when an unhealthy relationship was present in your life or someone you were close to?
      i. How about a healthy one?
   c. Why should you care if your relationships are healthy?

5. Generalizing:
   a. Moving forward you will be faced the decision to keep some people in your life and cut ties with others. You are putting a lot of work in now to move on with your life in a different fashion. Take time to look at these handouts and identify the individuals in your life and what categories they might fall into. You may find some individuals on both wheels. Use these to guide you in choosing the people you want to keep around.

6. Application:
   a. Provide additional copies of both wheels if they so wish.
   b. Provide information for the domestic abuse hotline and identify yourself as being someone who can provide resources to help those who might have problems leaving an unhealthy relationship.

7. Summary:
   a. Review group goals
      i. By end of session, group attendees will demonstrate knowledge of aspects of healthy and unhealthy relationships.
      ii. By end of session, group attendees will have the knowledge to identify healthy and unhealthy relationships in their own life.
      iii. By end of session, group attendees will demonstrate basic pro-social skills for healthy social participation.
   b. Any questions?
   c. Thank you for attending this group, next session will be on developing new relationships.

NONVIOLENCE

NEGOTIATION AND FAIRNESS
Seeking mutually satisfying resolutions to conflict • accepting change • being willing to compromise.

NON-THREATENING BEHAVIOR
Talking and acting so that she feels safe and comfortable expressing herself and doing things.

ECONOMIC PARTNERSHIP
Making money decisions together • making sure both partners benefit from financial arrangements.

RESPECT
Listening to her non-judgmentally • being emotionally affirming and understanding • valuing opinions.

EQUALITY

SHARED RESPONSIBILITY
Mutually agreeing on a fair distribution of work • making family decisions together.

TRUST AND SUPPORT
Supporting her goals in life • respecting her right to her own feelings, friends, activities and opinions.

RESPONSIBLE PARENTING
Sharing parental responsibilities • being a positive non-violent role model for the children.

HONESTY AND ACCOUNTABILITY
Accepting responsibility for self • acknowledging past use of violence • admitting being wrong • communicating openly and truthfully.

NONVIOLENCE

DOMESTIC ABUSE INTERVENTION PROGRAMS
202 East Superior Street
Duluth, Minnesota 55802
218-722-2781
www.theduluthmodel.org

VIOLENCE

PHYSICAL · SEXUAL

USING COERCION AND THREATS
Making and/or carrying out threats to do something to hurt her • threatening to leave her, to commit suicide, to report her to welfare • making her drop charges • making her do illegal things.

USING INTIMIDATION
Making her afraid by using looks, actions, gestures • smashing things • destroying her property • abusing pets • displaying weapons.

USING ECONOMIC ABUSE
Preventing her from getting or keeping a job • making her ask for money • giving her an allowance • taking her money • not letting her know about or have access to family income.

USING EMOTIONAL ABUSE
Putting her down • making her feel bad about herself • calling her names • making her think she's crazy • playing mind games • humiliating her • making her feel guilty.

POWER AND CONTROL

USING MALE PRIVILEGE
Treating her like a servant • making all the big decisions • acting like the "master of the castle" • being the one to define men's and women's roles

USING ISOLATION
Controlling what she does, who she sees and talks to, what she reads, where she goes • limiting her outside involvement • using jealousy to justify actions.

USING CHILDREN
Making her feel guilty about the children • using the children to relay messages • using visitation to harass her • threatening to take the children away.

MINIMIZING, DENYING AND BLAMING
Making light of the abuse and not taking her concerns about it seriously • saying the abuse didn't happen • shifting responsibility for abusive behavior • saying she caused it.

PHYSICAL · SEXUAL

VIOLENCE

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Leisure, Social Participation, and Coping Session VII:

Developing new relationships

1. Introduction:
   a. Introduce yourself (instructor) and give a brief synopsis of group goals
      i. By end of session, group attendees will demonstrate constructive social behaviors through role play.
      ii. By end of session, group attendees will understand the meaning of being and having friends.
      iii. By end of session, group attendees will be able to identify 3 new strategies for meeting and making friends.
   b. Have everyone in group introduce themselves (if necessary)
   c. Have everyone state where they have met friends in the past and whether that is a positive or negative place to make friends.

2. Activity: Discussion and Role Play
   a. Discuss the list of "appropriate" social skills below:

   Social skills include (Five Social Skill Instructions, Poon):

   1. Verbal: The form, structure, content, context and amount of speech
   2. Nonverbal: Use of eye contact, facial expressions, posture and personal distance
   3. Paralinguistic: Volume, pace, tone and pitch
   4. Social perception: Processing of social information to make appropriate decisions and responses
   5. Assertiveness: The use of non-aggressive, bold and confident behavior
   6. Conversational skills: Starting and sustaining a conversation
   7. Expressions of empathy, affection, sadness, and similar emotions that are appropriate to the context and expectations of the society
   8. Coping: The additional skills related to management and stabilization of one's illness

      ii. Ask individuals in the group to define these skills and allow approximately 60 seconds to discuss each one.
   b. Depending on time, choose 2-3 of the social topics on the provided worksheet to discuss and have group attendees' pair up to role play the chosen topics.

3. Sharing:
   a. Share one thing that you found difficult during the role play?

4. Processing:
   a. How did this activity differ from how you have engaged in social situations in the past?
   b. What social skill do you feel is the most important, which do you feel is the most difficult?

5. Generalizing:
   a. How will you use this information to influence your social participation moving forward?

6. Application:
   a. Provide the social scenario worksheet to the group to practice and review on their own.

7. Summary:
   a. Review group goals
      i. By end of session, group attendees will demonstrate constructive social behaviors through role play.
      ii. By end of session, group attendees will understand the meaning of being and having friends.

      i. By end of session, group attendees will be able to identify 3 new strategies for meeting and making friends.
   d. Any questions?
   e. Thank you for attending this group, next session will be on coping with mental illness.

Social Scenarios Worksheet

As you discuss the 8 social skills with the group, write down on the lines below how you feel you can or have express each skill:

1. Verbal: The form, structure, content, context and amount of speech

    _____

    _____

2. Nonverbal: Eye contact, facial expressions, posture and personal distance

    _____

    _____

3. Paralinguistic: Volume, pace, tone and pitch

    _____

    _____

4. Social perception: Processing of social information to make appropriate decisions and responses

    _____

    _____

5. Assertiveness: The use of non-aggressive, bold and confident behavior

    _____

    _____

6. Conversational skills: Starting and sustaining a conversation

    _____

    _____

7. Expressions of empathy, affection, sadness, and similar emotions that are appropriate to the context and expectations of the society

    _____

    _____

8. Coping: Additional skills related to management and stabilization of one's illness

    _____

    _____

Social skills role play scenarios

1. Smile and share positive comments with others.
2. Demonstrate "small talk" and show an understanding that it is inappropriate to share too much too soon. Small talk is a way of sharing very little, but still expressing interest in another person. After a little small talk, people feel more comfortable, and subjects may be brought up.
3. Ask the people you interact with about themselves, expressing interest in their life and interests. People like to talk about themselves and typically appreciate the audience.
4. Have your partner disclose something about themselves (can be real or made up). Use body language to communicate your interest: lean forward slightly to indicate interest, look at people when they talk to you, make eye contact, do not cross or close their arms or legs which might indicate that you do not care.

Leisure, Social Participation, and Coping Session VIII:
Coping with Mental Illness

1. Introduction:
   a. Introduce yourself (instructor) and give a brief synopsis of group goals
      i. By end of session, group attendees will be able to identify 3 strategies to use for coping.
      ii. By end of session, group attendees will be able to define coping.
      iii. By end of session, group attendees will have practiced one coping mechanism.
   b. Have everyone in group introduce themselves (if necessary)
   c. Have everyone state a time when they have used a coping mechanism.
      i. What even is coping?

2. Activity:
   a. Using the Keys to managing stress worksheet. Go through the 6 stress management options and briefly discuss. Bring the group through the guided breathing exercise at the bottom of the worksheet
      i. Instructor may choose to use 1 other guided coping mechanism such as progressive muscle relaxation, meditation, etc. if they so choose.

3. Sharing:
   a. How do you feel after completing that activity?

4. Processing:
   a. When would be a time you could use this to help you feel better?
      i. Would this help or not help you?
   b. What other coping mechanisms have you used in the past have helped you overcome a difficult moment?
   c. What impact does using a coping mechanism have on our relationships when we get frustrated?

5. Generalizing:
   a. When was a time in your life you should have used a coping mechanism but chose not to?
      i. What were the consequences (may think about this verses answer)

6. Application:
   a. Provide the Mindfulness worksheets to the attendees to allow them to practice different reflective coping mechanisms on their own.
   b. May provide the Keys to Managing Stress hand out to those who wish to have a copy.

7. Summary:
   a. Review group goals
      i. By end of session, group attendees will be able to identify 3 strategies to use for coping.
      ii. By end of session, group attendees will be able to define coping.
      iii. By end of session, group attendees will have practiced one coping mechanism.
   b. Any questions?
   c. Thank you for attending this group, next session will be wrapping up all previous group sessions. Please come with any questions you may have.

Keys to Managing Your Stress

❶ Track Your Stress

Stress affects everybody differently. By regularly monitoring and tracking your stress, you raise your awareness of the way you experience stress and get a better sense of your natural stress level. Knowing how your body reacts to stress will help alert you when your stress level is rising.

Activity:
Track your stress levels using the *Stress Tracker on page 4.*

❷ Identify the Sources of Your Stress

Knowing the sources of your stress is critical. After you have a good idea of the things that cause your stress, you can develop a plan for dealing with each of them.

Activity:
Make a list of the things that cause your stress. Use the *Identifying Your Stressors Worksheet on page 5* for ideas.

❸ Practice Mindfulness Regularly

Mindfulness is a way to be fully aware in the present moment of physical sensations, emotions, and thoughts, but without judging them. Regular daily practice of stress management techniques will allow you to deal with your stress in a healthier way.

Mindfulness-Based Stress Reduction (MBSR) techniques have been proven to reduce stress and stress-related conditions in Veterans. They can reduce anxiety, improve attention and memory, and help manage chronic pain. These techniques center on being fully aware in the present moment without judgment.

Activity:
Review the *Stress Symptoms Checklist on page 6.* Explore the *MBSR Techniques on page 7* to determine which are most effective for managing the stress symptoms you identified.

❹ Be Physically Active

Physical activity is one of the most effective stress management techniques. Physical activity increases endorphins, improves sleep, raises self-esteem, and releases muscle tension.

While moderate physical activity is good for stress management, overly vigorous activity can actually contribute to stress levels. If you are going to exercise to help relieve stress, do so at an intensity level that is comfortable for you.

Find more information:
in the *Be Physically Active* Healthy Living message at **http://www.prevention.va.gov**. Regular physical activity can improve mood, reduce stress, and decrease health risks.

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❺ Practice Deep Breathing

It's one of the fastest ways to deal with stress in the moment. Use deep breathing to gain control over stress, anxiety, and panic. It is also effective for managing depression and emotional responses, and can even be helpful for some medical conditions.

The more you practice, the better you will become at managing stressful situations.

❻ Plan Pleasant Activities

Research has shown that the things we do affect the way we feel. When you spend time in activities that you find relaxing, enjoyable, or just plain fun, you tend to feel less distressed and happier.

For many people, life demands seem to replace pleasant activities. If you notice this happening to you, it's time to plan for positive time.

Activity:
Actions affect emotions. Plan a pleasant activity using the *Pleasant Activities Tip Sheet in Appendix B* for ideas.

Deep Breathing Exercise

Deep breathing is one of the fastest ways that you can regain control over stress.

1. Start by sitting down in a comfortable place that's free from distraction. Uncross your legs, put both feet on the floor, and rest your hands in your lap. Pay attention to how this position feels and let your mind and body just "be" for a few moments.

2. Close your eyes and notice the pattern of your breath as you inhale and exhale. It may be soft or loud, slow or quick, or shallow or deep. Make a mental note of your breath before you start relaxing with deep breathing. Just breathe naturally for a few moments, taking slow and deep breaths in through your nose and then breathing out through your mouth.

3. Now hold your breath for 5 seconds after you inhale, and for another 5 seconds after you exhale. Continue breathing in this rhythm for a few moments.

4. Breathe naturally for a moment. Now place both of your hands on top of your stomach and try to notice how your belly rises with each inhale and falls with each exhale. Notice your breath moving in and out again from your belly, to your chest, and gently out through your mouth. Continue breathing naturally.

5. This time say, "Relax" silently or aloud after each time you exhale.

6. Repeat this exercise for 1 to 5 minutes.

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Mindfulness

Mindfulness-Based Stress Reduction Techniques

- **Mindfulness Meditation**

  The intention of Mindfulness Meditation is to be fully aware of what is going on in the present moment without any judgment.

- **Compassion Meditation**

  This meditation can lower stress and stress hormone levels and raise self-esteem. You can improve self-compassion by working on unhelpful thoughts and by practicing this meditation.

- **Body Scan Meditation**

  This meditation is deeply relaxing and can help you become more accepting of areas of pain or discomfort.

- **Mindful Eating Exercise**

  This exercise helps you to practice mindfulness with something you do every day: eating. You will learn how to increase your awareness while eating, which can increase mindfulness and improve your eating habits overall.

- **Progressive Muscle Relaxation**

  This exercise can help you become aware of muscle tension, so you can release it when needed.

- **Mindfulness Circle**

  This image will help you return to mindful awareness throughout your day.

If you find these techniques helpful, you can speak with your primary care/PACT team to find stress management programs that might be available in your area.

Mindfulness Meditation

To anchor yourself in the present, focus on your breath as you inhale and exhale. Breathing mindfully does not involve a conscious changing of your breath.

1. Set aside a 1 to 5 minute period of time, and tell yourself that you will not engage your thoughts during that time. As thoughts pop up, just notice them and let them go.

2. As you notice your mind thinking about things, try to let those thoughts go without judging them and return your attention to the experience of breathing. The point is not to stop having thoughts. The point of this meditation is to become more aware of your thoughts without automatically engaging them.

If focusing on your breath does not work to bring you into the present moment, you can focus on anything in the present, such as sounds, a picture you like, or a candle flame, so long as you don't have to think about it.

Compassion Meditation

1. First, take a few deep, cleansing breaths and ground yourself in the present.

2. As you breathe deeply, focus on your heart and visualize softness, warmth, and compassion glowing in your chest. Repeat these phrases to yourself: *"May I be happy. May I be well. May I be safe. May I be peaceful and at ease."*

3. After a minute or two, visualize extending this energy to include somebody you care deeply about. Now repeat the phrases, filling in the person's name. For example, *"May my wife be happy. May my wife be well. May my wife…."*

4. Next, visualize extending the energy to somebody you feel neutrally about. Repeat the phrases with his or her name. For example, *"May the cashier at the store be happy. May the cashier be well. May the cashier…."*

5. Now extend the energy to somebody for whom you have negative feelings. Repeat the phrases with his or her name.

6. Finally, visualize extending this energy to the rest of the world.

As you become comfortable with this practice, try extending the length of time you spend at each stage, increasing the overall time spent on the meditation.

Body Scan Meditation

The Body Scan Meditation can help you become more accepting of areas of pain or discomfort and not tense in response to them, which can make the discomfort worse.

To practice the Body Scan Meditation, get into a comfortable position. You might lie down on the floor or in bed with a pillow under your head. Take a few deep, grounding breaths and gently bring your awareness to the present.

1. Pay attention to a specific body part, such as your left foot. As you breathe deeply, scan that part of your body for sensations. Notice the sensations you feel, but try not to get lost in thought. Gradually let your focus move to different body parts — each leg, your hips, stomach, chest, hands, arms, and head.

2. Practice mindfulness meditation with your focus on your body. Become aware of your mind's tendency to get lost in thought. When you notice this happening, just let the thought go and gently redirect your attention back to your body. Try not to engage in the content of the thoughts.

If you have any pain or discomfort, just notice it, accept it, and continue scanning. Continue to scan each part of your body in this way until you have scanned your whole body.

Dealing With Distractions During Meditation

The purpose of meditation is not to concentrate on your breath or to achieve a perfectly still and serene mind. The goal of meditation is to achieve uninterrupted mindfulness.

Being distracted is normal; it's how our minds work. When you sit down to concentrate on your breath, don't be upset when your mind wanders from the subject of meditation. Instead, simply observe the distraction mindfully.

Whenever you are distracted away from your breath as you meditate, briefly switch your attention to the distraction. Make the distraction a temporary object of meditation, but only temporary. Your breath should remain your primary focus.

Switch your attention to the distraction only long enough to notice certain things about it. What is it? How strong is it? How long does it last? Return your attention to your breath as soon as you have wordlessly answered these questions.

The first step to changing something is seeing it the way it really is — these questions can free you from what is distracting you and give you insight

MINDFULNESS HOMEWORK

Experiment with mindfulness. Try to bring yourself fully into the present to experience each situation. Do no more than one of these experiments each week. For example, for one week, see if you can bring mindful attention to pleasant events. In a different week, try bringing mindful attention to negative events, and so forth.

Pleasant Event Report

- Be aware of one pleasant event or occurrence while it is happening at least once this week, paying attention to the sensations in the body, thoughts, and feelings.

- What was the experience?

- How did your body feel? In detail, describe the sensations you felt.

- What thoughts accompanied this event at the time?

- What emotions accompanied this event at the time?

Unpleasant Event Report

- Be aware of one unpleasant event or occurrence while it happens at least once this week. Pay attention to the physical sensations, thoughts, and feelings that arise at the time of the experience.

- What was the experience?

- How did your body feel? In detail, describe the sensations you felt.

- What thoughts accompanied this event at the time?

- What emotions accompanied this event at the time?

Pleasant Communication Report

- Record one pleasant communication event. Describe the communication.

- With whom? What subject?

- Were you aware of pleasant feelings during the communication?

- What did you really want from the person or situation? What did you actually get?

- What did the other person(s) want? What did they actually get?

- What thoughts accompanied this event at the time?

- What emotions accompanied this event at the time?

Unpleasant Communication Report

- Record one unpleasant communication event. Describe the communication.

- With whom? What subject?

- How did the difficulty arise?

- Were you aware of the unpleasant feelings during the communication?

- What did you really want from the person or situation? What did you actually get?

- What did the other person(s) want? What did they actually get?

- What thoughts accompanied this event at the time?

- What emotions accompanied this event at the time?

Leisure, Social Participation, and Coping Session IX:

Wrapping Up Leisure, Social Participation, and Coping

1. Introduction:
   a. Introduce yourself (instructor) and give a brief synopsis of group goals
      i. By end of session, questions from group attendees will be answered.
   b. Have all clients introduce themselves and state one thing they learned from attending the "Leisure, Social Participation, and Coping" groups.

2. Activity:
   a. Instructor will pass out post assessment for clients to complete.
   b. Group attendees will be given approximately 5-10 minutes to complete this post assessment
   c. After the instructor will then pass out the preassessment for those who completed it.

3. Sharing:
   a. What is one area you feel you grew in your knowledge of from the first session you attended to the last?
      i. Explain.

4. Processing, Generalizing, Application:
   a. For this part of the group the instructor will open the floor up for questions regarding any previous groups.
      i. NOTE: instructor may answer with "I would like to get more information in order to better answer questions" and following up with clients at a later time if question is challenging for therapist.
      ii. Instructor should provide resources when/if available

5. Summary:
   a. Review session goals:
      i. By end of session, questions from group attendees will be answered.
   b. Any final comments or questions.
   c. Thank you for attending this group and any other sessions you may have attended.

What Does Leisure, Social Participation and Coping Mean to You?

Leisure is defined as "Nonobligatory activity that is intrinsically motivated and engaged in during discretionary time, that is, time not committed to obligatory occupations such as work, self-care, or sleep" (Parham & Fazio, 1997, p. 250). Social participation is "The interweaving of occupations to support desired engagement in community and family activities as well as those involving peers and friends" (Gillen & Boyt Schell, 2014, p. 607).

Please circle the following areas which are most important to you:

- Having and making friends

- Having activities to fill your free time

- Identifying toxic relationships

- Communicating with others

- Coping with difficult times you face

- Developing new relationships

- Other: _____

These are all pieces of leisure, social participation, and coping ! Reflect with the therapist on the things you have circled above:

d. On a scale of 1-10, what is your level of satisfaction with ability to fill your free time?

| 1 | 2 | 3 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

(least satisfied)   (most satisfied)

e. On a scale of 1-10, what is your level of satisfaction with your relationships?

| 1 | 2 | 3 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

(least satisfied)   (most satisfied)

f. On a scale of 1-10, what is your level of satisfaction with your ability to cope with stressful situations?

| 1 | 2 | 3 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

(least satisfied)   (most satisfied)

Choose 2-3 activity areas in which you would like to improve in over the course of the Leisure, Social Participation, and Coping groups which we will focus on to help you reach your personal financial goals:

	Activity Area	Identify 1 current barrier to performance with activity.
1		
2		
3		

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