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Occupational Therapy Program for Women Residing in Domestic Violence Shelters

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Occupational Therapy Program for Women Residing in Domestic Violence Shelters

by

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This scholarly project, submitted by Paige McCullough, MOTS and Kelsey Wehe, 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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Faculty Advisor

04/16/2020

Date

PERMISSION

Title: Occupational Therapy Program for Women Residing in Domestic Violence Shelters

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Degree: Master of Occupational Therapy

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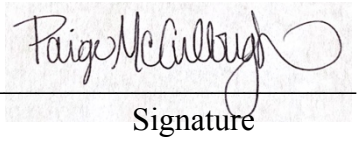

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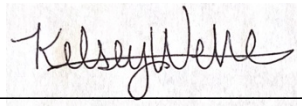

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ACKNOWLEDGEMENTS

First and foremost we would like to thank our advisor, Dr. Cherie Graves, for her guidance, support, and expertise throughout creating this scholarly project. Without her dedication and encouragement our *Occupational Therapy Program for Women Residing in Domestic Violence Shelters* would not have been possible. Additionally, we would like to thank our families for their continuous support and encouragement they have provided us throughout our journey to becoming occupational therapists.

ABSTRACT

Background

Domestic violence is a public health concern that affects 43.6 million women, or greater than one in three women, each year in the United States (National Coalition Against Domestic Violence [NCADV], n.d.). Following experiences with domestic violence, victims endure various long-term physical and mental health challenges. These challenges negatively affect women's abilities to carry out many daily occupations, as well as live independently. When a victim flees domestic violence, they often find themselves seeking support and safety from domestic violence shelters. These shelters are designed to focus on the victim's immediate physical needs and less on their mental health and long term recovery needs. Therefore, many victims find themselves leaving the shelter with many unmet occupational needs.

Purpose

Currently, there is a limited number of occupational therapy practitioners providing services to victims in domestic violence shelters as well as limited resources available to target victims' unmet needs. Therefore, the purpose of this scholarly project is to create a program that may be used to guide occupational therapy practitioners in providing services and addressing unmet occupational needs of women residing in domestic violence shelters.

Methods

An extensive literature review was conducted to guide the development of this product. Through examining and analyzing various research articles, primary areas of occupational need emerged. These include: work, social participation, rest and sleep, and instrumental activities of daily living, both health management and maintenance, child rearing, and various underlying client factors. The Kawa model was used to organize this information and guide development of this product.

Results

Based on the primary occupational needs identified in the literature, an occupational therapy program for women in domestic violence shelters was developed. This program directly targets victims unmet needs as identified in the literature. The goal of this program is to help victims of domestic violence reach a state of balanced well-being and build a better future for themselves.

Conclusion

The purpose of this product is to guide occupational therapy practitioners in providing services to victims of domestic violence residing in domestic violence shelters. The product also serves to advocate for the role of occupational therapy within domestic violence shelters. It is recommended that further research be conducted in order to test and strengthen the effectiveness of this program.

CHAPTER I

Introduction

Occupational therapy practitioners are skilled health care professionals who utilize a holistic approach to increase one's engagement in occupations, resulting in improved well-being and health (AOTA, 2017). Occupational therapy services can benefit women who have experienced domestic violence through the promotion of health and well-being, safety/violence prevention, and most significantly, occupational independence (AOTA, 2017). Victims of domestic violence report experiencing life long emotional, psychological, and physical effects (AOTA, 2017; Clark et al., 2014; Gutman et al., 2004). These effects have a significant impact on the victim's overall well-being and ability to carry out daily life routines needed to function and live independently (AOTA, 2017; Humbert, Engleman, & Miller, 2014). This often leads to victims living with occupational imbalance and/or deprivation (AOTA, 2017; Javaherian-Dysinger et al., 2016).

When victims seek domestic violence shelters they find themselves finally in a safe space in which they can focus on self-care and healing (Helting et al., 2018). However, most domestic violence shelters do not provide victims with adequate resources addressing both their long term and short term needs. Common needs victims have indicated include: work, social participation, sleep, health management and maintenance, child rearing, and various emotional and cognitive skills required for independent functioning (AOTA, 2017). These unmet needs align within the scope of occupational therapy practice. Therefore, occupational therapy practitioners are best suited to address these needs due to their unique skill set and view on daily occupations.

Currently, there are a limited number of occupational therapy practitioners providing services to victims in domestic violence shelters. In order to meet the unmet needs of the victims

and strengthen occupational therapy's role in domestic violence shelters, an occupational therapy program for women in domestic violence shelters was created. This program is aimed at helping victims to reach a state of balanced well-being as well as build a better future for themselves. This program was also created to serve as a guide for occupational therapy practitioners providing services in domestic violence shelters, as limited resources currently exist.

The product development was guided by the use of the Kawa model. The Kawa model uses a metaphoric river to illustrate one's various experiences, circumstances, personal attributes, and obstacles they may be facing (Iwama et al., 2006; Tupe, 2014). The Kawa model also views life as a dynamic, interrelated process that is affected by various experiences that may disrupt one's harmony and overall well-being (Iwama et al., 2006; Tupe, 2014). By using the Kawa model as a theoretical framework, the authors were able to develop a product that focuses on prioritizing and addressing the challenges and unmet needs of domestic violence victims in order to ultimately restore their life flow, harmony, and overall well-being.

Key Terminology

The following are defined key terms that are used throughout this scholarly project.

- **Child rearing:** "providing care and supervision to support the developmental needs of a child" (AOTA, 2014, p. S19)
- **Client factors:** "... values, beliefs, and spirituality; body functions; body structures that reside within the client that influence the client's performance in occupations" (AOTA, 2014, p. S22)
- **Domestic violence:** "... the willful intimidation as part of a systematic pattern of power and control perpetrated by one intimate partner against another" (National Coalition Against Domestic Violence [NCADV], 2016, para. 2).

- **Health management and maintenance:** "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)
- **Instrumental activities of daily living:** "activities to support daily life within the home and community that often require more complex interactions than those used in ADLs" (AOTA, 2014, p. S19)
- **Occupations:** "... various kinds of life activities in which individuals, groups, or populations engage" (AOTA, 2014, p. S19)
- **Occupational deprivation:** "...the lack of access to engagement in an array of self-selected occupations that have meaning to the individual, family, or community…" (Schell, Gillen, & Scaffa, 2014, p. 1237)
- **Occupational imbalance:** "...when patterns of daily occupations are perceived to be unsatisfactory (there is not a good match between desired and actual engagement in valued activities) increasing the risk for physical and mental health problems" (Matuska & Barrett, 2014, p. 170)
- **Perpetrator:** "... those who use the violence against their partners" (Park & Kim, 2017, p. 732)
- **Physical violence:** "... a range of behaviors from slapping, pushing or shoving to severe acts that include hit with a fist or something hard, kicked, hurt by pulling hair, slammed against something, tried to hurt by choking or suffocating, beaten, burned on purpose, or used a knife or gun" (Smith et al., 2018, p. 7)

- **Psychological aggression:** "... expressive aggression (such as name calling, insulting or humiliating an intimate partner) and coercive control, which includes behaviors that are intended to monitor and control or threaten an intimate partner" (Smith et al., 2018, p. 7)
- **Rest and sleep:** "activities related to obtaining restorative rest and sleep to support healthy, active engagement in other occupations" (AOTA, 2014, p. S20)
- **Sexual violence:** "... rape, being made to penetrate someone else, sexual coercion, and unwanted sexual contact" (Smith et al., 2018, p. 7)
- **Social participation:** "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)
- **Stalking:** "victimization involves a pattern of harassing or threatening tactics used by a perpetrator that is both unwanted and causes fear or safety concerns in the victim" (Smith et al., 2018, p. 7)
- **Work:** "Labor or exertion; to make, construct, manufacture, form, fashion, or shape objects; … committed occupations that are performed with or without financial reward" (Christiansen & Townsend, 2010, p. 423)

The following chapters describe various aspects of the product created for this scholarly project. Chapter two summarizes the literature review completed in regards to victims of domestic violence, domestic violence shelters, services provided at shelters, as well as the overall identified needs of victims. Chapter three outlines the methodology process that was used to analyze research and conduct the literature review. Chapter four presents an overview of the product that was created in response to the unmet needs found in the literature. The product consists of a detailed program targeting five areas of occupational need. Chapter five contains a

summary of the scholarly project, as well as limitations and further recommendations for using the product. Following chapter five are the references utilized for this scholarly project, as well as an Appendix that contains the entire product.

CHAPTER II

Literature Review

Domestic violence, according to the National Coalition Against Domestic Violence (2016) is defined as “the willful intimidation as part of a systematic pattern of power and control perpetrated by one intimate partner against another" (para. 2). Domestic violence is a public health concern that affects 43.6 million women, or greater than one in three women, each year in the United States (National Coalition Against Domestic Violence [NCADV], n.d.; Smith et al., 2018; Sugg, 2015). Of the 43.6 million, 30 million report some form of impact due to the violence they experienced (Smith et al., 2018).

Domestic violence can be categorized into four different subtypes: sexual violence, stalking, physical violence, and psychological aggression (Smith et al., 2018). Psychological aggression has the highest prevalence with over one-third (36.4%) of victims or 43.5 million, experiencing this subtype within their lifetime (Smith et al., 2018). According to Smith et al. (2018), 30.6% of women report experiencing physical violence, 18.3% experiencing sexual violence, and 10.4% report being stalked.

Although any person is at risk of experiencing domestic violence, there are two risk factors that increase one's likelihood of being a victim of domestic violence. These two risk factors are gender and age (American Occupational Therapy Association [AOTA], 2017; Capaldi, Knowble, Shortt, & Kim, 2012). Females between the age of 18 and 24 are most at risk for domestic violence (NCADV, nod; Sugg, 2015). Nearly 31 million or 71.1% of victims indicate that their first experience with domestic violence was prior to the age of 25 (Smith et al., 2018). Race and ethnicity are additional significant contributing factors (AOTA, 2017; Black et al., 2011; Capaldi et al., 2012; Sugg, 2015). Multiracial women experience domestic violence at

a significantly higher rate than caucasion women (AOTA, 2017; Black et al., 2011; Capaldi et al., 2012; Sugg, 2015). Over half (53.8%) of mutiracial non-Hispanic women and nearly five out of ten (46%) African American, American Indian, and Alaska Native women report experiencing domestic violence (Black et al., 2011).

The four subtypes of domestic violence may each contribute to life-long, significant emotional, psychological, and physical effects (AOTA, 2017; Clark et al., 2014; Gutman et al., 2004). These effects significantly impact overall well-being as well as ability to carry out daily life routines needed to function and live independently (AOTA, 2017; Humbert, Engleman, & Miller, 2014). The effects of domestic violence may manifest challenges impacting both one's physical health and mental health (Lalley-Chareczko et al., 2017; Sugg, 2015). These consequences may appear immediately following exposure to domestic violence and can last the victim's entire lifespan (Sugg, 2015).

Research indicates that three in ten women develop and live with one or more physical or mental health challenge as a result of the domestic violence (Lalley-Chareczko et al., 2017; Sugg, 2015). Mental health challenges include, but are not limited to: depression, post-traumatic stress disorder (PTSD), anxiety, suicidality, and substance abuse (Anderson, Renner, & Danis, 2012; AOTA, 2017; Black et al., 2011; Clark et al., 2014; Johnson & Zlotnick, 2009; Lalley-Chareczko et al., 2017; Perez, Johnson, & Wright, 2012). Helfrich et al. (2008) found that depression is noted in up to 70% of victims while PTSD reaches almost 92%. Common physical health challenges include: gastrointestinal disorders, headaches, hypertension, obesity, diabetes, insomnia, fatigue, loss of appetite, urinary symptoms, decreased immune function, and chronic pain (AOTA, 2017; Black et al., 2011; Campbell et al., 2002; Centers for Disease Control and

Prevention [CDC], 2015; Sugg, 2015). All of these physical and mental health challenges impact one's ability to carry out many of their daily occupations.

Difficulty with completing daily occupations can result not only from the mental health and physical health challenges but can also be a result of decreased independent living skills. It has been reported that decreased independent living skills and financial dependence often contribute to homelessness for women fleeing domestic violence (Helfrich, Fujiura, & Rutkowski-Kmitta, 2008; McNulty, Crowe, Kroening, VanLeit, & Good, 2009). Within the United States specifically, 50% of homeless women report that the main cause of their homelessness is due to domestic violence (National Center on Family Homelessness [NCFH], 2014). This makes domestic violence the third leading cause of homelessness in the United States (NCFH, 2014). In order to meet the needs of this population, domestic violence shelters have been increasing across the United States, housing an estimated 41,000 women each day (Hetling, Dunford, Lin, & Michaelis, 2018). For victims, domestic violence shelters are often the last resort and final hope for receiving a sense of security and safety (Sullivan & Virden, 2017).

Each survivor enters domestic violence shelters with unique experiences and primary needs (Sullivan & Virden, 2017). Women report that at the time of the abuse they are focused on surviving, not engaging in self-care activities (Hetling et al., 2018). Therefore, when women seek shelter they find themselves finally in a safe space in which they can focus on self-care and healing (Helting et al., 2018). This creates a critical time to support the women in creating change in their lives (Johnson & Zlotnick, 2009). Despite this, most domestic violence shelters are designed to focus on immediate physical needs, such as housing, and focus less on addressing survivors' mental health and long term recovery needs (Hetling et al., 2018). Most shelters only provide women with tangible resources (ie. housing, employment, financial

assistance, etc.); however, in order to effectively use these resources, women must demonstrate a high level of cognition (Perez et al., 2012). In addition, according to Perez et al., (2012), many women within shelters report not being able to adequately utilize these resources independently.

Two areas in which victims of domestic violence often experience difficulty include daily life routines and ability to perform necessary occupations. These difficulties ultimately impact their ability to function independently. Victims of domestic violence indicate problems in the following occupations: work, education, social participation, leisure, sleep, and multiple instrumental activities of daily living (IADL) (AOTA, 2017; Helfrich et al., 2008; Jacaherian-Dysinger et al., 2016). Specific IADLs reported include: home management, child rearing, health management, financial management, and community mobility (AOTA, 2017; Javaherian-Dysinger et al., 2016; Waldman-Levi & Weintraub, 2015). In addition to these occupations, women may also struggle with a variety of client factors such as emotional regulation, attention, memory and other cognitive skills required for independent functioning (Anderson et al., 2012; AOTA, 2017; Helfrich et al., 2008).

Occupational Challenges/Needs

The following areas of occupation will be addressed throughout this scholarly project. Each of these areas are highlighted in the literature as common areas of concern for victims of domestic violence. These include: work, social participation, rest and sleep, and instrumental activities of daily living.

Work

Work is an occupation commonly affected by domestic violence. According to the National Coalition Against Domestic Violence (n.d.), 8 million paid work days are lost each year by victims of domestic violence. Domestic violence can negatively affect various aspects of a

woman's employment, including: career development and advancement, work productivity, and/or meeting the daily demands (Helfrich et al., 2008; Lantrip, Luginbuhl, Chronister, Lindstrom, 2015). In other cases, perpetrators intentionally make employment unattainable for the victim so that they are unable to be financially stable on their own, decreasing the chances that the woman will leave her perpetrator (Helfrich et al., 2008). In addition, due to the fear of being located by their perpetrator, victims of domestic violence may avoid their place(s) of work, making it difficult to maintain employment (Helfrich et al., 2008). Overall, domestic violence affects a woman's career across her lifespan due to the resulting challenges that impact one's physical and mental health, support systems, and finances (Lalley-Chareczko, 2017; Lantrip et al., 2015; Helfrich et al., 2008).

Social Participation

Domestic violence can lead to social isolation and decreased social support (AOTA, 2017; Helfrich et al., 2008; Sugg, 2015). Women who have developed mental health conditions, such as depression, are at an even greater risk for challenges related to social participation, including but not limited to social deprivation (AOTA, 2017; Helfrich et al., 2008; Sugg, 2015). The ability to establish and maintain relationships is often inhibited in victims of domestic violence (Helfrich et al., 2008). Specifically, it may be difficult to trust others or interact effectively with them (Helfrich et al., 2008; Sugg, 2015). Establishing and maintaining relationships may be difficult because the perpetrator forces social isolation upon the victim, restricts the freedom to come and go from the place of residence, or deprives the victim of the finances that may be required for the social engagement (Sugg, 2015). Moreover, due to the fear of being located by their perpetrator, victims of domestic violence may purposely avoid their familiar social environments, therefore leading to social isolation (Helfrich et al., 2008). In

addition to social isolation and a lack of social support, victims of domestic violence may develop poor social tendencies, such as alcohol and/or drug use, which greatly impact their habits, roles, and routines (Sugg, 2015).

Rest and Sleep

Female victims report significant difficulty engaging in sleep following experiences with domestic violence (Anderson et al., 2012; AOTA, 2017; Lalley-Chareczko et al., 2017; Pigeon et al., 2011). More specifically, 46% of domestic violence victims indicate clinically significant insomnia, which is described as the actual act of initiating and/or maintaining sleep (Lalley-Chareczko et al., 2017; Pigeon et al., 2011). When an individual experiences difficulty initiating and/or maintaining sleep, various physical and mental health challenges may result (Lalley-Chareczko et al., 2017; Pigeon et al., 2011). For example, insomnia has been linked to various chronic illnesses such as cardio metabolic disease, obesity, and increased inflammation (Lalley-Chareczko et al., 2017). Decreased sleep also has been shown to impact one's ability to carry out many tasks requiring executive functioning and decision making, as well as complete self-care and other functional tasks, leading to an overall lower quality of life (Lalley-Chareczko et al., 2017).

In addition to having difficulty initiating and maintaining sleep, 50% of victim's report having nightmares (Pigeon et al., 2011). Pigeon et al. (2011) indicates that nightmares, when associated with insomnia, can put victims at an increased risk for suicide and other mental health challenges. Victims also report a fear of going to sleep (Lalley-Chareczko et al., 2017; Pigeon et al., 2011). This is due to the fact that for many victims, their sleep environment represents danger or past violent experiences (Lalley-Chareczko et al., 2017; Pigeon et al., 2011). Therefore, victims indicate their fear of going to sleep comes from a conditioned response perceiving the

bedroom as unsafe. Victims also indicate that while sleeping, they lose their ability to monitor their surroundings and overall safety. Overall, a victim's sleep environment as a whole may trigger many stressors and ultimately lead to the possibility of acute and/or chronic insomnia (Lalley-Chareczko et al., 2017; Pigeon et al., 2011).

Instrumental Activities of Daily Living

Health Management and Maintenance. According to the American Occupational Therapy Association (2014) health management and maintenance includes "developing, managing, and maintaining routines for health and wellness promotion, such as physical fitness, nutrition, decreased health risk behaviors, and medication routines" (p. S19). Victims of domestic violence may experience difficulties with all of the components listed (AOTA, 2017; Kokka et al., 2019). Victims are at a higher risk for consuming alcohol, smoking, having unhealthy dietary habits, and a lack of exercise (Kokka et al., 2019). In addition, victims of domestic violence are twice as likely to develop mental illness, as compared to the general population (Dami, Karathanos, Dimitakopoulou, Damigos, & Gouva, 2017; Helfrich et al., 2008). Literature shows mental illness impacts one's physical health and ability to engage in daily occupations (AOTA, 2017; Helfrich et al., 2008; Kokka et al., 2019). Confounding the difficulty in carrying out occupations is an individual's health risks and behaviors, medication routines, and health and wellness routines (AOTA, 2017; Kokka et al., 2019; Gutman et al., 2004). Victims of domestic violence are more likely to be prescribed medication due to their physical and mental illness, however, the literature suggests that this component of health management is often inhibited (Gutman et al., 2004; Kokka et al., 2019). One of the main reasons for difficulties with medication management is that perpetrators may restrict the victim's access to medication (Gutman et al., 2004). Physical and mental illness can also lead to a lack of

physical fitness and poor nutrition (Kokka et al., 2019). All these factors combined make it extremely difficult for victims to develop and maintain the life skills necessary to live and support themselves independently following domestic violence (AOTA, 2017; Helfrich et al., 2008).

Child Rearing. Women who are victims of domestic violence may experience increased difficulty with parenting, which may result from both direct and indirect factors (Javaherian-Dysinger, 2016; Waldman-Levi & Weintraub, 2015). For example, a mother may be physically absent to care for her child if she is hospitalized due to health repercussions of the abuse (Javaherian-Dysinger, 2016). A mother could be cognitively or emotionally unavailable to parent if she is experiencing depressive thoughts or has poor coping strategies (Javaherian-Dysinger, 2016). The increased generalized stress from violence can make various aspects of parenting much more difficult, leading to neglect of the child or displaying more aggressive behavior toward them (Javaherian-Dysinger, 2016; Waldman-Levi & Weintraub, 2015). In addition to this, women find it more difficult to manage their children and have less patience (Waldman-Levi & Weintraub, 2015). Children who witness domestic violence may show more aggression, fear, anxiety, and developmental delay, ultimately adding more stress to parenting (Javaherian-Dysinger, 2016). If a woman has developed a mental health condition as a result of the domestic violence, the symptoms often inhibit their ability to use the resources they have been provided and/or establish safety for their children long-term (AOTA, 2017; Perez, Johnson, & Wright, 2012). Safety awareness and judgment when caring for children are two components that are often impacted by the violence (Gutman et al., 2004). Lastly, a lack of social support often leads to difficulties with developing and maintaining relationships with their children and managing the various parenting responsibilities (Helfrich et al., 2008). Despite this, children hold a

significant role in a woman's life and serve as a top motivator in the recovery process and toward making a better life for them and their child(ren) (Humbert, Engleman, & Miller, 2014).

Underlying Client Factors

Victims of domestic violence may experience difficulty with performing daily occupations due to challenges with the underlying skills required (AOTA, 2017). One may have difficulty with problem solving, making decisions, following directions, or using adequate judgment (Anderson, 2012; AOTA, 2017). There may also be deficits in: memory, emotional regulation, confidence, attention, social awareness, and cognition (Anderson, 2012; AOTA, 2017; Helfrich et al., 2008). All of these global mental functions and executive functioning skills influence one's ability to carry out healthy and consistent habits, routines, and rituals (AOTA, 2017).

Occupational Therapy's Role with Domestic Violence

Occupational therapy practitioners are skilled health care professionals who utilize a holistic approach to increase one's engagement in occupations, resulting in improved well-being and health (AOTA, 2017). Occupational therapy practitioners are unique in their ability to analyze the person, occupation, and all surrounding contexts (AOTA, 2017). By completing thorough analyses, occupational therapy practitioners can target which contributing components need to be further addressed. This includes consideration of one's client factors, performance skills, performance patterns, and their environment. This analysis then guides their clinical reasoning when selecting the most appropriate intervention approach (AOTA, 2017).

In addition to this, occupational therapy provides holistic care for all people, populations, and communities through their sensitivity and consideration for belief systems, spirituality, and culture, which are also important aspects of client-centered care. Client-centeredness practice is

emphasized from the initial assessment stages throughout the entirety of the intervention process and through discharge planning, enabling them to help survivors reach optimal occupational performance (AOTA, 2017). Occupational therapy practitioners highly consider one's culture, which is critical in this type of acute setting as culture has a strong influence on the experiences of victims of domestic violence (AOTA, 2017; Johnson & Zlotnick, 2009). Overall, women of all ages can benefit from occupational therapy services through a multicultural, client-centered approach to develop the skills necessary to improve occupational performance (AOTA, 2017; Johnson & Zlotnick, 2009; Zink, Regan, Jacobson, & Pabst, 2003).

Occupational therapy practitioners can benefit women who have experienced domestic violence through the promotion of health and well-being, safety/violence prevention, and most significantly, occupational independence (AOTA, 2017). Victims of domestic violence often report experiencing difficulty engaging in various occupations due to their cycle of abuse and loss of power (AOTA, 2017). Therefore, victims frequently live with occupational imbalance and/or deprivation and find themselves unable to fulfill many of their roles, habits, routines, and daily occupations (AOTA, 2017; Javaherian-Dysinger et al., 2016). Occupational therapy practitioners have a unique skill set to serve this population through their understanding of underlying barriers and the skills required for performing daily occupations (AOTA, 2017).

When providing services to victims of domestic violence, occupational therapy practitioners may assist with areas including, but not limited to: effective decision-making skills, relaxation techniques, calming techniques for individual use or child rearing, financial management, assertiveness skills, and stress management (AOTA, 2017). All of these skills contribute to greater occupational performance in work, social participation, child rearing, sleep, and health management and maintenance.

Theoretical Framework

The occupational therapy model used to design and develop this program is the Kawa model. The Kawa model is based around the concept of harmony which is described and viewed as a state of balanced well-being (Iwama, Baum, & Christiansen, 2006; Tupe, 2014). The Kawa model uses a metaphoric river to illustrate one's culture, spirituality, environment, personal attributes, and life circumstances into one large process, or what the model refers to as "life flow" (Humbert et al., 2014; Iwama et al., 2006; Tupe, 2014). This model is based on the idea that one's life is a dynamic, interrelated process that is affected by various experiences and circumstances within various contexts, starting at birth to end of life (Iwama et al., 2006; Tupe, 2014). When these circumstances and elements disrupt an individual's harmony, overall well-being or life flow is affected (Iwama et al., 2006; Tupe, 2014).

The Kawa model uses five key components: water, river side wall and river bottom, rocks, driftwood, and space between obstructions (Iwama et al., 2006; Tupe, 2014; Turpin & Iwama, 2011). The water represents the client's life flow or life energy (Iwama et al., 2006; Tupe, 2014). The water is affected by all of the elements within the river as it flows over and around many different obstacles and challenges (Iwama et al., 2006; Tupe, 2014; Turpin & Iwama, 2011). The Kawa model views a weakened life flow as a state of disharmony or decreased well-being (Iwama et al., 2006; Tupe, 2014; Turpin & Iwama, 2011). The river side wall and bottom set boundaries by illustrating the environment around us (Iwama et al., 2006; Tupe, 2014; Turpin & Iwama, 2011). This includes the contexts surrounding the client, such as their physical and social environment (Iwama et al., 2006; Turpin & Iwama, 2011). The rocks within the river function as the problematic circumstances that are difficult to remove and ultimately affect the way in which our life flows (Iwama et al., 2006; Tupe, 2014). The driftwood

represents all the values, assets, and personal attributes, both positive and negative, associated with the individual (Iwama et al., 2006; Tupe, 2014). Lastly, the space between the obstructions serves as the potential channels for life flow (Iwama et al., 2006; Tupe, 2014).

The space between the obstructions are of specific importance as this is seen as the area in which the therapist and individual can determine points of intervention. According to Iwama et al. (2006), occupational therapists work with clients who must be active participants in problem solving their specific areas of need by identifying what is important and meaningful to the individual. Knowing what is important and meaningful to the individual will help to make room for life flow of the clients river, without removing other aspects of their river. Ultimately the goal is for the client to have a stronger and smoother life (Iawama et al., 2006).

The Kawa model enhances one's overall life flow by widening the space of their river without completely eliminating their other elements, leading to a river with a greater life flow. Humbert et al. (2014) demonstrated the application of the Kawa model to individuals who had been victims of domestic violence. When using the Kawa model to guide their recovery process, victims' social, personal, and spiritual aspects should all be considered (Humbert et al., 2014). The Kawa model gives the women an opportunity to identify their perceived challenges and strengths based on their lived experiences (Humbert et al., 2014). It is important to gain insight into a woman's perspective on the recovery process and to have them prioritize what their needs will be throughout their recovery, as they are the ones guiding their own therapy (Humbert et al., 2014). The Kawa model also signifies the importance of addressing the future and what the future looks like to each individual client (Humbert et al., 2014). Drawing out and reflecting on the future helps to consider and identify potential future challenges and prevent those challenges from obstructing the recovery process (Humbert et al., 2014).

Lastly, the client's culture should be highly considered in the therapy process, as it affects an individual's occupational engagement and various life contexts. (Humbert et al., 2014). The elements of the river are intentionally broad as each culture considers life circumstances differently (Humbert et al., 2014). The spaces in the river can represent ones' children or child rearing and the driftwood can be represented by one's strength, determination, or perseverance to make a recovery (Humbert et al., 2014). The rocks in one's river can represent difficult life circumstances such as financial stability, employment, or housing (Humbert et al., 2014). The new aspects of one's life that provide motivation and hope may be represented by the spaces in their river (Humbert et al., 2014). Lastly, the riverbed may represent their various physical and social contexts (Humbert et al., 2014). By establishing what each of the river aspects mean to the individual, they can begin to understand their personal life circumstances and how to work towards finding harmony (Iwama et al., 2006). Through occupational therapy, the client can be guided by the therapist to enable a greater life flow (Iwama et al., 2006).

Conclusion

After extensively reviewing literature and research, it was found that victims of domestic violence experience a wide range of occupational needs and challenges. These needs stem from many occupational areas such as work, social participation, rest and sleep, and instrumental activities of daily living. The best time to address these areas are when the women have fled their perpetrator and sought shelter as they are making the decision to create change in their life. Occupational therapy practitioners can play a unique role in addressing these areas by providing interventions that increase independence, performance, and satisfaction with various occupations. At this time however, there are a limited number of occupational therapy practitioners providing services to victims in domestic violence shelters. This need has led to the

purpose of our project which is to create an occupational therapy program for women residing in domestic violence shelters.

CHAPTER III

Methodology

The authors of this scholarly project became interested in this topic as they wanted to gain an understanding of the role of occupational therapy with victims of domestic violence. During early research, it was evident that this population has significant needs that are unmet, primarily during their stay at domestic violence shelters. Upon further research, it was evident that many of these needs align with the scope of occupational therapy as well as the unique view the profession has on daily occupations. These unmet needs provoked curiosity within the authors, resulting in a desire to further investigate why these needs are unmet. Ultimately, the authors saw an opportunity to advocate for the role occupational therapy could have within domestic violence shelters, as well as provide programming that could be used within this setting.

A preliminary literature review was conducted prior to program development in order to examine the risk and prevalence of domestic violence as well as the problem areas experienced by this population. Following this research, an extensive literature review was conducted in order to address the role of occupational therapy with this population as well as identify the specific occupational challenges this population faces. Search engines used to conduct this research include CINAHL Complete, PubMed, OT Search, and PsychInfo. Terms used when completing this research include “domestic violence AND occupational therapy,” “domestic violence AND mental health,” “intimate partner violence,” “domestic violence AND children,” and “domestic violence AND health consequences.” Throughout the literature review process, meetings were periodically scheduled with Devon Olson, the research and education librarian for the Library of Health Sciences, for further consultation.

In addition to researching and critiquing articles, a meeting was held with a former Chief Executive Officer (CEO) of a local domestic violence shelter. The purpose of this meeting was to help further identify the needs of this population. Overall, when reviewing the literature, it was found that limited resources exist within domestic violence shelters in order to address victims' acute and chronic occupational needs. Therefore, an occupational therapy manual was developed to address the occupational needs of women residing in domestic violence shelters.

Information from the research was analyzed and organized into sections within the literature review. These sections include background information, the prevalence of domestic violence, the effects of domestic violence, challenges following experiences with domestic violence, occupational therapy's role with this population, and the theoretical framework to guide program development. Following this analysis, five primary areas of occupational need emerged including: work, social participation, rest and sleep, and instrumental activities of daily living, both health management and maintenance and child rearing. In addition, various underlying client factors emerged which directly impact an individual's occupational performance.

After examining and analyzing the literature, the KAWA model was chosen to guide the development of this product. The goals and objectives for this program were based not only on the needs identified within the literature but also within the framework provided by the KAWA model. The model was also used as a guide when choosing assessments and interventions to include. These assessments and interventions target each of the five previously identified areas of occupational need.

Chapter four contains the manual developed for this scholarly project including a detailed description indicating who this manual should be used by as well as how the manual should be

used. The manual provides the program goal and objectives, an overview of the KAWA model, suggested outcome measurements, and possible assessment and intervention information for each of the five targeted areas of occupational need. Lastly, resources and references will be provided.

CHAPTER IV

Product

The purpose of this scholarly project was to develop a program to guide occupational therapy practitioners in providing services to victims of domestic violence residing in domestic violence shelters. The program was developed following extensive research and literature review. The developed program directly targets the primary unmet occupational needs identified in the literature for victims of domestic violence. These include: work, social participation, rest and sleep, health management and maintenance, child rearing, and various underlying client factors.

The Kawa model served as a theoretical framework when developing this program. This model was chosen because of its focus on restoring life flow and harmony as well as its view of life being a dynamic, interrelated process that is affected by various experiences and circumstances. Through the use of this theoretical framework, the authors were able to develop a program that helps victims of domestic violence reach a state of balanced well-being and build a better future for themselves.

The manual itself is organized sequentially, starting first with the program goal and objectives, followed by program outcome measures that target each goal/objective. The manual then presents the main assessment measure for this program. Following completion of this assessment, individuals will identify and prioritize their occupational needs.Within the manual, each area of occupation is presented separately and organized with supporting assessments and interventions. The product may be viewed in its entirety in Appendix A.

CHAPTER V

Summary

The primary purpose of this scholarly project was to create a product that could guide occupational therapy practitioners in providing services to victims of domestic violence residing in domestic violence shelters. The secondary purpose of this scholarly project was to advocate for the role occupational therapy has in meeting many of the unmet needs indicated by victims of domestic violence. Currently, there is a limited number of occupational therapy practitioners providing services to victims in domestic violence shelters. There are also limited resources available to target the unmet needs that victims have indicated. Therefore, this product was created in order to address these unmet needs. While creating this product, the Kawa model served as a theoretical framework. Through the use of the Kawa model, the authors were able to develop a program that helps victims of domestic violence to reach a state of balanced well-being and build a better future for themselves.

Product

The product, an occupational therapy program for women in domestic violence shelters, was developed to meet many of the unmet needs victims indicate while residing in shelters. These unmet needs were identified through an extensive research and literature review process. Following this analysis, five primary areas of occupational need emerged. These include: work, social participation, rest and sleep, and instrumental activities of daily living, specifically health management and maintenance and child rearing. In addition, various underlying client factors emerged due to their direct impact on an individual's occupational performance. Therefore, an occupational therapy program was created, targeting the five primary areas of occupational need and underlying client factors. The product includes a program goal and objectives, suggested

outcome measurements, and possible assessment and intervention information for the targeted areas of occupational need. It is intended that this manual be used by occupational therapy practitioners as a guide when providing services to victims residing in domestic violence shelters.

Limitations

Following the completion of this product, some limitations were found. First off, the product has not yet been implemented or utilized in practice yet. Therefore, its overall feasibility and effectiveness are still unknown. Secondly, the authors of this product have limited experience in implementing occupational therapy services within domestic violence shelters and were not able to obtain any guidance or advice from an occupational therapy practitioner directly working in a domestic violence shelter. The authors were also unable to reference any similar products or programs that are currently being implemented. Therefore, the overall applicability of the product may be limited. Lastly, there is limited research regarding occupational therapy's role with victims of domestic violence. Therefore, the research that guided the development of this occupational therapy program was supported and inclusive of many different disciplines.

Conclusion and Further Recommendations

It is the authors' hope that the program created as a result of this scholarly project could be implemented in domestic violence shelters where occupational therapy practitioners are providing services. The authors recommend that the occupational therapy practitioners merely use the program as a guide while still applying their own clinical judgment and reasoning. Lastly, it is also recommended that further research be conducted in order to determine the overall effectiveness of the program. Additional research would allow the developed program to continue to be strengthened and expanded upon.

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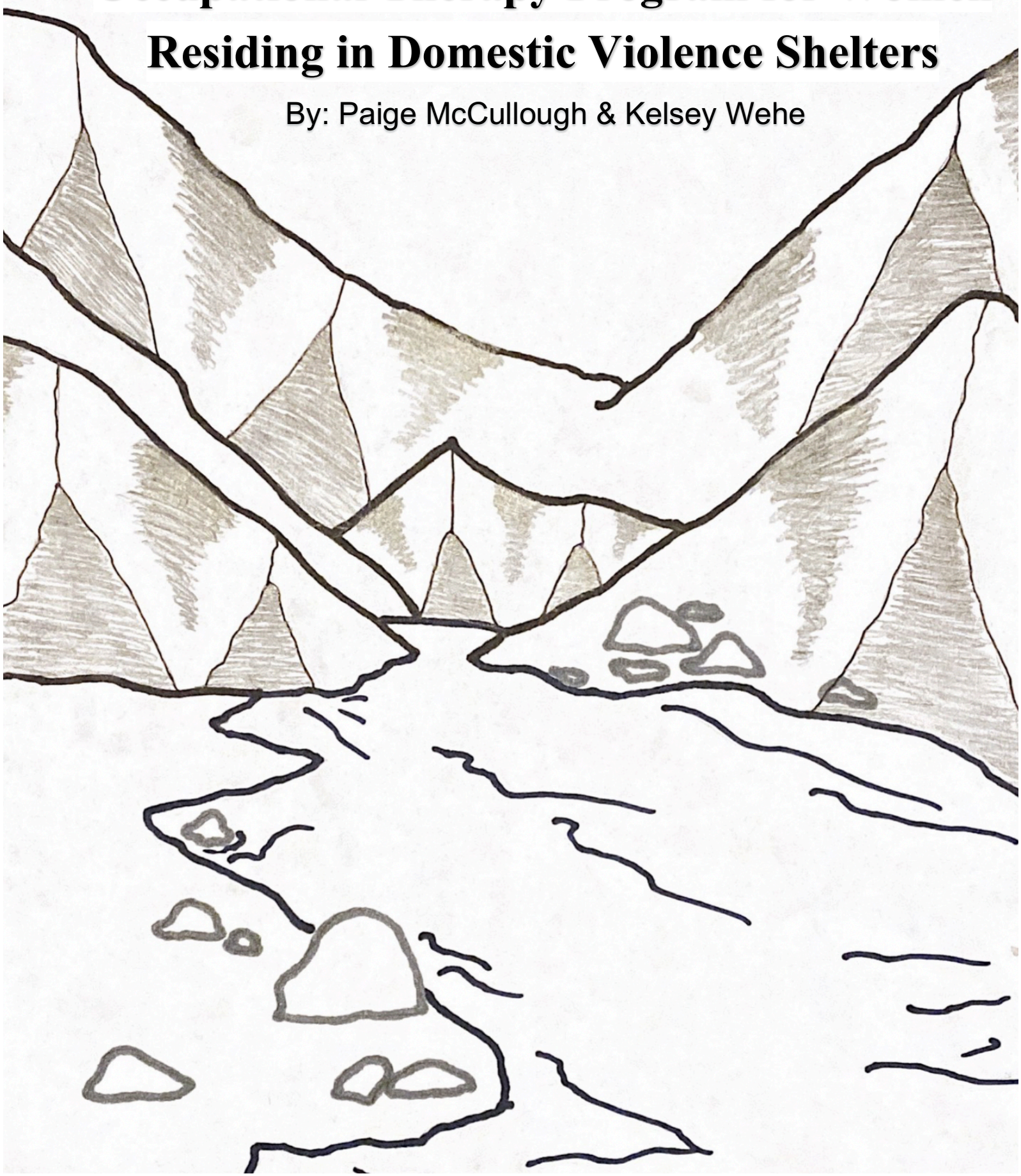
Appendix

Occupational Therapy Program for Women Residing in Domestic Violence Shelters

By: Paige McCullough & Kelsey Wehe



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Introduction

This program was developed to guide occupational therapy practitioners in providing services to women residing in domestic violence shelters. Domestic violence is a public health concern that affects 43.6 million women, or over one in three women, each year in the United States (National Coalition Against Domestic Violence [NCADV], n.d). Of the 43.6 million, 30 million report some form of impact due to the violence they experienced (Smith et al., 2018). Occupational therapy services can benefit women who have experienced domestic violence through the promotion of health and well-being, safety/violence prevention, and most significantly, occupational independence (AOTA, 2017).

When victims of domestic violence seek shelter they find themselves finally in a safe space in which they can focus on self-care and healing (Helting et al., 2018). This provides a critical time in which interventions should be provided to support the women in creating change in their lives (Johnson & Zlotnick, 2009). Despite this, most domestic shelters are designed to focus on needs, such as housing, and focus less on addressing survivors' mental health and long term recovery needs (Hetling et al., 2018). Most shelters only provide women with tangible resources (ie. housing, employment, financial assistance, etc.) and in order to effectively use these resources, women must be cognitively functioning at a high level (Perez et al., 2012). Many women within shelters report not being able to adequately utilize these resources independently (Perez et al., 2012).

Two areas in which victims of domestic violence often experience difficulty with, ultimately impacting their ability to function independently, include daily life routines and ability to perform necessary occupations. While living in domestic violence shelters, victims often indicate problems in the following occupations: work, education, social participation, leisure,

sleep and rest, and multiple instrumental activities of daily living (IADL) (AOTA, 2017; Helfrich et al., 2008; Javaherian-Dysinger et al., 2016). Specific IADLs reported include: home management, child rearing, health management, financial management, and community mobility (AOTA, 2017; Javaherian-Dysinger et al., 2016; Waldman-Levi & Weintraub, 2015). In addition to these occupations, women may also struggle with a variety of client factors such as emotional regulation, attention, memory and other cognitive skills required for independent functioning (Anderson et al., 2012; AOTA, 2017; Helfrich et al., 2008).

Occupational therapy practitioners have a unique skill set to serve this population through their understanding of underlying barriers and the skills required for performing daily occupations (AOTA, 2017). At this time not only is there a limited number of occupational therapy practitioners providing services to victims in domestic violence shelters but there is also limited resources available to target the unmet occupational needs identified in the literature. Therefore, this program was created in order to address these unmet needs. It is intended that this manual be used by occupational therapy practitioners as a guide when providing services to victims residing in domestic violence shelters.

The Kawa model was used as a theoretical framework when developing goals, objectives, assessments, and interventions for this program. This model was chosen due to its focus on life flow and harmony. The Kawa model is based around the central concept that one's life is a dynamic, interrelated process that is affected by various experiences and circumstances within various contexts, starting at birth to end of life (Iwama, Baum, & Christiansen, 2006; Tupe, 2014). Through the use of the Kawa model, the occupational therapy practitioner is able to gain a comprehensive understanding of the overall challenges the client is facing, as well as how these challenges serve as potential areas for intervention. Throughout this process the client is viewed

as an active participant which allows the occupational therapy practitioner to collaborate with the client throughout the entire recovery process.

The following manual provides a framework for providing occupational therapy services to victims of domestic violence. The first step of the occupational therapy process and therefore presented first in this manual is evaluation. The initial assessment chosen is referred to as the Kawa assessment. This assessment will not only be used during the initial evaluation, but also at the end of the program in order to measure the client's overall progress, using visual representation of a river. The use of the Kawa assessment helps the occupational therapy practitioner and the client identify areas of need, as well as prioritize these needs and guide the therapy process. After working with the client to prioritize their occupational needs, the occupational therapy practitioner can provide additional assessments specific to the targeted area of occupation. Within this manual, each area of occupation addressed is presented separately and organized with supporting assessments and interventions. The occupational therapy practitioner can use these assessments and interventions to address the client's prioritized needs based upon the Kawa assessment.

Overview of Kawa Model

The occupational therapy model used to design and develop this program is the Kawa model. The Kawa model is based around the concept of harmony which is described and viewed as a state of balanced well-being (Iwama et al., 2006; Tupe, 2014). The Kawa model uses a metaphoric river to illustrate one's culture, spirituality, environment, personal attributes, and life circumstances into one large process, or what the model refers to as "life flow" (Humbert, Engleman, & Miller, 2014; Iwama et al., 2006; Tupe, 2014). This model is based on the idea that one's life is a dynamic, interrelated process that is affected by various experiences and circumstances within various contexts, starting at birth to end of life (Iwama et al., 2006; Tupe, 2014). When these circumstances and elements disrupt an individual's harmony, overall well-being or life flow is affected (Iwama et al., 2006; Tupe, 2014).

The Kawa model uses five key components: water, river side wall and river bottom, rocks, driftwood, and space between obstructions (Iwama et al., 2006; Tupe, 2014; Turpin & Iwama, 2011). The water represents the client's life flow or life energy (Iwama et al., 2006; Tupe, 2014). The water is affected by all of the elements within the river as it flows over and around many different obstacles and challenges (Iwama et al., 2006; Tupe, 2014; Turpin & Iwama, 2011). The Kawa model views a weakened life flow as a state of disharmony or decreased well-being (Iwama et al., 2006; Tupe, 2014; Turpin & Iwama, 2011). The river side wall and bottom set boundaries by illustrating the environment around us (Iwama et al., 2006; Tupe, 2014; Turpin & Iwama, 2011). This includes the contexts surrounding the client, such as their physical and social environment (Iwama et al., 2006; Turpin & Iwama, 2011). The rocks within the river function as the problematic circumstances that are difficult to remove and ultimately affect the way in which our life flows (Iwama et al., 2006; Tupe, 2014). The driftwood

represents all the values, assets, and personal attributes, both positive and negative, associated with the individual (Iwama et al., 2006; Tupe, 2014). Lastly, the space between the obstructions serves as the potential channels for life flow (Iwama et al., 2006; Tupe, 2014).

The space between the obstructions are of specific importance as this is seen as the area in which the therapist and individual can determine points of intervention. According to Iwama et al. (2006), occupational therapists work with clients who must be active participants in problem solving their specific areas of need by identifying what is important and meaningful to the individual. Knowing what is important and meaningful to the individual will help to make room for life flow of the clients river, without removing other aspects of their river. Ultimately the goal is for the client to have a stronger and smoother life (Iwama et al., 2006).

The Kawa model enhances one's overall life flow by widening the space of their river without completely eliminating their other elements, leading to a river with a greater life flow. Humbert et al. (2014) demonstrated the application of the Kawa model to individuals who had been victims of domestic violence. When using the Kawa model to guide their recovery process, victims' social, personal, and spiritual aspects should all be considered (Humbert et al., 2014). The Kawa model gives the women an opportunity to identify their perceived challenges and strengths based on their lived experiences (Humbert et al., 2014). It is important to gain insight into a woman's perspective on the recovery process and to have them prioritize what their needs will be throughout their recovery, as they are the ones guiding their own therapy (Humbert et al., 2014). The Kawa model also signifies the importance of addressing the future and what the future looks like to each individual client (Humbert et al., 2014). Drawing out and reflecting on the future helps to consider and identify potential future challenges and prevent those challenges from obstructing the recovery process (Humbert et al., 2014).

Lastly, the client's culture should be highly considered in the therapy process, as it affects an individual's occupational engagement and various life contexts. (Humbert et al., 2014). The elements of the river are intentionally broad as each culture considers life circumstances differently (Humbert et al., 2014). The spaces in the river can represent ones' children or child rearing and the driftwood can be represented by one's strength, determination, or perseverance to make a recovery (Humbert et al., 2014). The rocks in one's river can represent difficult life circumstances such as financial stability, employment, or housing (Humbert et al., 2014). The new aspects of one's life that provide motivation and hope may be represented by the spaces in their river (Humbert et al., 2014). Lastly, the riverbed may represent their various physical and social contexts (Humbert et al., 2014). By establishing what each of the river aspects mean to the individual, they can begin to understand their personal life circumstances and how to work towards finding harmony (Iwama et al., 2006). Through occupational therapy, the client can be guided by the therapist to enable a greater life flow (Iwama et al., 2006).

Program Goals and Objectives

Goal: To enhance life flow and harmony to build a better future.

Objective 1: Upon completion of the initial Kawa assessment, clients will identify areas of occupational need in order to facilitate life flow and harmony.

Objective 2: Upon completion of the initial Kawa assessment, clients will prioritize occupational needs in order to identify goals for occupational therapy services.

Objective 3: Clients will identify barriers impacting occupational performance.

Objective 4: Clients will identify strategies to overcome barriers in order to improve occupational performance.

Objective 5: By discharge, clients will be able to identify supports needed in order to sustain progress and continue working toward goals.

Program Outcome Measures

The following program outcomes measures will be utilized to gather objective and subjective data both pre- and post-treatment. Upon completion of these outcome measures, the occupational therapist will be looking for improved self-ratings in the Quality of Life Measure, completed objective worksheets, and a self-constructed Kawa river, demonstrating enhanced life flow.

Quality of Life Outcome Measure:

Assessment: Quality of Life Inventory
Author: Michael Frisch
Publisher: NCS Pearson, Inc.
Type: Self-report questionnaire and rating scale
Purpose: To rate life satisfaction
Time to Administer: 5 minutes

The Kawa Model:

The Kawa model will be utilized as both an outcome measure and an initial assessment for this program. The therapist will use the detailed outline titled "The Kawa Model as an Assessment Tool" (see below) to guide the client in creating their own Kawa "river". The therapist will ask questions to gather subjective data about all aspects of the client's life, which will result in the client making their initial Kawa river. This will be what the therapist uses as their initial assessment of the client, and will use the data to identify problem areas, set client goals, and plan interventions. At the end of the client's occupational therapy services, the client will create a new Kawa river. The therapist will compare/contrast the new river to the client's initial river as a way to measure client outcomes.

The Kawa Model as an Assessment Tool

Adapted from:

Teoh, J.Y. & Iwama, M.K. (2015). The Kawa Model Made Easy: a guide to applying the Kawa Model in occupational therapy practice (2nd edition). Retrieved from: www.kawamodel.com

Materials Required: Blank sheet of paper, colored pencils/markers. May use construction paper of various colors, scissors, and glue if the client wants additional materials to support creativity.

Time Required: 30-60 minutes

Purpose: The underlying constructs of the Kawa model can be utilized as a subjective assessment tool to identify what activities/roles/processes occurring within the client's life contexts are important to them, and what issues they experience in relation to their environments. It allows the occupational therapist and client to determine what supports and resources they have internally and externally, which can determine what to target in occupational therapy intervention.

As the therapist, remember: the Kawa interview doesn't have to follow a particular order. The interview flow resembles a river itself: the therapist can be asking a river wall question which leads to a river flow question which can lead to a rock, leading back to river flow again, etc., meaning that the interview can be back and forth in nature. What matters in the Kawa interview is how the client explains the components that make up their life process, and not whether the therapist agrees with the client on whether something is rock or driftwood. Remember, occupational therapy is all about the client's river - about their life experience from their viewpoint. The client will identify their issues and problems and explain their meaning, to which occupational therapists can offer an approach that is centered on the person's day-to-day realities and that is ultimately meaningful to that person. The aim of the model is not to follow a particular procedure, but rather follow the explanations that the client gives about their experience of day to day living.

Guiding Questions to Using the Kawa Model for Subjective Assessment:
(These questions are simply guides and suggestions. The purpose of these questions is to give the therapist ideas of what he/she can ask and how the therapist can ask them. This is not an exhaustive list and the therapist does not need to ask all of them.)

River Flow (Life Flow and Priorities)

- ❖ If your life was a river, what does your river look like? How would you describe the flow of your river right now?
- ❖ Can you describe to me how you typically spend your day from the time you wake up to the time you go to bed?
- ❖ What do you enjoy doing? Why do you enjoy it?
- ❖ What makes you happy? How does it make you happy? Why?
- ❖ Have you experienced any significant changes in your life recently? Could you tell me a little bit about them?
- ❖ How do you typically go around doing your everyday activities?

Notes: River flow questions take the past, present and future (what clients wish to do or intend to do) into consideration. The client's work history, medical history, life roles, processes (i.e. aging), self care and leisure activities, as well as other occupations, can all be considered part of the river flow. The river flow can consist of many little streams flowing into one. The river flow of persons significant to the client's life (caregivers, spouse, etc.) should also be considered and incorporated where relevant.

River Walls (Physical and Social Environment)

- ❖ Where were you living prior to arriving at the shelter? With who?
- ❖ Who do you typically spend most of your time with? How do you spend your time with them? What do you usually enjoy doing together?
- ❖ Where do you typically spend most of your time?
- ❖ Can you describe to me the place where you live/work? How do you find your ability to get around there?
- ❖ Do you live in a single story/double story/apartment/house? Is your room upstairs or downstairs?

Notes: Social environments can represent friends and family, classmates, colleagues, lovers, pets, deceased relatives, acquaintances etc. (any social supports that the client considers significant).

(PAUSE: The client will now begin drawing their river. The first step is for the client to draw their "river walls". Have the client label one side of their river wall "physical" and one side "social". From here, have them list their components that correlate under each side)

Rocks (Obstacles & Challenges)

- ❖ Are you having any difficulties right now? What are they? Why do you think (those things) are difficult for you? How is it difficult?
- ❖ Do you have anything in particular that you would like to do but you are unable to do because of your current situation? Why do you think you are unable to do them? How are

these things typically done? How is doing them right now different from back then? What would you like to be able to do?

- ❖ Is there anything about your life right now that you would like to change? What is it? Why? How would you like things to change? If things were better, what do you think would be different?
- ❖ I understand what you have been through a lot lately and things can be a bit overwhelming. Is there anything in particular which you are worried or unsure about that you would like to discuss?

Notes: Rocks can typically be categorized into occupational performance difficulties, fears and concerns, inconvenient circumstances out of occupational therapy's control, and impairments or medical concerns. The rocks of persons significant to the client's life (caregivers, spouse, etc.) should also be considered and incorporated where relevant. Specific examples of rocks may include: employment, education, finances, or housing.

(PAUSE: The client will now begin drawing their rocks. Remind the client that their rocks can be as big or as small as they choose. The larger the rock, the larger the challenge/obstacle.)

Driftwood (Personal resources that can be assets or liabilities)

- ❖ How do you see challenges in life?
- ❖ How do you typically cope with stress?
- ❖ How would you describe yourself? Why?
- ❖ Do you have any special skills or abilities?
- ❖ Can you tell me about your education?
- ❖ Are there activities that you are good at or enjoy doing?
- ❖ Are there any things or thoughts that get in the way of your life going better?

Notes: Driftwood can be personal traits or characteristics such as "personality" traits or "attitude". It can also be special skills, abilities, and experiences. Maybe the person is good at sports, has a specialized education or trade, is good with people/sociable, is good with their hands, is artistic, etc. Driftwood can also represent beliefs, values and principles. It can represent financial wealth and access to money as well as social connections to others who hold power/influence. All these can have a positive or negative effect on the river flow of one's life. Driftwood can push rocks out of the way (positive) or get stuck between rocks (negative). Driftwood can typically be found by finding out the client's rocks and what makes their river flow and then asking questions which reveal their advantages and abilities in handling those situations.

(PAUSE: The client will now begin drawing their driftwood. Remind the client that their driftwood can be as big or as small as they wish. Direct them to use 2 different colors to separate positive driftwood from negative driftwood.)

(This is the end of the assessment/interview.)

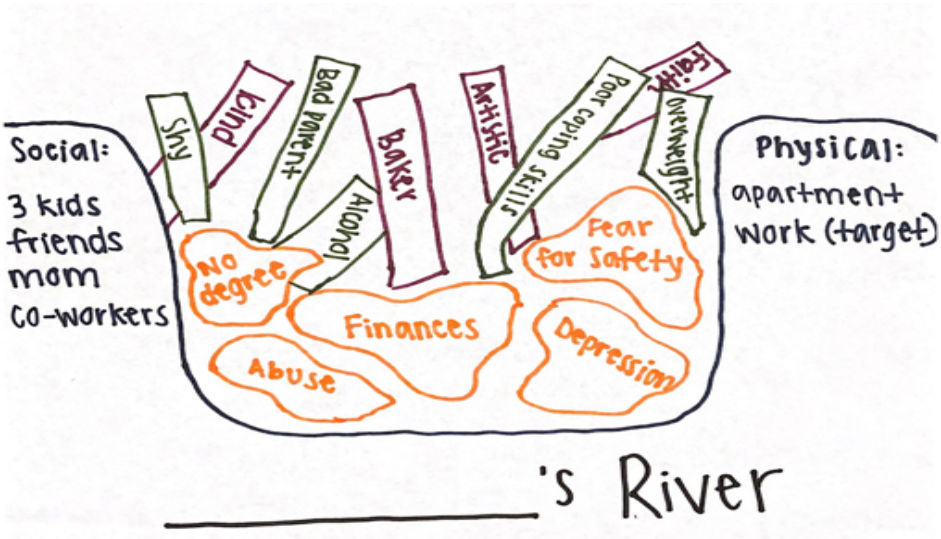
Moving forward:

Creating Spaces/Enhancing Flow
Every space in the client's river, where water is flowing, has potential to flow more smoothly. These areas are bounded by other parts of the river, such as walls, rocks, driftwood, etc. The client alongside the occupational therapist considers all of the factors as opportunities to intervene by removing or lessening the part of the river that is impeding flow. Intervention measures are used to create and/or widen spaces for water to flow.

These are some of the ways spaces can be developed:

- ❖ Rocks become smaller
  - ➢ i.e. the client adapts to the dysfunction over time and the dysfunction is no longer as big of a challenge in their daily life (as it used to be)
  - ➢ remedial interventions have resulted in the dysfunction becoming less severe and the client has regained more functions
- ❖ Adjust/widen river walls
  - ➢ i.e. universal design and other adaptations to the physical environment
- ❖ Use existing driftwood/introduce new pieces of driftwood to push away rocks
  - ➢ i.e. client learns new skills

See example below:



Program Objective Measures

The following are worksheets to be filled out by the client and therapist after meeting each objective. The therapist will obtain a copy of the completed version and the client will keep the original version to use and refer back to as they desire. Each objective is listed at the top of the worksheet.

Objective 1: Upon completion of the initial Kawa assessment, clients will identify areas of occupational need in order to facilitate life flow and harmony.

My Identified Areas of Occupational Need

- _____
- _____
- _____
- _____
- _____
- _____

Objective 2: Upon completion of the initial KAWA assessment, clients will prioritize occupational needs in order to identify goals for occupational therapy services.

Prioritized My Areas of Occupational Need

Needs:

- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____

Top 3:

1. _____
2. _____
3. _____

Objective 3: Clients will identify barriers impacting occupational performance.

Barriers Impacting My Performance

- _____
- _____
- _____
- _____
- _____
- _____
- _____

Objective 4: Clients will identify strategies to overcome barriers in order to improve occupational performance.

Strategies to Overcome My Barriers

Barrier:

Strategy:

Barrier:

Strategy:

Barrier:

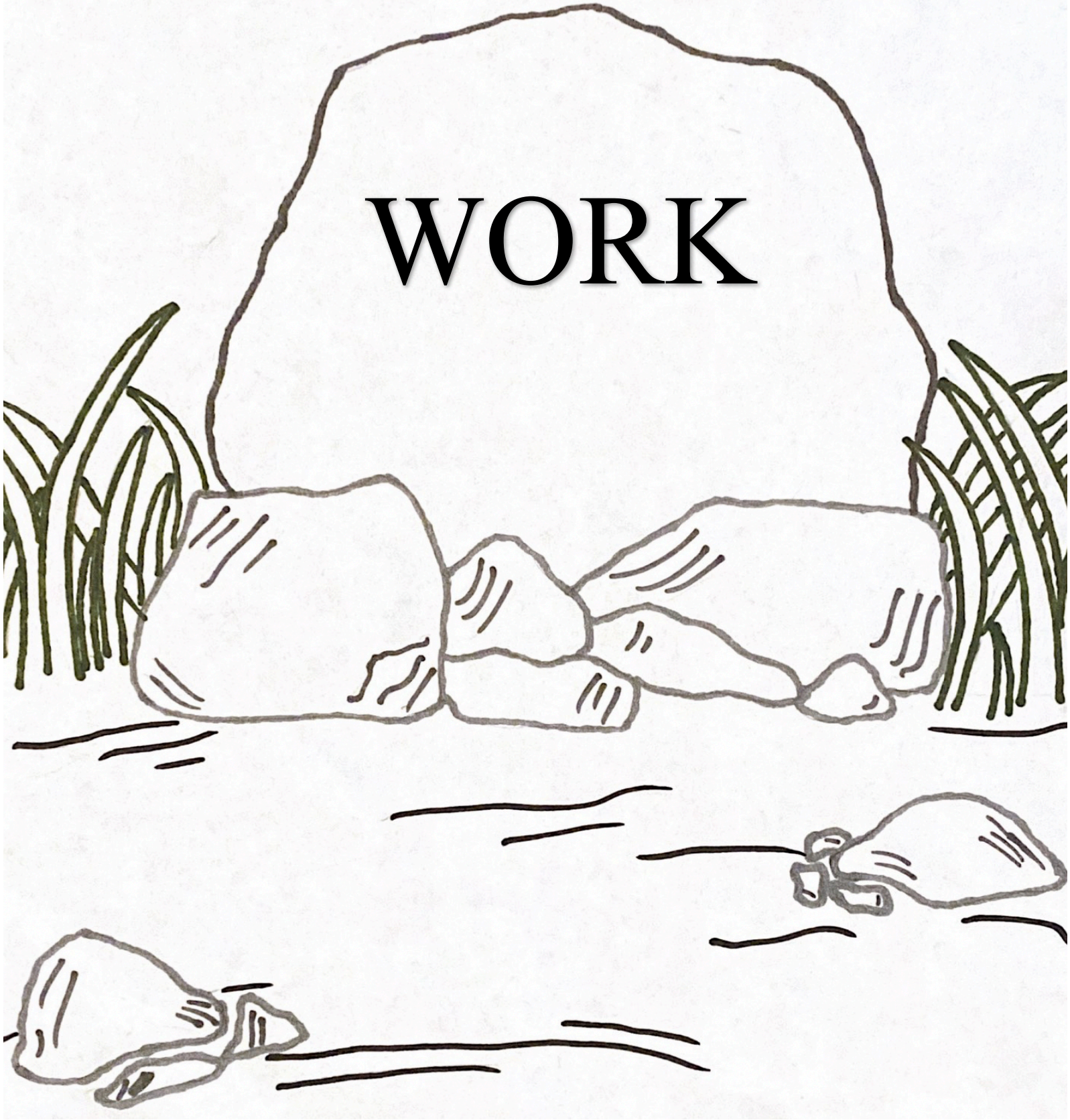
Strategy:

Objective 5: By discharge, clients will be able to identify supports needed in order to sustain progress and continue working toward goals.

My Supports

- _____
- _____
- _____
- _____
- _____

WORK



Assessment of Work

The following assessments are examples of tools that would be appropriate for this population and setting. The assessments were gathered from Asher (2014) and Hemphill-Pearson and Urish (2019). The template for each specific assessment was adapted from Asher (2014).

Assessment: Hall Occupational Orientation Inventory, 4th Edition
Author: Lacy G. Hall
Publisher: Scholastic Testing Service
Type: Self-administered questionnaire and rating scale
Purpose: To assist in career and personal exploration and planning
Time to administer: Approximately 1 hour

Assessment: CareerScope v10
Author: Vocational Research Institute
Publisher: Vocational Research Institute
Type: Computerized interest inventory and aptitude battery
Purpose: To assist with the career and educational planning process (through interest and aptitude)
Time to administer: 60 minutes or less

Assessment: Work Environment Impact Scale
Author: Renee A. Moore-Corner, Gary Kielhofner, & Linda Olson
Publisher: Model of Human Occupation Clearinghouse
Type: Semi-structured interview and rating scale
Purpose: To gather information on how individuals experience and perceive their work environment
Time to administer: 30 minutes

Assessment: COPSystem Career Guidance Program
Author: Robert R. Knapp, Lil Knapp, & Lisa Knapp-Lee
Publisher: Educational and Industrial Testing Service
Type: Self-administered inventory
Purpose: To assist individuals with making appropriate career decisions
Time to administer: 1-2 hours

Interventions for Work

Title: Career Exploration

Intervention Description: The purpose of this intervention is to assist the client in identifying their work interests and values. The client will complete the O*NET interest profiler, which can be found at https://www.mynextmove.org/explore/ip. This self-assessment was made by the National Center for O*NET Development and published by the U.S. Department of Labor, Employment & Training Administration. The goal of completing this assessment is to help individuals explore broad career interests. Upon completion of the assessment, the therapist will help the client to interpret the results and guide them in identifying potential job interests based on their personal interests. After identifying potential job interests, the therapist and client should search for possible job opportunities within their community that they may apply for. Following intervention sessions may then target: resume building, interview preparation, dress for interviews, etc. based on the jobs they selected to apply for.

Length of time needed to complete: Approximately 30-60 minutes

Supplies Needed: Computer with internet access

Application of Kawa Model: Depending on the client, work may be viewed as a challenge/obstacle, or in other words a "rock". Work also may be represented as a "river wall" if the client is expressing challenges or difficulties associated with their work environment. By minimizing this size of "rock" or widening the "river wall", the client's life flow will increase.

Title: Interview Preparation

Intervention Description: The purpose of this intervention is to educate and prepare clients for a job interview. The therapist will educate and discuss with the client the importance of interview preparation and what types of questions, body language, and gestures are appropriate for a basic job interview. The therapist will then use the "Mock Interview" worksheet to engage in a mock interview with the client. The purpose of this worksheet is to guide the therapist and client in discussing common interview questions as well as addressing appropriate body language and gestures. Upon completion of the mock interview, the therapist and client should discuss areas in which the client needs or would like more support with. These areas should then be targeted and practiced further.

Length of time needed to complete: Approximately 30-60 minutes

Supplies Needed: "Mock Interview" worksheet, writing utensil

Application of Kawa Model: Depending on the client, work may be viewed as a challenge/obstacle, or in other words a "rock". It may also be viewed as "driftwood", as interviewing requires specific skills. By targeting the clients interviewing skills, the therapist is helping the client learn new skills which can be viewed as a new piece of "driftwood." These new skills (or "driftwood") will ultimately push away the client's identified "rocks" or in other words, difficult/challenging circumstances.

Additional Resources:
Educational resource for additional interview questions:
https://www.themuse.com/advice/interview-questions-and-answers

Educational resource for interview preparation:
https://www.themuse.com/advice/the-ultimate-interview-guide-30-prep-tips-for-job-interview-success

Mock Interview Questions:

1. Tell me about yourself
2. What is your greatest strength?
3. What is your greatest weakness?
4. Tell me about something your proud of
5. How do you work with other people/group settings?
6. What are your goals?
7. Why should we hire you?
8. Why are you interested in this job?
9. What do you like to do in your free time/hobbies?
10. Do you have any questions for me?

Mock Interview Rating:

	Above Average (3)	Average (2)	Below Average (1)
Eye Contact			
Confidence			
Friendly			
Sitting up straight			
Arms in lap			
Smiling			
Mature responses			
Excitement			

Add up the scores to get your overall score

24-18 - You are going to nail it!

17-13 - Keep on practicing

12-8 - Needs improvement

SOCIAL PARTICIPATION

Assessment of Social Participation

The following assessments are examples of tools that would be appropriate for this population and setting. The assessments were gathered from Asher (2014) and Hemphill-Pearson and Urish (2019). The template for each specific assessment was adapted from Asher (2014).

Assessment: Community Integration Measure
Author: Mary Ann McColl, Diane Davies, Peter Carlson, Jane Johnston, & Patricia Minnes
Publisher: Canadian Disability Policy Alliance
Type: Self-report or interview survey and rating scale
Purpose: Using the individual's perspective to assess community integration
Time to administer: 5 minutes

Assessment: Engagement in Meaningful Activities Survey
Author: Bluma Goldberg, Sharon Brintnell, & Jack Goldberg
Publisher: Aaron Eakman
Type: Self-report rating scale
Purpose: To measure an individual's engagement in meaningful activities within their social group(s)
Time to administer: 10-15 minutes

Assessment: Assessment of Communication and Interaction Skills
Author: Kirsty Forsyth, Marclle Salamy, Sandy Simon, & Gary Kielhofner
Publisher: The Model of Human Occupation Clearinghouse
Type: Observation
Purpose: To assess an individual's communication and interaction skills
Time to administer: Varies

Assessment: RAND Social Health Battery
Author: RAND Corporation
Publisher: RAND Corporation
Type: Self-report questionnaire
Purpose: To measure social functioning within family relationships, friendships, and social and community life
Time to administer: 10 minutes

Assessment: Rating of Perceived Participation
Author: Marianne Sandstrom & Lillemor Lundin-Olsson
Publisher: Marianne Sandstrom & Lillemor Lundin-Olsson
Type: Self-report questionnaire and rating scale

Purpose: To measure an individual's perception of and satisfaction with participation in their natural life contexts
Time to administer: Approximately 20-30 minutes

Assessment: Multidimensional Scale of Perceived Social Support
Author: Gregory Zimet, Nancy Dahlem, Sara Zimet, & Gordon Farley
Publisher: York University, Toronto, Canada
Type: Self-report inventory
Purpose: To measure perceived social support
Time to administer: 5 minutes

Interventions for Social Participation

Title: Building Social Supports

Intervention Description: The purpose of this intervention is for the client to evaluate their current support networks, as well as develop new social support networks. The therapist should start this session by educating and discussing with the client what social supports are and why they are important. The "Building Social Supports" handout may be used as a guide when facilitating this discussion. Following this discussion, the client should complete the "What Does Social Support Mean to You" exercise. The purpose of this exercise is to help the client evaluate their own social supports as well as evaluate how satisfied they are with these social supports. After completion of this exercise, the therapist and client should discuss their results as well as ways in which the client can increase their social support. The therapist and client should also discuss good places or ways in which the client can meet people. The "Places to Meet People" exercise may be a good tool in evaluating and identifying ways in which the client can gain support. Based on these results, the therapist may guide the client in searching for various social groups that could be joined within the clients community. During future sessions, the therapist may build upon this intervention by practicing different strategies that the client could use to start conversations when engaging in social activities.

Intervention Source: Substance Abuse and Mental Health Services Administration. Illness Management and Recovery: Practitioner Guides and Handouts. HHS Pub. No. SMA-09-4462, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2009.

Length of time needed to complete: 30-45 minutes

Supplies Needed: "Building Social Supports" handout, "What Does Social Support Mean to You" exercise, writing utensil, computer with internet access

Application of Kawa Model: The client has identified social participation/their social network to be impacting their overall life flow. The client's social network would be viewed as a part of their "river bank" as it directly relates to their social environment. By understanding the client's social network/social environment the therapist is able to help adjust or widen the "river bank" which ultimately enhances the client's life flow.

Additional Resources:

Educational resource for social supports:

Helfrich, C. A., Fujiura, G. T., & Rutkowski-Kmitta, V. (2008) Mental Health disorders and functioning of women in domestic violence shelters. *Journal of Interpersonal Violence, 23*(4), 437-453. doi:10.1177/0886260507312942

Topic 4: Building Social Supports

"It's important to me to have family and friends who I can talk to and do things with. And I like the fact that they count on me, too. We support each other."

David Kime, artist, writer, floral designer, in recovery from bipolar disorder

Introduction

This Handout discusses how to increase social support in your life. Having *social support* means that you feel connected to and cared for by other people. This is especially important to help you reduce stress and reduce relapses.

This Handout describes strategies for increasing the number of supportive people in your life and for getting closer to people you already know.

Social support means having relationships that are positive, rewarding, and helpful.

What is social support?

Social support refers to having relationships that are rewarding, enriching, and helpful. Relationships can be considered *supportive* when they are positively focused and have a minimum of conflict and strife.

Differences in opinions are natural in any relationship, and a supportive relationship can involve disagreements from time to time. Disagreements in a supportive relationship, however, can usually be resolved peacefully and effectively.

Social support systems vary widely and can come from relationships with a variety of different people, including the following:

- Family members;
- Friends;
- Peers;
- Spouses;
- Boyfriends and girlfriends;
- Co-workers;
- Members of religious or other spiritual groups;
- Classmates;
- Mental health practitioners; and
- Members of peer support groups.

Q: Which relationships do you find supportive?

Why is social support important?

Social relationships are an important part of people's lives. For many people, the quality of their relationships is a major factor in their personal satisfaction. Supportive relationships make people feel good about themselves and more optimistic about the future. Having supportive relationships can also help people reduce stress. As noted in IMR Handout—Topic 3: *The Stress-Vulnerability Model and Treatment Strategies*, reducing stress can help reduce relapses.

People have their own opinions about what makes a relationship supportive. They also have their own perspectives about what they want from their relationships and whether they are satisfied with the number and quality of their relationships.

Q: How is social support important in your life? Use the exercise to help decide what social support means to you.

Exercise: What Does Social Support Mean to You?		
Who is supportive of you?	■ ■ ■ ■ ■	■ ■ ■ ■ ■
Which aspects of your relationships are you satisfied with?		
What aspects of your relationships would you like to change?		
In what ways are you supportive of other people?		
Are you satisfied with how you are supportive of other people?	❑ Yes ❑ No	
Would you like to have more social support in your life?	❑ Yes ❑ No	
Which best describes how satisfied you are with your social support?	❑ Not satisfied ❑ A little satisfied ❑ Satisfied ❑ Very satisfied ❑ Highly satisfied	

Increasing social support

People are often interested in increasing their social support and improving their relationships with others. You can use two general strategies:

- Increase the number of people with whom you have contact; and
- Improve the quality of your relationships with people with whom you have regular contact.

Many people find it most helpful to combine both strategies.

Increase social support by connecting with more people and improving the quality of existing relationships.

Strategies for connecting with people

Connecting with new people is often the first step toward increasing social support. To connect with people, you need to do the following:

- Find good places to meet people;
- Start conversations; and
- Be responsive to what the other person says.

Good places to meet people

You can meet people in all kinds of places. It helps to look for opportunities to meet people no matter where you are. While it is possible to meet people in many places, some places may be easier than others to meet people.

Good Places to Meet People

- Community organizations (libraries or civic associations)
- School or class
- Support groups
- Workplace
- Places where people gather for religious or spiritual activities (churches, temples, mosques, synagogues)
- Peer drop-in centers
- Health or exercise club (the YMCA or YWCA)
- Parks
- Museums
- Concerts
- Special interest groups (those related to politics, hobbies, sports, conservation, or recreation)
- Bookstores or coffee shops
- Volunteer programs

Q: Where have you met people before? Where would you like to go to meet new people? Use the following exercise to record your answer.

Exercise: Places to Meet People		
Places	**I have gone here to meet people**	**I would like to go here to meet people**
Community organizations	❑	❑
School or class	❑	❑
Support groups	❑	❑
Church, synagogue, temple, mosque, or other religious place	❑	❑
Workplace	❑	❑
Peer drop-in center	❑	❑
Health or exercise club	❑	❑
Parks	❑	❑
Museums	❑	❑
Concerts	❑	❑
Special interest groups	❑	❑
Bookstores or coffee shops	❑	❑
Volunteer programs	❑	❑
Other: _____ _____ _____	❑	❑

Title: Setting Boundaries

Intervention Description: The purpose of this intervention is to discuss the importance of healthy boundaries, as well as evaluate the client's current boundary setting habits. By doing so, the therapist will then be able to help the client identify and practice strategies they can use when setting boundaries in relationships. The therapist should begin this session by educating and discussing what personal boundaries are, as well as the specific types of boundaries. The therapist should use the "What are Personal Boundaries" handout to facilitate this education and discussion. Next, the therapist and client should work together to complete the "Boundary Exploration" worksheet. The purpose of this worksheet is for the client to evaluate their own boundary setting as well as identify specific strategies they can use to improve boundary setting. After identifying their boundary setting strategies, the client and therapist will practice them through role playing various scenarios. Scenarios should be client-centered and based around situations in which the client does not demonstrate adequate boundary setting.

Intervention Source: Due to copyright purposes, the handout and worksheet must be accessed and downloaded directly from the source at the following links:

"Boundary Exploration" worksheet: https://www.therapistaid.com/therapy-worksheet/boundaries-exploration-activity

"What are Personal Boundaries" handout: https://www.therapistaid.com/therapy-worksheet/boundaries-psychoeducation-printout

Schuldt, W. (2020). Therapist Aid. Retrieved from https://www.therapistaid.com/search?query=boundaries

Length of time needed to complete: 30-45 minutes

Supplies Needed: "What are Personal Boundaries" handout, "Boundary Exploration" worksheet, writing utensil

Application of Kawa Model: By targeting setting boundaries, the therapist is helping the client establish new skills which can be viewed as a new piece of "driftwood." These new skills (or "driftwood") will ultimately push away the client's identified "rocks" or in other words, difficult/challenging circumstances. The clients new skills with boundary setting may also impact their social environment or "river banks." By adjusting and widening the clients "river banks," there will be an increase in their overall life flow.

Additional Resource:
This website has additional activities/tips for setting boundaries:
https://positivepsychology.com/great-self-care-setting-healthy-boundaries/

REST & SLEEP

Assessment of Rest & Sleep

The following assessments are examples of tools that would be appropriate for this population and setting. The assessments were gathered from Asher (2014) and Hemphill-Pearson and Urish (2019). The template for each specific assessment was adapted from Asher (2014).

Assessment: Pittsburgh Sleep Quality Index
Author: Daniel J. Buysse, Charles F. Reynolds, Timothy H. Monk, Susan R. Berman, & David J. Kupfer
Type: Self-report item questionnaire and rating scale
Purpose: To assess sleep quality and disturbances during the past 1-month period
Time to administer: 5-10 minutes

Assessment: Occupational Profile of Sleep
Author: D. Pierce and K. Summers
Type: Self-report or interview questionnaire
Purpose: To understand an individual's sleep patterns, routines, and environment
Time to administer: Varies

Interventions for Rest and Sleep

Title: Sleep Hygiene - "How to Build a Bedtime Routine"

Intervention Description: Therapist and client will discuss the benefits behind how a nightly routine/bedtime routine helps to promote sleep. The therapist may pull whatever education/facts from the evidence below in order to tailor the session to the client and meet their needs at this time. All evidence sources below provide specifics regarding not only the benefits behind sleep hygiene/nightly routines, but also what specific things may be incorporated in ones sleep hygiene/nightly routine (i.e. limiting screen time, alcohol, and caffeine before bed, adjusting brightness of lights/modifying environment, relaxation breathing, etc.) Following education, the client and therapist will work together to fill out the "Nightly Routine" worksheet based upon their discussion and use of evidence. The therapist should then encourage the client to apply their created nightly routine on a daily basis to promote sleep. During future sessions, the therapist and client should discuss how their personal nightly routine is going. Adaptations should be made as needed depending on the clients overall sleep quality.

Length of time needed to complete: Varies depending on discussion. On average 30 minutes.

Supplies Needed: "Nightly Routine" worksheet, writing utensil

Application of Kawa Model: The client has identified sleep as a problem area, or in other words, a "rock." The client has stated that sleep is inhibiting their ability to complete many other occupations, routines, and roles. Therefore, this intervention directly targets the occupation of sleep with an ultimate goal of minimizing the effect of this challenge or "rock" in order to increase the client's overall life flow.

Additional Resources:

AOTA Fact Sheet on Sleep. May be accessed at: https://www.aota.org/~/media/Corporate/Files/AboutOT/Professionals/WhatIsOT/HW/Facts/Sleep-fact-sheet.pdf

Gutman, S., Gregory, K., Sadlier-Brown, M., Schlissel, M., Schubert, A., Westover, L., & Miller, R. (2017). Comparative effectiveness of three occupational therapy sleep interventions: A randomized controlled study. *Occupational Therapy Journal of Research, 37(1),* 5-13. Doi: 10.1177/1539449216673045

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_____'S NIGHTLY ROUTINE

Title: Promoting Relaxation

Intervention Description: The therapist and client will complete the "Promoting Relaxation" worksheet together. This worksheet incorporates 8 different relaxation techniques that may be used before bed or if woken up in the middle of the night and can't fall back asleep. The therapist should educate and practice each relaxation technique with the client. After practicing the various relaxation techniques, the client should identify a list of techniques they may use before bed or if woken up in the middle of the night. During future sessions, the therapist and client should discuss how their use of their relaxation strategies are going. Adaptations should be made as needed depending on the overall effectiveness of each relaxation strategy.

Length of time needed to complete: 20-30 minutes

Supplies Needed: "Promoting Relaxation" worksheet, writing utensil

Application of Kawa Model: The client has identified sleep as a problem area, or in other words, a "rock." The client has stated that sleep is inhibiting their ability to complete many other occupations, routines, and roles. Therefore, this intervention directly targets the occupation of sleep with an ultimate goal of minimizing the effect of this challenge or "rock" in order to increase the client's overall life flow. The relaxation techniques in this intervention may also be generalized to other problematic areas or "rocks" that the client has identified.

Promoting Relaxation

Deep Breathing:

Diaphragmatic breathing; in through the nose, out through pursed lips. Inhale and exhale slow and steady.

» Phone App: _____

» Webcast or videos: _____

Autogenic Relaxation:

Training your body to do what you are telling it to; such as feel warm, heavy, relaxed and making your heart beat at a slower pace.

» Written script: _____

Progressive Muscle Relaxation (PMR):

Tensing and holding muscle groups throughout your body, then releasing/relaxing them.

» Phone App: _____

» Webcast or videos: _____

Guided Imagery/Meditation:

A voice will guide you by helping you visualize a calm, relaxing place and use your senses to be in that moment (imagine what you see, hear, feel, taste, smell).

» Phone App: _____

» Webcast or videos: _____

Visualization:

This is a scene that you can use your senses to be in that moment (imagine what you see, hear, feel, taste, smell). This is more independent, without a voice guiding your thoughts.

» Webcast or videos: _____

Yoga:

Type of meditation where you focus on your mind and body. It includes deep breathing and stretching/holding various poses.

» Webcast or videos: _____

Tai Chi:

Another type of meditation where you are focused and breathing while constantly moving slowly through various motions.

» Webcast or videos: _____

Oils:

Certain scents can help relax the body. These can be inhaled and/or rubbed on the skin.

» Scents: Peppermint, wintergreen, basil, eucalyptus, lavender, chamomile (These can be ordered online or found at local health food stores.)

Miscellaneous:

Male voice: _____

Female voice: _____

HEALTH MANAGEMENT & MAINTENANCE

Assessment of Health Management & Maintenance

The following assessments are examples of tools that would be appropriate for this population and setting. The assessments were gathered from Asher (2014) and Hemphill-Pearson and Urish (2019). The template for each specific assessment was adapted from Asher (2014).

Assessment: Stress Management Questionnaire
Author: Franklin Stein
Publisher: Thomson/Delmar Learning
Type: Questionnaire
Purpose: To identify an individual's symptoms, stressors, and coping skills for stress management
Time to administer: Varies

Assessment: Beck Depression Inventory
Author: Aaron Beck, Robert Steer, & Gregory Brown
Publisher: NCS Pearson, Inc.
Type: Interview-based questionnaire
Purpose: To measure the severity of depression
Time to administer: 5-10 minutes

Assessment: Beck Hopelessness Scale
Author: Aaron Beck
Publisher: NCS Pearson, Inc.
Type: True-false or self-administered questionnaire
Purpose: To measure various aspects of hopelessness
Time to administer: 5-10 minutes

Assessment: Coping Responses Inventory
Author: Rudolf Moos
Publisher: PAR, Inc.
Type: Self-report checklist or interview
Purpose: To identify coping methods
Time to administer: 10-15 minutes

Assessment: Rosenberg's Self-Esteem Scale
Author: Morris Rosenberg
Publisher: Wesleyan University Press
Type: Likert self-rating scale

Purpose: To measure an individual's attitude toward their abilities and accomplishments
Time to administer: 10 minutes

Assessment: Activity Card Sort
Author: Annabel McDermott
Publisher: American Occupational Therapy Association
Type: Interview-based
Purpose: In this case the activity card sort would provide examples of possible leisure pursuits that would incorporate healthy leisure activities such as physical fitness
Time to administer: Varies

Interventions for Health Management and Maintenance

Title: Identifying Personal Coping Skills

Intervention Description: The therapist and client will discuss coping skills, and how coping skills can be applied to day to day challenges and conflicts. The therapist will use the "Coping Skills" worksheet as a guide to educate the client on the 6 different types of coping skills. The therapist should also provide examples and demonstrations as needed for each coping skill. Following this discussion, the client will fill out the backside of the "Coping Skills" worksheet which serves as a template for identifying specific coping skills the client may use within each of the 6 categories. After identifying a list of coping skills, the client and therapist should identify specific challenges and conflicts in which the client may use their coping skills. These scenarios should be specific to each individual client. The therapist may use the client's completed Kawa river in helping them identify common challenges and conflicts they experience.

Intervention Source: Daya, I. (2013). Coping Skills. Retrieved from http://www.indigodaya.com/

Length of time needed to complete: 30-45 minutes

Supplies Needed: "Coping Skills" worksheet, writing utensil

Application of Kawa Model: By targeting the clients coping skills, the therapist is helping the client learn new skills which can be viewed as a new piece of "driftwood." These new skills (or "driftwood") will ultimately push away the client's identified "rocks" or in other words, difficult/challenging circumstances.

Additional Resources:
Additional information supporting this worksheet may be found at: www.indigodaya.com

Coping Skills

Coping skills help us get through difficult times - they can give us an important break from mental and emotional distress, and sometimes they are literally life-saving.

Keep this list of coping skills handy for when you need it… folded up in your wallet or bag or post it up on the wall somewhere handy at home.

Make this list work for you

skills that work best for you & add your own ideas over the page.

Distraction Absorb your mind in something else	Conversation, listen to talk radio, read, do puzzles, TV, computer games, jigsaws, solve a problem, make a list, learn something new, cleaning & tidying, gardening, arts & crafts.	**Pros** Gives your heart & mind a break. Great for short term relief. Great to get through a crisis.	**Cons** Can't do it for too long. Doesn't resolve any underlying issues. Meds can make it hard to concentrate.
Grounding Get out of your head & into your body & the world	Use body & senses: smell fragrances, slowly taste food, notice the colours around you. Walk on the grass barefoot, squeeze clay or mud, do yoga, meditate, exercise.	**Pros** Helps slow or stop 'dissociation' (feeling numb , floaty or disconnected). Reduces physicality of anxiety.	**Cons** Sometimes it's better to stay a bit dissociated (that's how your mind protects you).
Emotional Release Let it out!	Yell, scream, run! Try a cold shower. Let yourself cry… and sob. Put on a funny DVD and let yourself laugh! Try boxing, popping balloons, or crank up some music & dance crazy!	**Pros** Great for anger and fear. Releases the pressure of overwhelming emotion.	**Cons** Hard to do in every situation. Feels odd. Some people might think you're acting 'crazier' (be selective with how & where you do this)
Self Love	Massage hands with nice cream, manicure your nails, cook a special meal, clean your house (or just make your bed), bubble bath or long shower, brush hair, buy a small treat.	**Pros** Become your own best friend, your own support worker. Great for guilt or shame. You deserve it!	**Cons** Sometimes can feel really hard to do, or feel superficial (but it's not).
Thought challenge	Write down negative thoughts then list all the reasons they may not be true. Imagine someone you love had these thoughts – what advice would you give them?	**Pros** Can help to shift long-term, negative thinking habits. Trying to be more logical can help reduce extreme emotion.	**Cons** The more emotional you feel, the harder this is to do. In particular, feelings of shame can make this very hard.
Access your higher self	Help someone else, smile at strangers (see how many smiles you get back), pray, volunteer, do randomly kind things for others, pat dogs at the local park, join a cause	**Pros** Reminds us that everyone has value and that purpose can be found in small as well as large things.	**Cons** Don't get stuck trying to save everyone else and forget about you!

Find out more online at **www.indigodaya.com**

Your Personal Coping Skills List

Use this page to write your own list of coping skills. You might take some from my list, some that you already know, and others may still be out there for you to discover...

indigo daya

Distraction

Absorb your mind in something else

Grounding

Get out of your head & into your body

Emotional Release

Let it out!

Self Love

Thought challenge

Access your higher self

Remember... Coping skills are a start, but can be life-saving work to heal from the causes of distress.

Find out more online at **www.indigodaya.com**

Title: Yoga

Intervention Description: The purpose of this intervention is for the therapist to provide hands on learning/demonstration of yoga poses. The therapist should educate the client on the physical, emotional, and mental health benefits of yoga as well as how yoga can be used to reduce stress and anxiety. The therapist and client should first practice appropriate breathing techniques while performing yoga postures/movements. The therapist should use their knowledge on diaphragmatic breathing when teaching the client how to engage in slow and controlled breaths. Next, the therapist should teach the client various yoga poses they may engage in. See the additional resources below regarding websites/videos that may be used as a guide.

Length of time needed to complete: Varies. On average, 30-60 minutes

Supplies Needed: Yoga mat or towel/blanket, computer if using guided yoga videos

Application of Kawa Model: By teaching the client a new skill that can be used for wellness, physical activity, and coping, the therapist is helping the client identify a positive strategy they may use when handling challenging situations/obstacles. Through doing so, they are ultimately increasing their life flow.

Additional Resources:
Website with simple, beginner poses: https://occupationaltherapy.com.au/yoga-occupational-therapy/

List of youtube channels with guided yoga sessions: https://www.self.com/story/best-youtube-yoga-channels

Educational resource for benefits of yoga:
Weaver, L. (2016). An occupational therapist led yoga intervention for anxious youth: Outcomes and implications for research and practice. *American Journal of Occupational Therapy, 70.* Doi: https://doi.org/10.5014/ajot.2016.70S1-PO3069

CHILD REARING

Assessment of Child Rearing

The following assessment is an example of a tool that would be appropriate for this population and setting. The assessment was gathered from Asher (2014) and Hemphill-Pearson and Urish (2019). The template for the assessment was adapted from Asher (2014).

Assessment: Parenting Stress Index
Author: Richard Abidin
Publisher: PAR, Inc.
Type: Self-report questionnaire
Purpose: Identify parent-child stress and problem areas
Time to administer: Approximately 20 minutes

Interventions for Child Rearing

Title: Identifying Parenting Stressors

Intervention Description: The purpose of this intervention is to identify common stressors that the client experiences in relation to parenting as well as how these stressors affect their relationships with their children. The therapist and client should work together to create a list of their most common parenting stressors. Following completion of this list, the therapist should guide the client in coming up with strategies or coping skills they may use in the moment when experiencing the identified stressors. The therapist should encourage the client to write down the strategies they come up with on a notecard. The client may then take this notecard with them to serve as a resource when experiencing parental stress. During future sessions, the therapist and client should discuss how their strategies/coping skills are working. Adaptations should be made as needed.

Length of time needed to complete: 30 minutes

Supplies Needed: Blank piece of paper, notecards, writing utensil

Application of Kawa Model: The client has identified child rearing as a challenge/obstacle or in other words a "rock." This intervention directly targets the occupation of child rearing, with an ultimate goal of minimizing the effect of this challenge or "rock." By doing so, the client's overall life flow is able to be strengthened.

Additional Resources:
Website with coping strategies: https://www.verywellmind.com/parenting-anxiety-2634007

Title: Establishing Family Routines

Intervention Description: The purpose of this intervention is to discuss the importance of structure/routines for children/families, as well as develop a routine specific to the client that they may implement. During the beginning discussion, the therapist should use the "CDC: Building Structure" handout to educate the client on building, implementing, and enforcing routines. Following this discussion, the client should fill out the "Weekly Family Routine" worksheet. The therapist may collaborate and help the client as needed with this process. When filling out the worksheet, the client and therapist should take the following into consideration: bed times, bath/shower time, time for bonding activities, time for the parent to relax, mealtimes, homework time, etc. The therapist should then encourage the client to apply their created family routine on a daily basis. During future sessions, the therapist and client should discuss how their family routine is going. Adaptations should be made as needed.

Length of time needed to complete: 30 minutes

Supplies Needed: "CDC: Building Structure" handout (access through link below), "Weekly Family Routine" worksheet, writing utensil

Application of Kawa Model: The client has identified child rearing as a challenge/obstacle or in other words a "rock." This intervention directly targets the occupation of child rearing, with an ultimate goal of minimizing the effect of this challenge or "rock." By doing so, the client's overall life flow is able to be strengthened.

Additional Resources:
Educational resource for routines: https://www.cdc.gov/parents/essentials/structure/building.html

Child Welfare Information Gateway. (2018). Parenting a child who has experienced abuse or neglect. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.
Direct link: https://www.childwelfare.gov/pubPDFs/parenting_CAN.pdf

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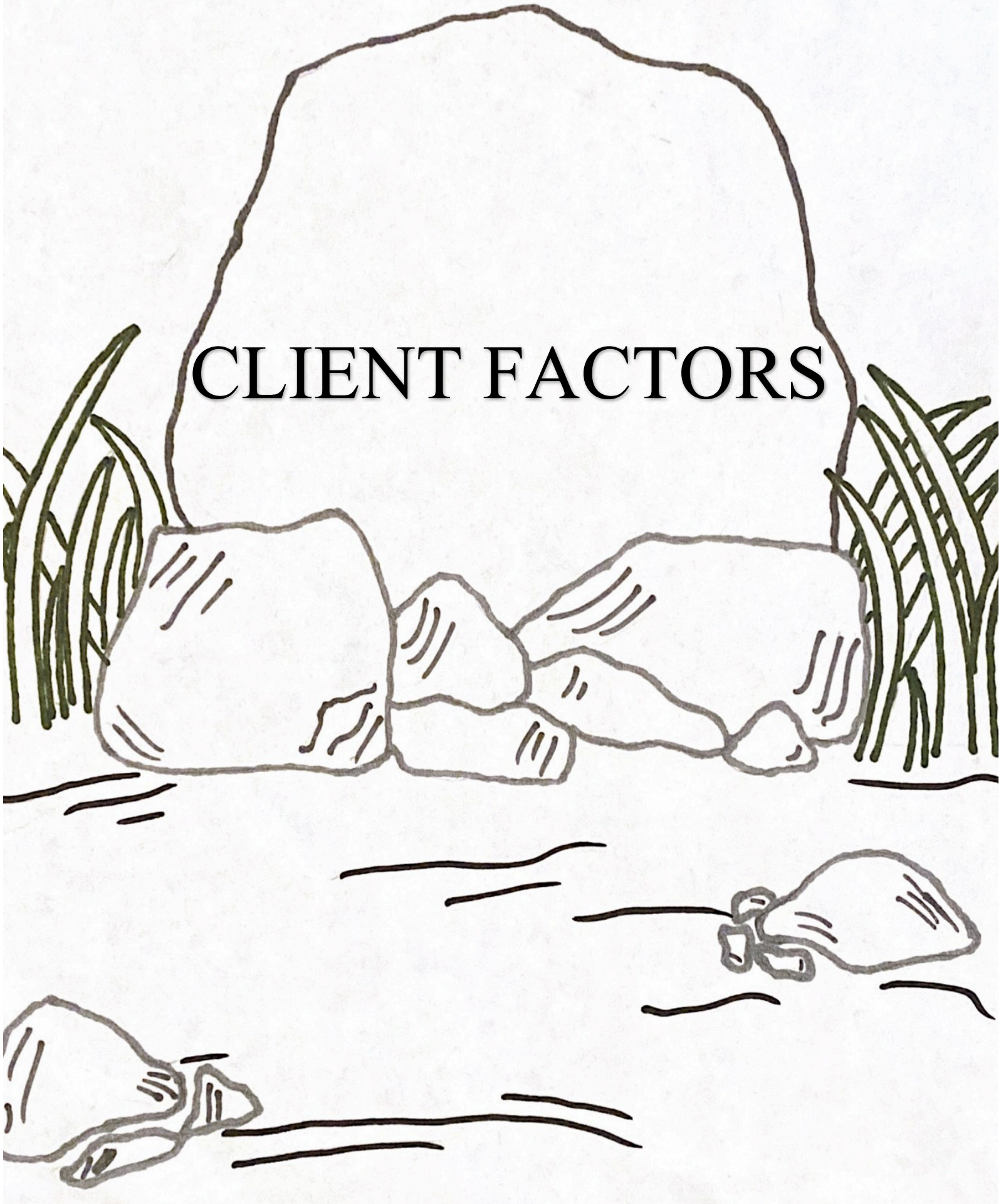
_____'S WEEKLY FAMILY ROUTINE

CLIENT FACTORS



Assessment of Client Factors

The following assessments are examples of tools that would be appropriate for this population and setting. The assessments were gathered from Asher (2014) and Hemphill-Pearson and Urish (2019). The template for each specific assessment was adapted from Asher (2014).

Assessment: Independent Living Scales (ILS)
Author: Patricia Anderten Loeb
Publisher: The Psychological Corporation Harcourt Brace & Company
Type: Standardized assessment
Purpose: Assesses competence in instrumental activities of daily living. This assessment also looks at the clients ability to problem-solve, demonstrate knowledge, or perform a task within 5 subscales. These 5 subscales are: memory/orientation, managing money, managing home and transportation, health and safety, and social adjustment
Time to administer: 45 minutes

Assessment: Cognitive Performance Test
Author: Theressa Burns
Publisher: Ableware, Maddak, Inc.
Type: Standardized graded task performance
Purpose: To measure an individual's working memory and executive control function
Time to administer: 15 minutes+ (task dependent)

Assessment: Executive Function Performance Test
Author: Carolyn Baum
Publisher: Carolyn Baum
Type: Performance-based tasks
Purpose: To evaluate an individual's executive cognitive functioning and necessary prompting levels
Time to administer: 10-40 minutes

Interventions for Client Factors

Title: Problem Solving

Intervention Description: The purpose of this intervention is to help the client identify solutions to their current and anticipated problems/challenges. The therapist will begin the session by having the client make a list of 5-6 current problems they are experiencing and 2-3 problems they anticipate once they aren't residing in the shelter. The client (with assistance from the therapist as needed) will identify 3 strategies to solve each problem. The therapist and client should role play how these strategies apply to each problem/challenge in order to evaluate the overall effectiveness of the strategy. The therapist and client may adapt strategies as needed. The therapist should encourage the client to keep this list as a resource to refer back to.

Intervention Source: Adapted from Butler, 2001, p. 155

Length of time needed to complete: 30-45 minutes

Supplies Needed: Blank paper, writing utensil

Application of Kawa Model: By targeting the client's problem solving skills, the therapist is helping the client learn a new skill which can be viewed as a new piece of "driftwood." This new skill (or "driftwood") will ultimately push away the client's identified "rocks" or in other words, difficult/challenging circumstances.

Title: Building Self-Esteem - "What's in a Name"

Intervention Description: The purpose of this intervention is to help the client identify their personal attributes in order to help with building their self-esteem. The client will begin by utilizing the provided craft materials to write/color their name in a vertical direction. From here, the client will write a positive word or phrase after each letter that describes themselves. For example, if the client's name was Tom:

T = Thoughtful
O = Optimistic
M = Makes friends easily

The client should take their time making/decorating this, as it is something they may keep and reference back to for self reassurance. Once the client has completed their name, the therapist will reference the client's Kawa river they made in their first occupational therapy session. The therapist will facilitate a discussion about how the positive words or phrases are attributes that will help them overcome/diminish their "rocks."

Intervention Source: Adapted from Butler, 2001, p. 231

Length of time needed to complete: 30-45 minutes

Supplies Needed: Construction paper, markers/coloring utensils

Application of Kawa Model: By targeting the client's self-esteem, the therapist is helping the client identify their personal attributes, which can be viewed as new pieces of "driftwood". Building new pieces of "driftwood" will ultimately help the client overcome/diminish their identified "rocks".

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