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Increasing Health, Wellness, and Self-Care in Older Adults Experiencing Mental Health Effects During and After a Pandemic

Hayley Blom

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Increasing Health, Wellness, and Self-Care in Older Adults Experiencing Mental Health Effects

During and After a Pandemic

by

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A Scholarly Project

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Approval Page

This scholarly project, submitted by **Hayley Blom, OTDS** in partial fulfillment of the requirement for the Degree of Occupational Therapy Doctorate from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.



Janet S. Jedlicka, PhD, OTR/L, FAOTA

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PERMISSION

Title: Increasing Health, Wellness, and Self-Care in Older Adults Experiencing Mental Health Effects During and After a Pandemic

Department: Occupational Therapy

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ABSTRACT

The COVID-19 pandemic calls for new solutions in promoting increased health, wellness, and self-care in older adults experiencing mental health effects during and after a pandemic. As the virus began to spread in the United States in early 2020, social distancing measures were implemented to reduce the spread of the virus. During this time of uncertainty, assisted living facilities (ALF) put a halt to all program activities, mealtimes in the communal dining area, and any other activities or events that were face-to-face. Along with activity programming, most facilities restricted visitors from entering the building including residents' loved ones. These factors led to extreme isolation resulting in other detrimental health effects on this population.

An extensive literature review was conducted to identify problematic areas impacting occupational performance. The person-environment-occupation model (Law et al., 1996) provided a framework for developing questions that correspond with the different components and their transactions. Based on the results from the literature, the needs were confirmed through informal interviews with residents residing in an ALF. A product was then developed to provide occupation-based and client-centered interventions for residents living in an ALF during and after a pandemic.

The author utilized the eight dimensions of wellness (SAMHSA, 2016) as a framework for the program sessions as all areas are inter-connected contributing to quality of life and well-being. This provided a holistic approach to wellness in addressing many of the unique needs older adults identified during times of a pandemic. The product includes a guide for the application of the PEO model, an overview of the intervention protocols, twenty-five intervention strategies within the eight dimensions of wellness, additional suggested intervention

strategies for the occupational therapist, and outcome measures. There are two to four interventions addressed in each dimension of wellness. The dimensions include physical, emotional, environmental, financial, intellectual, occupational, social, and spiritual wellness. It is anticipated that after completion of the program, older adults will improve occupational performance in health, wellness, and self-care, presumably leading to improved quality of life. This product addresses mental health concerns, promotes active engagement in healthy living, and allows aging in place for older adults.

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CHAPTER 1

Introduction

Problem Statement

The COVID-19 pandemic created a health crisis worldwide. During this time, people were told to socially distance themselves to prevent the spread of COVID-19. Consequently, many people stayed at home with minimal outside contact leading to extreme isolation, a decline in physical activity, and lower quality of life. There was a dramatic shift in healthcare which presented important challenges to the health and well-being of older adults. According to Tappenden and Tomar (2020), regardless of the pandemic, social isolation in older adults is a serious public health concern due to the heightened risk of cardiovascular, autoimmune, neurocognitive, and mental health problems. According to Steinman et al., (2020), older adults' health is influenced more by their daily lives than by medical intervention. Because of the pandemic, there was a decrease in health and wellness as there were changes in food intake, lack of exercise leading to deconditioning, weakness, falls, reduction in cognitive stimulation, worsening behavioral symptoms of dementia, and less reserve to compensate when homeostasis was threatened (Steinman et al., 2020). There was an increased need for healthcare providers to provide education on ways to self-care when distressed, access mental healthcare and support groups, and continued social interaction in other ways than face-to-face. Steinman et al., (2020) presented the need for healthcare professionals to target older adults' loneliness, psychological symptoms, and to help them compensate when their homeostasis is threatened, especially in times of a pandemic, when they are particularly vulnerable to rapid declines.

Key Terms and Concepts

Key terms and concepts have been defined for the purpose of this scholarly project. COVID-19 is defined as a disease caused by the virus named SARS-CoV-2 and was discovered in December 2019 in Wuhan, China (CDC, 2021). It is very contagious, spreading quickly through droplets. On March 11, 2021, COVID-19 was declared a pandemic meaning a global outbreak of a new virus. The word pandemic is used throughout the scholarly paper in reference to the COVID-19 pandemic. Health is defined as, “a state of physical, mental, and social well-being, as well as a positive concept emphasizing social and personal resources and physical capacities” (AOTA, 2020, p. 66). Wellness is defined as, “an active process through which individuals [or groups or populations] become aware of and make choices toward a more successful existence” (AOTA, 2020, p. 66). It is directly tied to older adults’ quality of life which is why it’s a big focus for senior living communities. It is not a one-dimensional process, rather, a holistic process where everybody has unique experiences required to achieve increased wellness and quality of life. The concept of *adult* or *older adult* has been defined by the author for the purpose of the project and the population being served at an assisted living facility. An adult or older adult in this project, is defined as an individual age 55 or older.

Purpose Statement

The goal of this project is to increase the health, wellness, and self-care in older adults living in an assisted living facility (ALF) who have experienced mental health effects from a pandemic. It is anticipated that participation in the program will result in increased health, wellness, and self-care.

Application of Theoretical Framework

A wellness model was used as the framework for the program after analyzing the population through the person-environment-occupation (PEO) model of occupational therapy. PEO is an occupation-based and transactive model made up of the person, environment, and occupation (Law et al., 1996) factors. Through the lens of PEO, the author analyzed personal factors in adults living in ALFs, their environment, and occupations during times of a pandemic. The author recognized the importance of the interfaces between each of the domains and identified the good and poor “fits” between the different aspects. With PEO, if there is a challenge in any one area of a domain, it will cause difficulty in the other areas. The goal is to have an optimal fit for successful occupational performance. It is anticipated that participation in the wellness program will create the optimal fit to support the skills and abilities of older adults experiencing mental health effects from a pandemic.

Along with the identified theory, The Substance Abuse and Mental Health Services Administration (SAMHSA) has identified a wellness model of eight dimensions to focus on optimizing health (SAMHSA, 2016). The eight dimensions include physical, social, emotional, environmental, intellectual, occupational, financial, and spiritual wellness which together, serve as the foundation for the program. This was chosen since maintaining wellness is crucial to living a quality life. Historically, this model has been used to address disparities for those with or those who are at risk of developing mental or substance use disorders, mental health challenges, people facing traumatic life experiences, and managing lives (Detrano, n.d.). Older adults living in an ALF and the ALFs within public housing are both considered an “at-risk” population which made this model appropriate for the setting. Providing educational opportunities and enhancing awareness of mental illnesses through discussion, destigmatizes their illness and provides a

community of support for older adults who are experiencing similar things. The wellness program provides the opportunity to participate in peer-to-peer support groups for mental health conditions, overall, improving health, wellness, and self-care. Andragogy, the theory behind adult learning (Bastable et al., 2020), and geragogy, the theory behind older adult learning (Bastable et al., 2020), were used in the creation of educational materials and provided a guide for program implementation. These will be reintroduced in the following chapters.

Significance of Project to Chosen Area of Practice

There is a significant need to increase health, wellness, and self-care in ALFs during and after a pandemic. It's crucial as healthcare providers to implement health promotion and prevention strategies and to assess mental health outcomes to improve quality of life. The role of occupational therapy during and after a pandemic is essential as they play a key part in the client's care plans, address occupational deprivation, and combat disruptions to the mood as a result of decreased health and wellness (AOTA, 2020). They are well-equipped to provide intervention strategies to address health, wellness, and self-care as they are all within the domain of practice of occupational therapy (AOTA, 2020). In addition, they provide a unique perspective when applying theories and models to the process.

Conclusion

The author utilized PEO to analyze problem areas that affect clients' occupational performance. It was used as an intervention tool to increase health, wellness, and self-care in older adults, and to improve occupational performance by enhancing the congruence of the three domains. Along with PEO, SAMHSA's eight dimensions of wellness model (2016) was utilized as a framework to guide program sessions. With lockdowns in place, it created additional personal, social, and environmental barriers regarding the ability of older adults to engage in

meaningful occupations. Because there were many barriers to occupational engagement, this presented the need to address health, wellness, and self-care through an evidenced-based program such as the eight dimensions of wellness. The following chapters contain the literature conducted by the author, the methodology, an overview of the product, and a summary. The paper will conclude with the appendixes which hold the final project and program outcome measures.

CHAPTER 2

Literature Review

In late 2019 and early 2020, the Coronavirus disease (COVID-19) infected millions of people, resulting in a global quarantine and isolation. The spread of COVID-19 resulted in mandates to maintain distancing given its rapid spread, prolonged incubation period, and potential transmission by asymptomatic individuals (Heid et al., 2021). However, strict stay-in-place orders created national challenges that had determinantal effects on people of all ages, in particular older adults. As the virus began to spread in the United States in early 2020, older adults were identified as one of the most at-risk populations for serious health consequences if they were infected with the virus that causes COVID-19 (Chen et al., 2021; Viperman et al., 2021; Hamm et al., 2020; Whitehead et al., 2021; Portacolone et al., 2021). Compared to younger adults, older adults were more likely to require hospitalization and were at an increased risk of dying if they got COVID-19. In fact, according to the Centers for Disease Control and Prevention (2021), 8 out of 10 deaths reported in the U.S. during this time were in older adults. The death rate alone has affected vulnerable adults creating more fear and extreme isolation resulting in feelings of loneliness, depression, stress, and anxiety. This suggests mental health is an important aspect of the COVID-19 outbreak.

The focus of this scholarly project was to develop and implement a program to promote health, wellness, and self-care for older adults experiencing mental health effects from a pandemic. The literature reviewed included research related to the person, environment, and occupation (PEO) model (Law et al., 1996). This model was used to analyze the targeted population and their needs during times of a pandemic. In addition, the impacts of social isolation on health, wellness, and self-care were addressed. PEO provided a framework for

organizing the literature review. With PEO, all three domains were considered along with their transactions to analyze problem areas affecting clients' occupational performance. From there, the transactions helped to develop innovative approaches to improve the quality of life among older adults affected by a pandemic. Existing wellness programs related to older adults were carefully analyzed to provide a holistic approach to wellness. In doing this, it provided evidence-based and client-centered practice.

Theory

The Person-Environment-Occupational Model (PEO), which is a transactive model made up of the Person, Environment, and Occupation (Law et al., 1996), guided the literature to examine the fit between all three domains with the expectation that a better fit will improve occupational performance.

Person.

The person component of PEO is defined as “a unique being who can assume many roles simultaneously and who can engage in activities and occupations that are needed and desired” (Law et al., 1996, p. 141). When applying the model to the program, the person includes adults and older adults who are 55 years of age or older and are living in an assisted living facility (ALF). According to Law et al., (1996) the person is a combination of five intrinsic components. This includes the physical, cognitive, sensory, affective, and spiritual aspects all of which make the individual or group unique. Some examples of the physical aspects of the person may include underlying medical conditions, nutrition, obesity, strength, and gait. Cognitive aspects of the person may include short- or long-term memory, attention, and reasoning, all of which are important to this population. The sensory aspect includes touch, hearing, smell, and sight which tend to change with age. Examples of the affect component include emotion and mood. Lastly,

the spiritual component consists of religion, beliefs and values, sense of meaning and purpose, and an essence of self.

When determining programming for this population, all aspects of the “person” were considered. General characteristics of the older adult population include cognitive changes, decreased ability to think abstractly and process information, decreased short-term memory, and focus on past life experiences (Bastable et al., 2020, p. 192). During the pandemic, many older adults faced increased health consequences. The strict stay-in-place orders led to detrimental effects on the physical and mental well-being as loneliness in older adults increased the prevalence of depression, anxiety, post-traumatic stress disorder, and insomnia in the population (Banerjee & Rai, 2020). According to Heid et al. (2021), social distancing was found to have effects on morbidity and mortality comparable to or greater than those of smoking, obesity, and physical inactivity. This suggested that physical and social distancing resulted in negative outcomes overall impacting many aspects of the person.

Environment.

The environmental aspect of PEO is broken down into five areas including physical, cultural, social, socio-economic, virtual, and institutional environments (Law et al., 1996, p. 143). Each environment was carefully analyzed and incorporated into the development of the program. This allows older adults to understand where they participate and engage in occupations. In relation to the program, the physical environment includes the living facility, residents’ apartments, dining area, lobby, lounge spaces on each floor, public transportation, bus for group outings, and the patio. The social environment includes family, friends, other residents, employees, healthcare professionals, and spouses. The cultural environment includes individual rituals and rites, customs, and behavioral expectations (Law et al., 1996) of the ALF. Some

examples of the institutional environment can include government laws, policies, and rights. Lastly, the virtual environment consists of social networks and technology (i.e., computers, iPads, phones).

Regarding the pandemic, the environment can either support or prevent older adults from participating in health, wellness, and self-care. As older adults were asked to stay in their homes and socially distance themselves, many faced mental health challenges secondary to seclusion and being distanced from their loved ones. It was understood that some adults were isolated in their homes before, during, and after the pandemic due to mental illness. This presented the need to address mental health in older adults in relation to their environment.

Occupation.

The occupation aspect of PEO is used to understand older adults' meaningful activities and tasks that are performed by this population. It can be evaluated by observing the client participate in occupations that are required for their occupational roles. When looking at PEO, the main occupations include self-care, productivity/work, leisure, and rest/sleep (Law et al., 1996). Occupational participation is an essential part of our health as individuals have control over their lives and are given opportunities to participate in overall health, well-being, and quality of life (AOTA, 2020). As a result of the pandemic, older adults' quality of life decreased due to minimal face-to-face contact and decreased activities outside the home (Hamm et al., 2020).

Activities that older adults participated in were put to a halt leading to increased boredom. Activities that were impacted by the pandemic include physical activity, daily walks, watching the news, now making them more fearful, grocery shopping, inability to participate at the local senior center, and participation in groups (i.e., bible study, support groups, knitting

club) (Portacolone et al., 2021). When asked what they need if stay-in-place orders continued for an extended period of time, participants responded, “continued or increased social contact” (Hamm et al., 2020). This demonstrates the importance social connection plays the quality of life in older adults.

Transactions.

PEO is a transactive model meaning there are interactions between the person and the environment (PxE), environment and occupation (ExO), and the occupation and the person (PxO). Consequently, the relationships between the dimensions provided a framework for understanding older adults’ needs during and after a pandemic, overall, providing client-centered care. The transactions were analyzed by asking questions to guide the literature review and to better understand the positive and negative impacts on occupational performance.

PxE.

How are older adults being supported in their assisted living facility during the pandemic?

The primary focus of the research exploring the person and environment interaction was on the social environment and person factors. It was important to highlight what was or was not being done by healthcare providers working in an ALF. According to Turcotte et al. (2015), barriers to the delivery of health promotion and preventative services before the pandemic included the institution’s other prioritized tasks, limited resources, and the limited number of visits allowed per client. When the pandemic hit the United States in early 2020, the preparation was hindered in long-term care facilities due to shortages of personal protective equipment (PPE) and COVID-19 tests (Vipperman et al., 2021). Two major challenges ALFs were concerned about were their emphasis on resident quality of life and the increasing importance of health care

services (Vipperman et al., 2021). Ultimately, a lot of pressure and responsibility was placed on the nursing staff and other employees working at the facility. They often completed tasks, not within their designated role, but rather to fulfill resident needs. During this time, the resident's support system included the employees as they were typically the only people they saw and socialized with. Although their support system included healthcare workers, there was reduced rehabilitation access and non-emergency healthcare was avoided including therapies (Vieira et al., 2020). This means, older adults who lived in an ALF were restricted from leaving their rooms and confined to their apartments. This prevented older adults from participating in meaningful occupations outside of their apartment, including socialization and health promotion which was especially difficult for those without the means to communicate virtually.

How has living in an assisted living facility affected mental health as a result of the pandemic?

With an increase in mental health concerns, secondary to the pandemic, the author thought it was important to consider the mental health and quality of life in older adults living in an ALF. The World Health Organization (WHO) warned people around the world of a potential mental health crisis due to the pandemic (United Nations Policy Brief, 2020). With quarantine orders in place, individuals around the world were socially isolated and lonely. The consequence of social isolation affects a significant portion of older adults, specifically those in ALFs. For those living in an ALF, isolation was especially difficult. Feelings of loneliness and isolation in long-term care have increased consequences such as the risk of depression, alcoholism, suicidal thoughts, aggressive behaviors, anxiety, impulsivity, and worsening emotional well-being (Simard and Volicer, 2020; Bermejo-Martins et al., 2021). Because of the challenges posed by

COVID-19, concerns arose regarding the increased risk for serious health conditions in adults and older adults.

Hamm et al., (2020) further explained the effects COVID-19 had on older adults' mental health, specifically those with pre-existing mental health conditions. The study found that the pandemic placed them at the highest risk of detrimental outcomes (Hamm et al., 2020). In a qualitative study, the majority of participants explained their ability to cope during the first two months of the pandemic. Although they were able to adapt coping strategies, older adults experienced a reduced quality of life from physical distancing, decreased in-person social interaction, and strict stay-in-place orders which prevented them from leaving their homes (Hamm et al., 2020). Another important aspect to consider was demographics. Even though some adults were able to implement coping strategies, those with lower household incomes or underrepresented minorities were still at elevated risks of experiencing adverse health effects (Vahia et al., 2020). This suggests that older adults as a group may be resilient to mental health effects but it's crucial to evaluate all demographics including socioeconomic status.

A mixed-method study involving 73 older adults with known depression or anxiety, found older adults were more concerned about their long-term physical and financial well-being rather than the risk from isolation itself (Vahia et al., 2020). After a full year of quarantine, multiple stressors have been generated by the pandemic. Those who previously experienced anxiety and distress experienced increased intensity or worsening of their condition and reduced functioning (United Nations Policy Brief, 2020). This presented the need to develop programming to target the mental health consequences secondary to the pandemic.

What type of individuals living in a long-term care facility are most at risk during a pandemic?

Many older adults were afraid of contracting the virus, leading to increased isolation in their apartments (Hamm et al., 2020). Being confined to one's apartment and socially isolated from the world was especially difficult for those with hearing impairments. Two studies showed that older adults with hearing impairments were at a significant disadvantage in receiving appropriate health care and being able to communicate effectively during a pandemic (McKee et al., 2020; Whitehead et al., 2021). In this population, virtual doctor's visits were less effective compared to other residents. Feasible and already used steps to mitigate the new communication barrier between deaf and hard of hearing patients and health care workers include clear face masks, interpreters, captioning apps, signage, and communication boards (McKee et al., 2020).

Another population of importance is those with cognitive impairments. According to O'Caoimh et al., (2020), the pandemic disproportionately affected older adults living in care facilities, especially people with dementia. Brown et al., (2021) measured the impact of the COVID-19 pandemic on older adults with cognitive impairments and Alzheimer's disease and related dementias (ADRD). The study reported an increase in behavioral and psychological symptoms associated with dementia (BPSD), including anxiety, depression, insomnia, wandering, and agitation (Brown et al., 2021). There presented a need is a need to protect older adults with cognitive impairments from the consequences of the COVID-19 pandemic.

PxO.

Which occupations were limited in older adults as a result of the pandemic?

The COVID-19 pandemic negatively affected older adults making health promotion activities more difficult. The person-occupation relationship examined how the pandemic affected older adults and their participation in occupations. The research found that the pandemic disproportionately affected older adults and produced greater adverse effects including more

severe complications, higher mortality, concerns about disruptions to daily routines, access to care, financial concerns, difficulties adapting to technologies such as telemedicine, and concerns related to isolation and mental health (Vahia et al., 2020). This suggests many unique needs needing to be addressed within the population.

According to Gao et al., (2020), older adults have higher rates of chronic disease and disability compared to other generations. An inactive lifestyle, along with a decline in physiological markers of age, contributes to the deterioration of strength and motor abilities. This has been associated with reduced heart health, an increase in skeletal muscle decline, and decreased cognition (Harrison et al., 2021). Exercise and diet are a couple of ways older adults can maintain a healthy lifestyle. According to Harrison et al. (2021), physical activity was a health and wellness indicator that decreased during the pandemic in adults 40 to 100 years of age. This suggests that it is imperative to develop innovative and effective physical activities that promote health and wellbeing in older adults (Gao et al., 2020). According to Batsis et al. (2021), successful interventions aimed at optimizing physical health during and after a pandemic include fall prevention, exercise, aquatic therapy, walking, and sleep preparation.

There is an increased vulnerability in older adults during the pandemic. Evidence has shown that because older adults are most vulnerable, they have anxiety about returning to “normal” life and engaging in occupations (Chen et al., 2021). Vulnerability is due to the age-related impaired immune system, susceptibility to infection, distress stemming from feeling extremely isolated, belief in misinformation, and psychological distress from increased worry and fear (Chang and Levy, 2021; Gorenko et al., 2021; Portacolone et al., 2021; Hamm et al., 2020). The most challenging occupation during the pandemic involved maintaining social relationships followed by changes in activity restrictions (Heid et al., 2021). Then in no

particular order were psychological, health, financial, global environment, death, and home care stressors. Financial stressors included phone calls from telemarketers, scams, paying bills, and threats trying to financially exploit them during a vulnerable time. In the creation of a program, these are all areas in which the eight dimensions of wellness can address. Regarding the person and occupation components of PEO, there was a need to help older adults feel safe, stabilized, and to promote a sense of independence while participating in meaningful occupations. According to Simar and Volicer (2020), interventions that were found to successfully decrease loneliness were laughter therapy, horticultural therapy, and reminiscence therapy. These interventions were considered during the program development, to decrease loneliness in older adults during and after a pandemic.

Older adults have shown incredible resiliency and ability to cope during the pandemic. Chen (2021) states that preventing functional declines, frailty, anxiety, depressive moods, and social isolation became an important but challenging task during the COVID-19 pandemic. Older adults would benefit from knowledge regarding how to self-care when distressed, access mental healthcare and support groups, find volunteer work from their homes to provide a sense of purpose, and continued social interaction in other ways than face-to-face (Hamm et al., 2020). Bermejo-Martines et al., (2021) argue that from a health-assets approach, promoting self-care activities could be key to bolstering physical and mental health at the individual level. Engaging residents in self-care routines will help promote positive health outcomes in all aspects including physical, mental, and emotional health and wellbeing.

Promoting social connectedness for older adults during the pandemic is one of the most important goals (Batsis et al., 2021). During the pandemic, individuals relied on communication through technology to maintain social connections, access health care, and combat loneliness and

boredom. In settings with internet access, people's mental well-being and access to care were supported through online support groups and social communities to combat loneliness (United Nations Policy Brief, 2020). Health consciousness plays a role in the adoption of health-responsible behaviors. Younger adults are more likely to access health promotion and education through digital recourses and social media compared to older adults (Bermejo-Martins et al., 2021). However, the inability to use technology or access technology amongst older adults is a barrier to using this virtual method to communicate with others and healthcare providers. In one study, participants expressed frustration and/or confusion regarding the use of technology to communicate, regardless of race or ethnic backgrounds (Portacolone et al., 2021). However, according to Choi et al., (2022) older adults are more likely to utilize technology services after receiving technology training and access. This suggests the need for education on technology and potential grant funding options for long-term care facilities to receive a computer or iPad for residents to use. Other specific interventions that were found to be beneficial include communication by phone, text, or video call, and social media.

How were older adults accessing healthcare and wellness during a pandemic?

Primary care providers played a key role in identifying health symptoms and changes in older adults. One barrier to optimizing healthy aging in disadvantaged communities during the pandemic was the overall lack of access to health care and other resources (Batsis et al., 2021). This suggests that the delivery of effective healthcare services in low- and middle-income healthcare facilities was challenging. Because of the pandemic, older adults changed their health-seeking behaviors by staying at home and resorting to the informal healthcare services such as the use of home remedies, traditional therapies, and over-the-counter medicines (Holmes et al., 2020). These self-treatments were an effort to boost their immune system or prevent them from

going in public and potentially catching the virus. Batsis et al. (2021), recommends providing patient education, support, and resources to prevent the sudden onset of illness and to focus on routine elements of preventive care. The same study recommends ensuring quality sleep as older adults reported changes in sleep patterns since the start of the pandemic (Batsis et al., 2021). Another area of concern was that older adults waited until the last minute to receive medical attention often leading to worsening health conditions. The outbreak infused fear into older adults as there were reports that this population had higher fatality rates if infected. On the other hand, they were also afraid that if they ended up hospitalized due to other reasons than COVID-19, they were still required to quarantine for two weeks preventing them from participating in occupations outside of their apartment.

ExO.

How can assisted living facilities enhance participation in occupation during a pandemic? How can interventions be modified to best suit this population? How has living in a long-term care facility affected engagement in occupation?

Changes in the environment can be facilitators or barriers to participation in occupation. This section examines the effects of isolation in relation to participating in occupations. Many facilities prohibited outside visitors including family, friends, and outside services. They also put a halt to all activities due to the high risk that the virus would spread rapidly once introduced. Being confined and isolated to one's apartment, had effects that caused older adults to have little to no social interactions with family, friends, doctors, and the world. Several strategies were introduced in the literature to enhance participation in occupation during a pandemic. This included providing an option for the program to be in person or through video as it can benefit older adults and those with low accessibility to healthcare services (Vieira et al., 2020) and by

promoting health and wellbeing by optimizing their participation in society (Turcotte et al., 2015). According to Vieira et al. (2020), there was a need for physical and occupational therapists to implement technology for distance rehabilitation and for expanding treatments using telehealth and other online platforms. Interventions that were beneficial included resources focused on social engagement/connection, virtual classes, technology tips/assistance, resources for helplessness, mental and emotional support, clear face masks, interpreters, captioning Apps, virtual visits, signage, communication boards, cognitive behavioral therapy (CBT) along with problem-solving therapy, and life review (McKee et al., 2020). This suggests a shift in healthcare through the use of technology while adhering to social distancing guidelines and precautions.

To enhance participation in occupation, Turcotte et al. (2015), suggests promoting health and wellbeing by optimizing participation in society. This can include older adults' attendance in group activities at the facility in which they reside. Research has addressed the benefits of group interventions in relation to increased mental health. The United Nations Policy Brief (2021) recommends taking action by supporting recovery from COVID-19 by building mental health services for the future. ALFs within public housing don't always offer an occupational therapist or occupational therapy assistant on site. These facilities would benefit from grant funding to support mental health services and projects with a specific focus on residents' health and wellness. With access to occupational therapy services, it can help promote health and wellbeing by improving consumer access to health care services, prevention strategies, increasing community and occupational engagement, and optimizing physical, cognitive, and psychological care.

How were healthcare services and/or health promotion being provided in ALFs during times of a pandemic?

Regarding the socio-economic and institutional environment, many older adults do not have the adequate resources required to deal with the stressors of the COVID-19 pandemic (Vahia et al., 2020). With public housing, resources were limited to what the facilities can offer. Some facilities have outside agencies come in to provide skilled care although, during the pandemic, residents were unable to receive therapy due to stay-in-place orders. According to Portacolone et al. (2021), home care aides continued to assist residents during the pandemic and played a major role in their care. This is especially important in those who did not have support from family members and lived alone. However, health care providers were more sporadic with the time allotted with residents. Ultimately, there was a need for ALFs to address residents' psychosocial and healthcare needs.

Eight Dimensions of Wellness

According to Matuska et al. (2003), wellness programs are most effective if targeted toward older seniors and non-drivers. This is due to nondrivers having fewer opportunities for socialization and participation in the community. In the previous sections, research presented the need to address mental health in older adults during and after a pandemic. The Substance Abuse and Mental Health Services Administration's (SAMHSA) eight dimensions of wellness model was used as an effective framework for the pursuit of health and wellness. To best optimize wellness, the model suggested finding personal harmony and to find a balance between the dimensions. It's an intentional and active process in trying to improve quality of life. The dimensions include physical, social, emotional, occupational, intellectual, spiritual, financial, and environmental wellness.

The author was able to locate wellness programs that already exist for this population. Several existing *physical* wellness programs for older adults provided significant physical health

benefits, reduced risk of hospitalization, lowered risk of chronic illness, evidence of the benefit of establishing interdisciplinary collaboration, along with providing estimated medical cost savings among the older adult population (Towne et al., 2018; Coyle et al., 2020; Yeh et al., 2022; Tallier et al., 2017; Abrashkin et al., 2021). Physical wellness interventions included formal education sessions along with exercise (ex. chair yoga, cardio, walking), diet modifications, self-concept through a better understanding and perception of self, role function through self-management, and interdependence through establishing social networks.

A *social* wellness program was found to significantly improve participation, confidence, frequency of community trips, autonomy outdoors, satisfaction with social life and relationships, increased knowledge of mobility options, and importance of peer support, along with decreased isolation (Mulry et al., 2017). Strategies used included facilitating practice through homework, peer support, providing resources tailored to individual needs, and one-on-one support and problem-solving. Participants were able to attend group and individual sessions.

An eight-week *emotional* wellness program was found to significantly improve mental health such as depression, anxiety, quality of life, and stress (Russell, 2020). It was based on several approaches, including mindfulness, self-management interventions, cognitive-behavioral principles, adjustments to chronic illness, health promotion/wellness, coping skills, and self-care instruction.

One *intellectual* wellness program was found to increase feelings of stability concerning memory functioning and perceived greater locus of control over their memory (Reijnders et al., 2017). Interventions included psychoeducation, lifestyle factors influencing cognitive functioning, memory strategies, and tips for improving attention and planning skills to focus on strategies to cope with cognitive changes.

When looking at *financial* wellness, more than one out of five Americans aged 65 years or older, live in counties where the higher rates of COVID-19 infection occur, and high economic insecurity risks occur (Li & Mutchler, 2020). Due to COVID-19, older adults faced economic impact on various types of costs and resources (Li & Mutchler, 2020). The author was able to locate one financial wellness program that focused on empowering individuals and families to achieve economic stability (Christensen et al., 2021). Participants reported an increase in savings, ability to handle unexpected financial burdens, and an increase in financial well-being. This suggested a need to educate the older population on various resources to prevent financial stress that can lead to mental illness.

There were no programs, but rather interventions and implications found related to *environmental* wellness and COVID-19 in older adults. Interventions such as gardening or horticulture therapy (Corrley et al., 2021; Robson & Troutman-Jordan, 2015; Berg-Weger & Morley, 2020) and improving digital skills (Garcia et al., 2021; Brandão et al., 2021) during the pandemic were found to benefit physical and mental health. According to Guida and Carpentieri (2021), older adults in urban areas suffered from poor accessibility to essential services during the pandemic. The study suggests that an individual's ability to gain access to opportunities and activities depends on the environment in which older adults live (Guida & Carpentieri, 2021). Not having an environmental wellness program presented a gap as people were placed under lockdown and sometimes secluded in their rooms, in an attempt to reduce the transmission.

One program was found to promote well-being and connection in relation to *occupational* wellness, during the COVID-19 pandemic (Brandão et al., 2021). The intervention program consisted of dancing, storytelling, clowning, exchanging cooking recipes, poetry, and exploring other various art performances. It was determined feasible in terms of recruitment, retention,

attrition, and acceptability for vulnerable older adults including those with cognitive impairments (Brandão et al., 2021).

Spiritual wellness programs found in the research consisted of mind-body therapies, like yoga or coping with loss and grief, which contributes to increased health and well-being (Cheung et al., 2017; Vogler et al., 2011). No spiritual wellness programs were found in older adults during a pandemic, however, Rababa et al. (2020), suggested that it's imperative to investigate religious coping and spiritual well-being and how they relate to death anxiety among older adults during the COVID-19 pandemic. In the same study, it was suggested to engage older adults in interventions such as religious coping, which helped older adults manage their feelings of distress and anxiety, coping with guilt, submit to God's will, view positive light, and control their fear (Rababa et al., 2020).

Research presented a need to develop such programming related to the eight dimensions of wellness in relation to COVID-19. Currently, there are many wellness programs, however, these programs are exclusive to the entire ALF population meaning they may only be offered to a certain gender, specific to one dimension of wellness or one diagnosis, or created for rural communities. However, there were no existing wellness programs available to specifically address the impacts of the pandemic in an urban area.

Conclusion

In 2020 and 2021, there were strict stay-in-place orders to prevent the spread of COVID-19. According to Krendl and Perry (2021), the pandemic had immediate negative impacts on older adults' mental health and well-being. Consequently, older adults were put at an elevated risk for various adverse health outcomes including a decline in motor ability, physical activity, and participation, all of which impact quality of life (Gao et al., 2020). With that, healthcare

professionals play an important role in not only addressing symptoms of COVID-19, but in targeting loneliness, psychological symptoms, and compensating (Steinman et al., 2020) during times of a pandemic. Occupational therapists are skilled at delivering client-centered, evidence-based practice to best serve their clients. They have a responsibility to implement health promotion and prevention strategies through optimizing physical, cognitive, or psychological abilities, and adapting activities or modifying environments to help clients live as safe and independently as possible. It is anticipated that using a wellness model as a framework for the program, while also incorporating PEO factors, that it will help improve occupational performance in health, wellness, and self-care, presumably leading to improved quality of life.

CHAPTER 3

Methodology

Literature Review Process

The scholarly project was created with the overall aim of increasing health, wellness, and self-care in older adults during and after a pandemic. It began with a thorough review of current literature involving topics related to occupational therapy, the COVID-19 pandemic, and older adults. According to Vieira et al., (2020), the rapid transmission of COVID-19 required extensive social distancing measures leading to reduced rehabilitation access and decreased physical activity. Assisted living facilities (ALF) within public housing were unable to access therapy services due to outside rehabilitation services and precaution measures. Older adults in this situation are unable to receive adequate healthcare services and overall, demonstrated a decrease in engagement in meaningful occupations. The scholarly project built on the expertise of occupational therapy in health promotion and well-being. It improved access to healthcare, prevention strategies, optimized physical, cognitive or psychological abilities, and increased occupational engagement. In addition, evidence-based and client-centered interventions were developed to enhance the goals of the project.

A literature search was conducted through PubMed, CINAHL, SocIndex, PsychInfo, Cochrane Library, OTSearch, and OTseeker. Search words such as: “older adults”, “older adults AND COVID-19”, “COVID-19 AND occupational therapy”, “COVID-19 AND social isolation”, and “social isolation AND mental health” were used to locate professional research articles on this topic. Big search phrases to locate existing wellness programs included (wellness OR health OR intellectual OR cognitive OR physical OR emotional OR environmental OR financial OR spiritual OR occupational OR social OR well-being) AND (program OR group OR

intervention OR session) AND (“older adults” OR elderly) AND (covid OR coronavirus OR pandemic OR sars-coV-2). Scholarly articles were obtained from the *American Journal of Occupational Therapy*, *Australian Occupational Therapy Journal*, *The American Journal of Geriatric Psychiatry*, *Journal of American Medical Directors Association*, *Journal of Clinical Medicine*, *Journal of Environmental Research and Public Health*, as well as other medical and geriatric journals. In addition, information was obtained from occupational therapy textbooks regarding teaching and learning theories, mental illness, and intervention. The literature revealed the importance of developing innovative and effective activity intervention programs that reduce stress and promote health and well-being in older adults during times of a pandemic. It provided information regarding the interventions that were proven to be successful or unsuccessful in combating the loneliness and mental health effects secondary to the pandemic.

A literature matrix was developed to organize the research and to determine the need for the project. The literature indicated that the physical and mental health effects were an important but challenging task in combatting social isolation during the pandemic. Research indicated that there were existing programs available to promote health and wellness in this population, however, there were no programs to combat the stressors of a pandemic. According to the United Nations Policy Brief (2020), those who previously experienced anxiety and distress may experience an increase in number, intensity, or worsening of their condition and reduced functioning. This challenge demonstrated the need for developing efficient and effective interventions in addressing the health and wellness of older adults during and after a pandemic.

Emerging Themes and Categories

Themes and categories were identified regarding the needs of older adults during and after a pandemic. The themes that emerged from the literature reviewed were confirmed through

informal interviews with healthcare staff that works in an ALF. This included preventative health, a need for one-on-one sessions, and worsening mental health symptoms. The assertion was made that staff working in ALF have noticed mental and physical health challenges secondary to the COVID-19 pandemic. A second assertion was made that staff have the motivation and will to help aid residents in combatting stressors of COVID-19. The themes that were identified in the literature review and confirmed through informal meetings with residents in an ALF included the need for support, safety, education/advocacy, and physical activity. From the research, it was understood that older adults living in public housing are placed at a disadvantage during times of a pandemic due to a lack of resources. A second assertion was made that older adults are motivated to live a healthy lifestyle if it's relevant to them.

Application of Theoretical Framework

A variety of theories and models were used in the creation and development of the program. These include the person-environment-occupation (PEO) model (Law et al., 1996), the eight dimensions of wellness (SAMHSA, 2016), and Andragogy and Geragogy (Bastable et al., 2020). Integrating theory into the development of the program provided a unique lens for helping older adults increase their health, wellness, and self-care in a time when this was limited. The intervention approach was determined by their level of need, the good or poor “fit” between the transaction, and specific teaching and learning strategies. To best utilize the combination of theories and models to their full capacity, each group session covers a different dimension of wellness and a different topic each day. Using these models will allow residents to develop or maintain specific skills needed to increase health, wellness, and self-care.

Person-Environment-Occupation (PEO) Model.

PEO was used to analyze all aspects of the older adult population, their environment (ALF), and their occupations, including ones that were limited because of the pandemic. It was used to examine the fit between all three domains with the expectation that a better fit will improve occupational performance. According to Mulry et al. (2017), occupation-based health programming in low-income urban-dwelling older adults can help maintain or improve participation in occupations. All aspects of participants' health including demographics were considered in the development of the program. In addition, the PEO model was used to help occupational therapy practitioners using the program, determine which aspect is impacting older adults' participation in occupations.

The PEO model emphasizes the importance of having a good "fit" between the three domains and that a challenge in any one area of a domain, will cause difficulty in the other areas. From the literature and by confirming through non-standardized interviews, the author understood residents' satisfactory and/or unsatisfactory performances in occupations as their satisfaction has a direct relationship to the "fit" between the domains (Baptiste, 2017, p. 147). This allowed the author to create a client-centered, occupation-based program based on interventions that older adults viewed as a barrier to occupational performance. The PEO model can be understood at the individual or group level as the program is intended to be implemented in groups or during one-on-one sessions. Both are offered due to health precautions and health risks that may put individuals at heightened risk for contracting COVID-19. Having the program offered in different ways allows older adults the freedom of choice along with the ability to participate from the comfort of their apartment which is beneficial during times of a pandemic.

Learning Theories.

Learning theories, such as andragogy and geragogy, offered further guidance for the design of activities and educational materials throughout the program to appropriately guide intervention approaches. The materials were designed based on the needs established in the literature review, overall, providing the buy-in adults require to learn new materials (Bastable et al., 2020). The program can be implemented during groups or one-to-one sessions with residents to specifically address their level of need and from the comfort of their apartment due to health precautions. The rationale for this is supported by andragogy and geragogy and that freedom of choice and relevancy is effective for learning (Bastable et al., 2020). Using learning theories as a guide allowed the creator of the program to consider all aspects of the individual during the aging process including client factors and performance skills. The materials were designed based on the learning theories and general characteristics of the population. For example, vision and cognition were factored into the creation of the handouts in that larger text was utilized along with shorter sentences, bullet points, white space, and visual aids. Bastable et al., (2020) mention that older adults are self-directed and use creative outlets for reflection on their unique stories and personal healing and problem-solving. The materials were created or incorporated into the program with the intent to reflect on past experiences, learn, and heal.

Eight Dimensions of Wellness.

The effects of isolation have put the older population at risk for decreased or worsening health conditions and lower quality of life. According to the literature, maintaining wellness is crucial to living a quality life. While creating this program, the author chose to incorporate the eight dimensions of wellness (physical, social, emotional, environmental, occupational, intellectual, and financial) (SAMHSA, 2016) and to use them as a framework for programming. Since there are already wellness programs in existence, with many older adults experiencing

loneliness, isolation, and mental health effects from a pandemic, the author felt there was a greater need to address these issues which affect their health and their engagement in occupations in a more direct way. The program is tailored specifically for older adults living in an ALF to increase health, wellness, and self-care. Health and self-care were carefully integrated into the different dimensions of wellness due to wellness being a dynamic approach to living a healthy lifestyle.

Program Interventions/Activities

Resources used for the development of the interventions include worksheets from Therapist Aid LLC, (Therapist Aid, n.d.). The intervention categories included in the program were decided upon a review of the most common symptoms older adults experience during times of a pandemic along with the needs identified by residents through informal interviews. These include topics such as grief, exercise, sleep, how to access financial resources, fall prevention, spirituality, and more; all of which are topics related to the eight dimensions of wellness. Other primary resources used for the development of educational materials included in the program were Bastable et al., (2020) textbook titled, *Health professional as an educator: Principles of teaching and learning*, Cole, M. B. (2018) textbook titled, *Group leadership: Cole's seven steps*, and *Creating a Healthier life: a step-by-step guide to wellness* (SAMHSA, 2016).

CHAPTER 4

Product Overview

Product Overview

A wellness program was developed to increase health, wellness, and self-care in older adults experiencing mental health effects during and after a pandemic. It is designed for older adults living in an assisted living facility (ALF) and will be implemented by an occupational therapist (OT) or certified occupational therapy assistant (COTA). An occupation-based theory and wellness model guided the development and creation of the program. This chapter provides a summary of the product and the role of the OT/COTA in program implementation.

Guiding Theories

Barriers to engaging in health, wellness, and self-care during a pandemic were analyzed through the lens of the person-environment-occupation (PEO) model (Law et al., 1996). Before implementation, the therapist can view a table of the person, environment, and occupation factors impacting health, wellness, and self-care before creating a chart specific to the site they are implementing the program. This is beneficial in understanding and recognizing the different components and their transactions to optimize occupational performance in older adults.

The goals selected for the program were compatible with occupational concerns older adults faced during a pandemic. These goals are outlined in the group intervention outline protocol listed in Appendix A. Meeting the needs of the population will be accomplished through the use of the eight dimensions of wellness (SAMHSA, 2016) including: physical, emotional, environmental, financial, intellectual, occupational, social, and spiritual. PEO fit well with this because one of the objectives of the program is to get residents out and participate in health-promoting activities in the community to support their overall health, wellness, and self-care.

Increasing Health, Wellness, and Self-Care: A Wellness Program

The needs identified from the research were addressed throughout the program using SAMHSA's eight dimensions of wellness (SAMHSA, 2016) as a framework for the pursuit of increased health and wellness. The completed product can be found in Appendix A. It is expected that a room will be reserved for the group sessions so that all group members can share information in a trusted and private space. Residents are encouraged to attend all of the sessions; however, the program is offered in an open-group format meaning the residents can attend the group at any given time, before the start of the session. They will have the option to participate in the program as older adults are focused on their own goals and life satisfaction (Bastable et al., 2020). Because there are different intervention strategies targeting different needs, residents may choose to only participate in a select few. Once participants feel they have learned enough from the program and the educational sessions, they can choose to no longer attend. However, they can choose to participate if they feel they need further guidance, support, or education.

A new dimension of wellness will be introduced each week. When introducing a new dimension of wellness, the therapist must utilize the "What is (*insert dimension*) Wellness?" handout to introduce the topic and what it entails. From there, the therapist can decide which intervention strategies to implement on which days.

Educational activities will be delivered through various handouts created by the author. These activities are provided within each protocol and are intended to inform residents while allowing them to interact with the materials. The therapist will have their session outline which will not be given to the residents. The educational and interactive materials designed for residents will start with the therapist emphasizing the importance of personal goals or objectives at the beginning of the session and encouraged throughout the activity. This is critical in

addressing the need that adults seek relevancy in learning new materials (Bastable et al., 2020). This will be accomplished by using the intervention outlines provided in the program. The intervention outlines were created using Cole's 7 Steps (Cole, 2018) to meet the goals of the session. Using the outlines created, participants are asked to examine the importance of each topic, their current performance related to it, how the COVID-19 pandemic has affected their participation, and strategies they can implement to increase their health, wellness, and self-care. Twenty-five intervention strategies are included in the program. Each dimension has between two to four interventions along with other suggested intervention strategies the therapist could include that week. A digital folder was created to store the program activities. The interventions included in the program are:

- Physical Wellness
 - Mental Health Benefits of Exercise
 - Sleep Hygiene and Creating a Sleep Diary
- Emotional Wellness
 - Mental Health Maintenance Plan
 - Stress Management
 - Coping Skills
 - Healthy vs. Unhealthy Coping Strategies
 - Self-Care Tips
- Environmental Wellness
 - Horticulture Therapy
 - Tips for Technology – is it Credible?
- Financial Wellness

- Financial Exploitation
- Education on Financial Resources for Older Adults
- Intellectual Wellness
 - What to Expect as you Age
 - Memory Strategies
 - Tips for Improving Attention
- Occupational Wellness
 - Reminiscence Therapy (Life Story)
 - Habits
- Social Wellness
 - Social Support
 - Relationship Building
 - Boundaries
 - Formalizing your COVID-19 Boundaries
- Spiritual Wellness
 - Values
 - Mindfulness
 - Relaxation Techniques
 - Grief, Mourning, and Loss

See appendix A for a complete list of the protocols and session outlines.

Occupational Therapist/Occupational Therapy Assistant Role

The program will be directed by an occupational therapist (OT) or certified occupational therapy assistant (COTA) as they have the education to promote health and wellness by

analyzing the population through occupation-based models and theories. Developing and delivering programs to promote health and well-being are within the scope of occupational therapy practice (AOTA, 2020). Their role can include preventing or reducing disease, reducing health disparities, and promoting engagement in healthy living. Throughout the program, the OT should actively be engaged in the facilitation and evaluation phases by recruiting residents, sharing ideas, offering support and feedback, providing resources, and encouraging interaction between group members. Because it is an open-group format and residents have the option to attend the program, it will be essential for the OT and COTA to maintain a positive rapport with the older adult learner to overall provide a feeling of inclusion and motivation (Findsen & Formosa, 2011). This understanding will influence future interactions and their motivation to continue to attend the program. The OT also has the responsibility to administer outcome measures to residents before the start of the program and again at the end to gather objective information on the impacts of the program. The outcome measures are pre-test post-test surveys and can be found in appendix A.

Summary

The program addresses the wants, needs, and interests of the population as evidenced by implementing the needs identified from the literature and the interviews with residents living in an ALF. The program was developed around the eight dimensions of wellness in the pursuit of increased health, wellness, and self-care. Each dimension addressed two to four interventions that were found to be a barrier to participating in occupations during a pandemic. It is designed to be implemented by OTs or COTAs as they play a large role in improving the health, wellness, and self-care in older adults through different intervention approaches.

CHAPTER 5

Summary

The purpose of this scholarly project was to develop a program to increase the health, wellness, and self-care of older adults living in an assisted living facility (ALF) who are experiencing mental health effects during and after a pandemic.

The research began with a thorough review of current literature and was organized into a literature matrix. An occupation-based model, the person-environment-occupation (Law et al., 1996) model, provided a framework for the literature review and for understanding the needs of older adults. Based on the results from the literature review, the needs were confirmed through non-standardized, qualitative interviews with residents who resided at an ALF.

Research presented a strong need to develop a program that targets the mental health needs of older adults during and after a pandemic. It was found that older adults had negative health consequences associated with strict stay-in-place orders during the COVID-19 pandemic. Feelings of loneliness, isolation, depression, alcoholism, suicidal thoughts, aggressive behaviors, anxiety, impulsivity, insomnia, and worsening emotional well-being all increased because of the pandemic and social distancing measures (Simard & Volicer, 2020; Brown et al., 2021; Bermejo-Martins et al., 2021). It also created an inactive lifestyle which produced adverse effects such as concerns with daily routines, decreased strength, endurance, and motor abilities, reduction in cognitive stimulation, and an increase in weakness, pain, and falls (Harrison et al., 2021; Steinman et al., 2020). Because there were many health consequences, the eight dimensions of wellness (SAMHSA, 2016) was used to provide a holistic approach to addressing the many unique needs during times of a pandemic.

By using the eight dimensions of wellness as a framework for the program sessions, the author was able to address a variety of needs within each dimension. Interventions included the mental health benefits of exercise, sleep, creating a mental health maintenance plan, stress management, coping skills, self-care tips, fall prevention, horticulture therapy, tips for technology, financial exploitation, financial resources, the aging process, memory, and attention strategies, reminiscence therapy, social support and boundaries, mindfulness and relaxation, and grief and loss.

Implementation

The program was designed for older adults living in an ALF and will be directed by an occupational therapist (OT) or certified occupational therapy assistant (COTA). It can be implemented in a group setting using an open group format, or during individual sessions with residents. The product includes a guide for the application of the PEO model, the outlines for the program sessions, and twenty-five intervention strategies within the eight dimensions of wellness. In addition, a digital folder was created to store the program activities.

Program Effectiveness

To determine program effectiveness, outcome measures will be implemented. Before beginning the program and again at the end, residents will complete a pre-test post-test survey. With the program being offered in an open-group format, the pre-test survey will be given at the start of the resident's first session. The surveys can be found in appendix A. In addition, focus groups can be led by the occupational therapist to gather qualitative data about feelings and opinions on the program. These will ensure program sustainability and provide evidence for the continuation of the program.

Strengths and Limitations

A strength of the product is that the author included all eight dimensions of wellness concerning older adults which created a holistic approach to wellness. It addressed the mental health concerns of this population during a time when this was limited. The program promotes active engagement in healthy living and aging in place, along with providing access to care and socialization. It is an inclusive program that can be offered to all residents residing in an assisted living facility. Another strength is that the intervention strategies were trialed with minority populations including low-income, public housing, underserved, and individuals who are disabled.

The author was able to trial intervention strategies, although the full product was unable to be implemented. It will be important to pilot the entire program to determine program effectiveness. Another limitation is that the product does not account for rural areas as it was trialed in an urban, major metropolitan area. The needs of older adults living in rural areas may be different from those living in highly populated areas.

Recommendations

It is recommended that the program be implemented to determine program effectiveness. If there isn't an OT or COTA on-site, the author recommends looking into grant funding to employ an OT and/or COTA to implement the program and ensure sustainability. Some interventions included in the program are worksheets provided by Therapist Aid (Therapist Aid, n.d.). It is recommended that the therapist create a free membership before utilizing the materials. Therapist Aid also offers paid memberships where one can customize worksheets and interactive tools to make them further individualized.

Conclusion

The effects of social distancing during the COVID-19 pandemic created a myriad of negative health consequences in older adults. Research indicated the need to develop client-centered, evidence-based interventions to combat the challenges of the COVID-19 pandemic. It is anticipated that after completion of the program, older adults will experience an increase in their health, wellness, and self-care contributing to an increased quality of life.

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APPENDICES

APPENDIX A

INCREASING HEALTH, WELLNESS, AND SELF-CARE IN OLDER ADULTS EXPERIENCING MENTAL HEALTH EFFECTS DURING AND AFTER A PANDEMIC: A WELLNESS PROGRAM

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(Pixabay, 2017)

Therapist Intervention Overview OT/COTA Guide

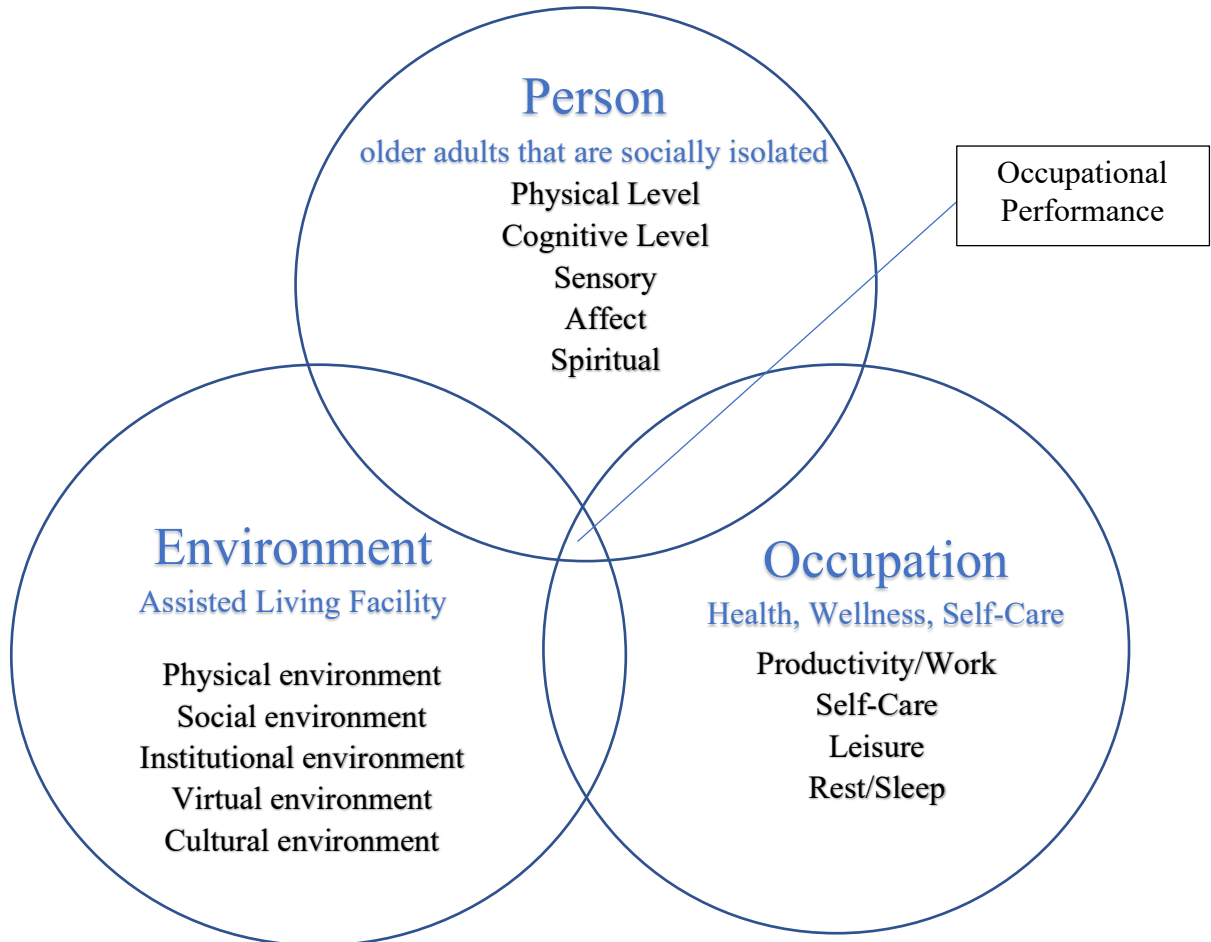
This packet is intended to be used by the occupational therapist and will not be accessible to the clients. The worksheets, resources, and handouts can be found in a thumb drive that will contain a folder for each dimension of wellness. In the folder, you will find the PDF worksheets which can be printed by the therapist before each session.

The author was granted permission to include interactive worksheets and resources provided by Therapist Aid (Therapist Aid LLC, n.d.) which can be found on page 144. The worksheets included are their basic worksheets that were available for free on their website. They offer different subscriptions which allow full access to their tools, customizable worksheets, and fillable worksheets. More information can be found on their website by visiting <https://www.therapistaid.com/plans>.

This program is designed as a skilled intervention service. If interested in contacting the author, please connect through email at Blomhayley@gmail.com.

Occupation-Based Model to Guide Programming

Person, Environment, and Occupation (PEO) Model (Law et al., 1996)



About PEO

Through the lens of the person-environment-occupation (PEO) model (Law et al., 1996), the author analyzed the personal factors in older adults, their assisted living facility (ALF) environment, and occupations during times of a pandemic. The author recognized the importance of the interfaces between each of the domains and identified the good and poor “fits” between the different aspects. With PEO, if there is a challenge in any one area of a domain, it will cause difficulty in the other areas. The goal is to have an optimal fit for successful occupational performance.

For this program, PEO embodies a client-centered approach to help older adults with mental illness fully participate in everyday life by doing what is important and meaningful to them, in the environments they choose, and with those who support them (Stoffel, 2011; Strong & Gruhl, 2011).

Application of Person Environment Occupation (PEO) Model

The person, environment, and occupation components were analyzed during the COVID-19 pandemic.

Person

The person aspect of PEO can be defined as “a unique being who assumes a variety of roles simultaneously and who can engage in activities and occupations that are needed and desired” (Law et al., 1996, p. 141).

Physical: Many older adults experience underlying medical conditions which placed them at higher risk for COVID-19 infection. During this time, older adults experienced decreased strength, endurance, and motor abilities, and an increase in weakness and pain secondary to isolation.

Cognitive: Older adults experience many cognitive changes including a decreased ability to think abstractly, process information, and decreased short-term memory (Bastable et al., 2020, p. 192). According to Steinman et al., (2020), older adults experienced a reduction in cognitive stimulation during the pandemic.

Sensory: Throughout the aging process older adults may experience a decrease in their senses including touch, smell, sight, and hearing. As a result of COVID-19 restrictions in care facilities there was a reduction in stimuli for residents (Knippenberg et al., 2022).

Affective: Older adults are self-directed and use creative outlets for reflection of their unique stories, personal healing, and problem-solving. They are focused on their own goals and life satisfaction (Bastable et al., 2020).

Spiritual: Older adults have a defined set of values and beliefs during this stage of their life. They are often focused on their own goals and life satisfaction. According to Coppola et al., (2021), situations of crisis and bereavement, can present a threat to your spiritual well-being and lead to greater psychological distress.

Environment

The environment aspect of PEO contains different types of environments including cultural, institutional, virtual, physical, and social environments (Law et al., 1996).

Physical environment: The physical environment of an assisted living facility includes resident apartments, dining room, communal areas, elevator, bus, patio, lighting, and space. During the COVID-19 pandemic, older adults were socially isolated to their apartment.

Social environment: The social environment includes family, friends, residents, employees, and healthcare providers. During the COVID-19 pandemic, there was decreased social interaction, limited social support, and reduced rehabilitation access (Vieira et al., 2020).

Institutional environment: The institutional environment includes laws, policies, rights, Medicare and Medicaid benefits, and grant funding.

Virtual environment: The virtual environment includes social networking, technology, and telehealth. During the pandemic, individuals relied on communication through technology to maintain social connections, access health care, and combat loneliness and boredom.

Cultural environment: The cultural environment includes rituals, rites, customs, and behavioral expectations. The older adult population values their independence and are self-directed.

Occupation

The occupation aspect of PEO can be defined as “groups of self-directed, functional tasks and activities in which a person engages over a lifespan” (Law et al., 1996, p. 144).

Productivity/Work: Older adults are likely to be retired, although some participate in volunteer work. From the research, it was found that older adults faced financial concerns and home care stressors during the COVID-19 pandemic.

Self-Care: To qualify for an ALF, older adults must require a certain number of services. These can include showering, grooming, housekeeping, laundry, assistance with medications, other personal care. Occupational challenges related to self-care during the pandemic included disruptions to daily routines, access to care, and concerns related to physical and mental health.

Leisure: Older adults tend to have more time to explore and participate in leisure activities. As a result of the pandemic, activities were put to a halt until institutions ensured resident safety and protection against the virus. Challenging occupations include activity restriction, maintaining social relationships, and difficulties adapting to technology.

Rest/Sleep: Older adults may require more sleep than in their younger years. As a result of the pandemic, older adults reported difficulties falling asleep and/or staying asleep.

PEO Transactions

PEO is a transactive model meaning there are interactions between the person and the environment (PxE), environment and occupation (ExO), and the occupation and the person (PxO). Consequently, the relationships between the dimensions provided an understanding of older adults needs during and after a pandemic. If there is a good fit meaningful participation can increase. If there is a poor fit, it can threaten the engagement and performance in occupations.

A client’s autonomy is the driving force of the change process. Their wants and needs must be understood to provide client-centered care. Although, there are no intervention strategies or assessments linked to PEO, the model is used to guide OT reasoning, to conduct problem statements, and to determine assessment and intervention strategies. The client(s) and therapist must work together to improve the fit between the domains.

The following is an example of the transactions found in the research:

PxE	PxO	ExO
<p>Older adults were isolated to their apartments which was different from how they used to live being connected to their community and loved ones. As a result, it increased loneliness and other mental health concerns (bad fit)</p> <p>There was a lack of meaningful engagement in the social environment which contributed to worsening psychosocial well-being of residents (bad fit)</p> <p>Many older adults were unaware of how to utilize virtual environments during the pandemic (bad fit)</p> <p>The effects of social isolation were especially difficult for residents living in ALFs, specifically, those with little social support (bad fit)</p> <p>Living environments lacked stimulation for older adults (bad fit).</p> <p>Environments can be improved to support increased quality of life and to meet the needs of older adults (good fit)</p>	<p>Older adults reduced engagement in meaningful and valued occupations as they were limited due to social distancing (bad fit)</p> <p>Older adults reported changes to their occupations due to worsening mental health (bad fit)</p> <p>Lack of physical activity contributed to deterioration of strength and motor abilities, reduced heart health, and skeletal muscle decline, and decreased cognition (bad fit)</p> <p>As a result of the pandemic, older adults reported changes in sleep patterns which affected their mental health (bad fit)</p> <p>Older adults have anxiety about returning to “normal” life and engaging in occupations (poor fit). They will feel more comfortable participating in activities if it directly relates to their life (bad fit)</p> <p>Interventions can be used to facilitate participation in occupations and can be modified to accommodate to their needs, abilities, and interests (good fit)</p>	<p>The virtual environment can be used to facilitate participation in occupation (good fit) unless there is a lack of understand of how to use technology (bad fit)</p> <p>Social isolation prevented outside visitors from visiting ALFs resulting in less opportunity to engage in meaningful occupations (bad fit).</p> <p>Environments can be modified to promote engagement in occupations (good fit)</p> <p>Some facilities lacked adequate resources to provide quality programs during a pandemic (bad fit)</p> <p>ALFs lack inclusive wellness programs resulting in a lack of access and participation in health, wellness, and self-care activities (bad fit)</p> <p>Occupational therapy professionals have the skills and resources necessary to implement health promotion and prevention strategies in ALFs for older adults (good fit)</p>

Program Implementation

Instructions: The therapist will complete the following charts for each new client and use it as a reference regarding their progress throughout the program. They can gather this information through informal interviews and chart reviews.

Step 1: Identify the different components of the PEO model to fit the client.

Person	Environment	Occupation
Physical:	Physical:	Productivity/Work:
Cognitive:	Social:	Self-Care:
Sensory:	Cultural:	Leisure:
Affective:	Institutional:	Rest/Sleep:
Spiritual:	Virtual:	

Step 2: Differentiate the relationships within the PEO Model.

PxE	PxO	OxE

Step 3: Develop the objective(s)

Step 4: Identify strategies for engaging residents within the PEO Model

Step 5: Select an intervention encompassing a client-centered approach

Group Intervention Outline Protocol

Occupation-Based Model:

The program utilizes SAMHSA's eight dimensions of wellness (SAMHSA, 2016) model as a framework for the program sessions. The interventions target the "bad fit" transactions of the person-environment-occupation (PEO) model (Law et al., 1996).

Description of Members:

The population consists of adults aged fifty-five and older who live in an assisted living facility (ALF). The program is targeted toward those individuals whose health was affected by the COVID-19 pandemic. Ideally, intervention groups will consist of anywhere between 3-8 residents. This is supported by literature in that groups with more than eight people are generally not effective at delivering interventions (Cole, 2018). The program can also be used for one-on-one sessions with residents living in an ALF and is implemented in the same fashion as the group protocol. In the group setting, an open-group format will be utilized because a variety of different intervention strategies are included in the program. An open-group format is the best format due to older adults having different interests, wants, needs, and diagnoses. It is expected that a room will be reserved for the group sessions so that all group members can share information in a trusted and private space.

Purpose/Description:

The purpose of the intervention overview is to outline the occupational therapy services that are provided to older adults living in an ALF. These services are intended to improve occupational performance in health, wellness, and self-care during and after a pandemic and reduce the barriers related to social isolation. Occupational issues related to health, wellness, and self-care in older adults during a pandemic include a decrease in their senses, strength, endurance, and motor abilities, and increased weakness and pain. During the COVID-19 pandemic, older adults who were socially isolated also faced many mental health challenges including feelings of loneliness, depression, alcoholism, suicidal thoughts, aggressive behaviors, and impulsivity. The goals selected for the program are compatible with occupational concerns older adults are currently facing during and after a pandemic.

Overarching PxE Goal:

Older adults will independently implement 2-3 improvements to their environment to support increased quality of life by the end of the program.

PxE Rationale:

During the COVID-19 pandemic, social distancing measures were in place to reduce the spread of the virus. As a result, older adults became socially isolated which consequently led to worsening mental health conditions. They experienced a reduced quality of life due to decreased social interaction, along with worsening physical health conditions and reduced functioning from living a sedentary lifestyle. There is a benefit to attending the group sessions in that it provides face-to-face interactions and continued social support. There are intervention sessions that target different environments to provide a sense of meaning and promote independence. For example, the technology session can affect their mental status allowing them a sense of accomplishment.

Overarching PxO Goal:

Older adults will demonstrate increased engagement in health, wellness, and self-care activities, presumably leading to increased quality of life, as evidenced by an increased score on the outcome measure.

PxO Rational:

One of the major concerns regarding the strict stay-in-place orders was the disruption to daily routines, habits, and other meaningful activities. Research indicated that older adults who previously experienced mental health, experienced increased intensity of their symptoms. This included feelings of loneliness, anxiety, depression, and other mental health factors suggesting that mental health was an important aspect of the COVID-19 outbreak. Those who previously experienced mental health experienced increased intensity or worsening of their condition during this time. Older adults will benefit from a health, wellness, and self-care program that can be offered individually, or as a group, in hopes to return to meaningful occupations and increased quality of life. With increased mental health conditions, they will benefit from learning strategies about ways to self-care when distressed, accessing support groups for social interaction, and education on coping strategies.

Overarching ExO Goal:

The assisted living facility will provide quality health, wellness, and self-care programs during a pandemic.

ExO Rationale:

Research presented a need to develop programming that addresses the many unique needs of older adults during times of a pandemic. ALFs were not prepared to deal with the impacts of COVID-19 and mental health concerns were put on the back burner due to other prioritized tasks. The author found no existing wellness programs that targeted all eight dimensions of wellness in older adults living in an ALF. By targeting all eight areas, it provides a holistic approach to addressing many of the unique needs older adults identified during the COVID-19 pandemic. ALFs will benefit from a health, wellness, and self-care program because it promotes active engagement in healthy living and aging in place.

Outcome Criteria:

A pre-test post-test design will be used to measure their current performance in health, wellness, and self-care promoting activities. A questionnaire, using Likert scales, will be filled out by each resident before their first session and again at the end of the program. By taking it again at the end of the program, it provides information on their progress toward increased health, wellness, and self-care.

Methods

A variety of occupational therapy intervention approaches are used throughout the program. This was intentional in creating an inclusive group addressing the many unique needs of older adults during times of a pandemic. The intervention approaches include creating and promoting, establish/restore, maintaining, modifying, and preventing.

Health Literacy and Teaching Approach

The person characteristics of the population and reading level were carefully incorporated into the program sessions. This was to ensure that information will be understood by the participants. In the adult to the older adult population, reading levels may be slightly different. Some challenges older adults may face when it comes to obtaining health information include physiological challenges of aging, including changes in vision, hearing, and cognition (CDC, 2009). It is expected that the therapist will adjust their expectations and demands to the different levels of needs. For example, the therapist may read the handout to an individual with low vision. It is the therapist's responsibility to consider the literacy environment of their facility.

The intervention will be delivered using andragogy, the theory behind adult learning (Bastable et al., 2020), and geragogy, the theory behind older adult learning (Bastable et al., 2020). Using these theories, the author incorporated larger texts, shorter sentences, bullet points, white space, and visual aids to support the learning of this population. It is expected that the therapist follows Cole's 7 steps (Cole, 2018) which also include the objectives for the session. This provides information on the relevance of the materials to their lives.

Time and Place of Meetings

The sessions will take place once a day during the weekdays. The frequency and time of day can be determined by the needs of the facility. It will be held in a private area where group members can share information without others hearing to ensure confidentiality.

Supplies

A table with chairs, writing utensils, blank sheets of paper, resources, or handouts from therapist, and technology (laptop, smart phone, or desktop) for the technology session.

Format

- Introduction/Warm-up – 11 minutes
- Activity – 12 minutes
- Sharing/Processing – 8 minutes
- Generalizing – 3 minutes
- Application – 3 minutes
- Summary – 3 minutes
- Total: 40 minutes

8 Dimensions of Wellness

The Substance Abuse and Mental Health Services Administration (SAMHSA) has identified the eight dimensions of wellness model which focuses on optimizing health and wellbeing (SAMHSA, 2016). This model is used as a framework for the program sessions, in pursuit of increased health, wellness, and self-care. The model suggests finding personal harmony and to find a balance between the dimensions.

Intervention Strategies Included:

Physical Wellness	Mental Health Benefits of Exercise Sleep Hygiene & Creating a Sleep Diary
Emotional Wellness	Mental Health Maintenance Plan Stress Management & Tips Coping Skills Healthy Vs. Unhealthy Coping Strategies Self-Care Tips
Environmental Wellness	Fall Prevention Horticulture Therapy Tips for Technology- Is it Credible?
Financial Wellness	Financial Exploitation Education on Financial Resources
Intellectual Wellness	Education: What to Expect as you Age Memory Strategies Tips for Improving Attention
Occupational Wellness	Reminisce Therapy (Life Story) Habits
Social Wellness	Social Support Relationship Building Boundaries Formalizing Your COVID-19 Boundaries (Optional)
Spiritual Wellness	Values Mindfulness Introduction to Relaxation Techniques Grief, Mourning, and Loss

Other Suggested Intervention Strategies:

Physical Wellness	Pain Management Education Exercise Challenges Wheelchair Positioning & Body Mechanics Tai Chi Incontinence/Urinary Care Chair Yoga
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	Nutrition
Emotional Wellness	Positive Affirmations Therapy Animals Writing Letters/Cards Gratitude Journal
Environmental Wellness	Walking Group A “Safe Place” Indoor Gardening Lawn Games Educational Programs -Learning About Different Plants -Learning About National Parks -Recycling
Financial Wellness	Mail: recognizing when mail is important Relationships Surrounding Money Setting Financial Goals/Budget Overcoming Financial Distress
Intellectual Wellness	Documentary Series Conversation and Debate Current Events Learning a New Game
Occupational Wellness	Biographies Resources for Volunteering/Work Creating a Collage (about your past, interests, goals, etc)
Social Wellness	Wii Bowling Group Outings Lunch and Music Arts and Crafts Bingo Coffee Corner
Spiritual Wellness	Fellowship Brunch Story Telling Mandala’s Meaning of Life Daily Devotions Core Beliefs Progressive Muscle Relaxation Grief Sentence Completion

PHYSICAL WELLNESS

WHAT IS PHYSICAL WELLNESS?

Description: Physical wellness includes maintaining a healthy body, healthy habits, nutrition, exercise, and appropriate healthcare. It's choosing things that make our body feel good and creating a routine that balances activity with inactivity.



(Grabowska, 2020)

Questions to ask yourself:

- Are you getting regular physical activity whenever you can?
- Are you a part of a gym or exercise group?
- Do you feel comfortable with your body? Do you see a doctor regularly?
- Have you developed healthy habits?
- Are you aware of how sleep can affect you?
- What is your sleep environment like?

Format for Group or Individual Session

Cole's 7 Steps

Intervention: The Mental Health Benefits of Exercise

Dimension of Wellness: Physical Wellness

Materials Needed: 'The Mental Health Benefits of Exercise' handout and a writing utensil

Introduction: Hello, my name is _____ and I am your occupational therapist (assistant/student). Today we will be focusing on physical wellness, specifically, the mental health benefits of exercise, and teaching you strategies you can use to make sure you remember to exercise. To start we will begin with a conversation about our own exercise experiences. Then we will read through the handouts together and complete a worksheet (independently, as a group, or with a partner). After that, I will have you practice the strategies to see how it feels. To finish the session, we will discuss how the strategies worked for you and where you can use them in your day-to-day life.

Expectations of the group: I want to remind everybody that this is a confidential group and that whatever is said here stays here. Whatever is discussed or shared during the group session will not be shared outside of the session. And during the session, it's expected that each person will contribute. Are there any questions so far?

Group Introduction: Go around the room and have each person introduce themselves and answer the question, "what is one thing you do to keep yourself healthy?" This is a fun way to build rapport and get to know each other a little bit. It is also a question that relates to today's topic.

Introduce/Reintroduce Physical Wellness: *(Leader is encouraged to use the "What is Physical Wellness" handout located on page 15)*

Objectives:

Describe 1-2 benefits of exercise on your mental health

Identify 2-3 lifestyle factors you can control to keep yourself healthy

Warm-Up Activity:

Have the group or individual share their experiences with exercising (ask for a volunteer to start and go around the room). Leader can write the answers on a white board or large sheet of paper

Activity:

- Therapist should give the resident(s) "The Mental Health Benefits of Exercise" handout. Ask the group or individual: "Why do you think exercising is good for your mental health?" (Ask for a volunteer to start and go around the room) Leader can again write the answers on a white board or large sheet of paper for all to see.
- Go through all parts of the handout, taking turns reading if applicable

- *Leader is encouraged to ask questions throughout the handout*
- *Leader should remind the participant(s) that not everything on the handout will relate directly to their lifestyles and that we can work together to create an individualized exercise program*
- Complete the interactive handout individually, with a partner, or as a group
- Rationale:
 - The activity supports the goal that is directed at addressing PxO factors in encouraging residents to increase their engagement in health promoting activities, presumably leading to increased quality of life. During the COVID-19 pandemic, social isolation led to more sedentary lifestyles. It is anticipated that education on the benefits of exercise related to mental health and creating a plan will increase their participations in health promoting activities.

Therapist: Ask for volunteer to share and acknowledge each member's contribution (both verbal and non-verbal). Point out similarities between group members.

Sharing/Processing: *Have the residents share our and the therapist will compile identified barriers. The therapist will facilitate the discussion on the process.*

- What did you learn about yourself today?
- How did it feel thinking about the benefits of exercise on your mental health?
- What were some of the commonalities between group members?
- How easy or difficult do you think it will be to stick to the schedule and plan you created?

Generalizing: *Therapist will take what was discussed in the session and make some general statements about commonalities among group members and what was discussed. Therapist can make general statements regarding the overall feeling that the group members had toward exercise or regarding the top identified barriers.*

- "I can see that the majority of you identified _____ as a barrier towards participating in exercise." "Possible barriers might include not enough help from staff, lack of motivation, not feeling safe, or too tired."
- "I can see that the majority of you identified _____ as a positive aspect of exercise on your mental health" "Positive aspects might include Feeling better after the workout or exercise, sleeping better, feeling healthier"
- In what other situations do you think you could use these strategies?
- What other strategies can you use?

Application: *Therapist will start by asking general questions regarding what has been learned from the session and how it may be applicable to life outside the session.*

- "We see that there are (insert common opinion or barrier), now how might be move forward from here?"
- How do you think these strategies will benefit your mental health?
- How will you use this session to guide you in the future?

Summary:

- Review session goals
 - The goal for the session was to learn about the mental health benefits of exercise and to learn strategies to hold you accountable. Today we talked about what problems exercise can help with, beginning and exercise plan, exercises we would like to try, and strategies to make sure we remember to exercise.
 - Ask the participant(s) if they feel as though they met their goal and give them a glimpse of what is next to come in the sessions.
- Summarize emotional responses
- Summarize the session
 - Before we part, I want you to practice what you learned in today's session. Next time you notice an obstacle preventing you from exercising, I want you to go through the steps of this worksheet to help you problem solve ways to help you stick to your exercise plan. We will be discussing this next time we meet. Thank you for all your hard work today!
- Acknowledge member participation (thank them for participating, sharing, trusting, disclosing, taking risks, etc.).

Reference:

Cole, M. B. (2018). *Group leadership: Cole's seven steps*. In M. B. Cole (Ed.) *Group Dynamics in Occupational Therapy*. Thorofare, NJ: SLACK

The Mental Health Benefits of Exercise

Research has shown us that people who exercise regularly tend to be more resistant to many mental illnesses. Exercise can help treat current symptoms, and prevent future episodes.

What problems can exercise help with?

Mental Illness

Depression
Anxiety
Substance Abuse
Bulimia
Alzheimer's Disease

Other

Sleep Difficulties
Stress
Physical Health
Low Energy
Self-Esteem

Beginning an exercise plan doesn't have to be difficult. Walking for as little as 30 minutes, 3 times a week, has been found to be beneficial. Don't worry too much about what exercise you choose. Aerobic and anaerobic exercises are both effective at improving mental health.

Anaerobic Exercises



Weightlifting
Sprinting (running, biking, etc.)
Interval training
Climbing

Aerobic Exercises



Walking, jogging, or biking
Elliptical or ski machines
Swimming
Dancing

If you're crunched for time, you might still be able to squeeze some exercise into your day. Two 15 minute walks work just as well as one 30 minute walk! Here are some tips to help:



Need to make a phone call? Walk and talk.

Get an exercise partner to hold you accountable.

Park at the back of the parking lot and walk.

Do an activity you enjoy, and it won't be a chore.

Skip the elevator and take the stairs.

Head outside for 10 minutes during lunch.

The Mental Health Benefits of Exercise

What days of the week can you find time to exercise?

Choose a minimum of three days per week to exercise. You should exercise for at least 30 minutes, but the time can be split up throughout the day.

Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.

List three types of exercise you would like to try.

The best exercises are activities that you'll genuinely enjoy, without having too many obstacles to get started.

①

②

③

What strategies can you use to make sure you remember to exercise?

It's easy to put off exercise, prioritize other things, or simply forget about your plan. Circle the ideas that might help you stick to your plan.

- ❖ Plan to exercise with a friend so you can both hold one another responsible.
- ❖ Set an alarm to remind you when to exercise. If you're using your phone alarm, set it to automatically repeat every day at the same time!
- ❖ Get into a routine by exercising at the same time every day. Try attaching exercise to a particular part of your day, such as walking every evening right after dinner.
- ❖ Reward yourself for a job well done. Treat yourself to something you enjoy when you exercise. However, you have to be honest! No exercise, no reward.

Format for Group or Individual Session

Cole's 7 Steps

Intervention: Sleep

Dimension of Wellness: Physical Wellness

Materials Needed: 'Sleep Hygiene' handout and a writing utensil

Introduction: Hello, my name is _____ and I am your occupational therapist (assistant/student). Today we will be talking about sleep hygiene, our sleep environment, and how it can effect our daily life. To start we will begin with a warm-up activity. To finish the session, we will have a discussion about which strategies will work bests for you and how you can use them in your day-to-day life.

Expectations of the group: I want to remind everybody that this is a confidential group and that whatever is said here stays here. Whatever is discussed or shared during the group session will not be shared outside of the session. And during the session, it's expected that each person will contribute. Are there any questions so far?

Group Introductions: Go around the room and have each person introduce themselves and answer the question, "How did you sleep last night?" This is a fun way to build rapport and get to know each other a little bit. It is also a question that relates to today's topic.

Introduce/Reintroduce Physical Wellness: (*Leader is encouraged to use the "What is Physical Wellness" handout located on page 15*)

Objective(s):

- Develop strategies to facilitate a healthy sleep environment and sleep hygiene
- Understand how sleep influences our mental health
- Understand how sleep influences our day
- Recognize and reduce the risk of unhealthy sleep habits

Warm-Up Activity:

Each person answer: "How many hours of sleep do you get in a night on average?" and, "How has the COVID-19 pandemic impacted your sleep?" Leader can write the answers on a white board or large sheet of paper for the participants to view. After a list has been written down, leader can explain the following:

- Leader: *"Most healthy older adults age 65 or older need 7-8 hours of sleep each night to feel rested and alert. But as you age, your sleep patterns may change."*
- Leader: Explain the effects COVID-19 pandemic can have on sleep:
 - o *"Sleep disturbances can be due to increased stress and anxiety that the pandemic has brought on, including the impact of uncertainty and all the information we are exposed to along with being stuck in our homes which can cause complications in sleep patterns. A lack of sleep and increased stress negatively impacts overall health. There are several ways we can improve our sleep which is what we will be talking about today."*

Activity:

- Go through all parts of the handout, taking turns reading if applicable.
 - *Leader is encouraged to ask questions throughout the handout. Potential questions include, “Do you have a sleep schedule? If yes, what does that look like?”, “Are you napping throughout the day? If yes, how long and how often?” “Tell me more about your sleep environment.”*
- Complete day 1 of the sleep diary both AM and PM.
 - Together, the therapist and client(s) will go through each column one at a time.
 - *Leader is encouraged to help group members to ensure ability to carry-over and generalization*
 - *Options for low vision: Blow up the work-sheet, use magnified lens, provide caregiver education to help assist resident complete daily*
- This activity supports the goal that is directed at addressing ExO and PxO factors as the sleep environment can be used to facilitate participation in occupations all of which can influence daily life. During the COVID-19 pandemic, loneliness and isolation led to health consequences such as insomnia in the older adult population. It is anticipated that education on sleep hygiene in relation to mental health and creating a schedule will promote an increase in health, wellness, and self-care.

Sharing/Processing:

- Tell me what you wrote on your worksheet.
- “Now that we are finished with the activity and learned about the sleep diary, tell me how you plan to continue using this strategy to track your sleep and improve physical wellness”
- How did it feel implementing the sleep diary?
- Tell me what you learned from the sleep hygiene handout.
- What did you find most challenging? Or what do you anticipate being challenging as you continue to write in your sleep diary?

Generalizing:

- What other strategies can you think of to help your sleep hygiene?
- What continues to be a challenge?
 - Acknowledge similar responses and differences

Application:

- How will you implement these new strategies into your daily life?
- How do you think these strategies will benefit you in the near future?

Summary:

- Review session goals
 - “The goal for the session was to develop strategies to assist in good sleep hygiene, understand how sleep influences our mental health, and to understand how sleep influences our day”
 - Ask the participant(s) if they feel as though they met their goal and give them a glimpse of what is next to come in the sessions.
- Summarize emotional responses
- Summarize the session

- Before we part, I want you to practice what you learned in today's session. I want you to go through and further reflect on the worksheet to help your sleep hygiene. We will be discussing them next time we meet.
- Acknowledge member participation (thank them for participating, sharing, trusting, disclosing, taking risks, etc.).

Reference:

Cole, M. B. (2018). *Group leadership: Cole's seven steps*. In M. B. Cole (Ed.) *Group Dynamics in Occupational Therapy*. Thorofare, NJ: SLACK

Sleep Hygiene

› Set a schedule.

Establish a regular sleep schedule every day of the week. Don't sleep in more than an hour, even on your days off.

› Don't force yourself to sleep.

If you haven't fallen asleep after 20 minutes, get up and do something calming. Read a book, draw, or write in a journal. Avoid computer, TV, and phone screens, or anything else that's stimulating and could lead to becoming *more* awake.

› Avoid caffeine, alcohol, and nicotine.

Consuming caffeine, alcohol, and nicotine can affect your ability to fall asleep and the quality of your sleep, even if they're used earlier in the day. Remember, caffeine can stay in your body for up to 12 hours, and even decaf coffee has *some* caffeine!

› Avoid napping.

Napping during the day will make sleep more difficult at night. Naps that are over an hour long, or those that are later in the day, are especially harmful to sleep hygiene.

› Use your bed only for sleep.

If your body learns to associate your bed with sleep, you'll start to feel tired as soon as you lie down. Using your phone, watching TV, or doing other waking activities in bed can have the opposite effect, causing you to become more alert.

› Exercise and eat well.

A healthy diet and exercise can lead to better sleep. However, avoid strenuous exercise and big meals for 2 hours before going to bed.

› Sleep in a comfortable environment.

It's important to sleep in an area that's adequately quiet, comfortable, and dark. Try using an eye mask, ear plugs, fans, or white noise if necessary.

Sleep Diary: **Morning**

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day of the week:						
I went to bed at:						
AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM
I woke up at:						
AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM
Last night, I slept for ___ hours:						
Last night, it took me about ___ minutes to fall asleep:						
I felt that the quality of my sleep was: e.g. very good, good, bad, very bad						
This morning, I feel: e.g. refreshed, tired, groggy, alert						
My sleep was made more difficult by: e.g. temperature, noise, dreams, thoughts, not feeling tired, discomfort						
During the night, I woke up ___ times:						

Sleep Diary: **Night**

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
I took a nap:						
yes / no	yes / no	yes / no	yes / no	yes / no	yes / no	yes / no
I had caffeine:						
# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks	# of drinks
<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
I exercised for ____ minutes:						
Medications or drugs I used today:						
Throughout the day, I felt drowsy:						
<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never	<input type="checkbox"/> Never
<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Sometimes
<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Very Often
Overall, my mood today was e.g. positive, negative, neutral						
In the hour before bed, my activities included: e.g. reading, computer, TV, showering, phone, eating, spending time with partner						

EMOTIONAL WELLNESS

WHAT IS IT?

Description: Emotional wellness involves the ability to express feelings, adjust to emotional challenges, cope with life stressors, and enjoy life. It includes knowing our strengths as well as what we want to get better at and living and working on our own but letting others help us from time to time.



(Aurelius, 2021)

Questions to think about:

- Do you allow yourself to be open and acknowledge your feelings?
- Do you learn from your mistakes? Do you see challenges as opportunities for growth?
- Are you involved in a support group?
- Have you tried yoga? Breathing? Meditation?
- Are you maintaining a daily routine?
- Are you learning to manage stress in ways that work for you?
- Do you welcome positive, empowering thoughts and emotions?

Format for Group or Individual Session

Cole's 7 Steps

Intervention: Mental Health Maintenance Plan

Dimension of Wellness: Emotional Wellness

Materials Needed: 'Mental Health Maintenance Plan' handout and a writing utensil

Introduction: Hello, my name is _____ and I am your occupational therapist (assistant/student). Today we will be focusing on strategies to maintain our mental health. To start we will begin with a conversation about our own experiences. Then we will read through and complete the handout (independently, as a group, or with a partner). After that I will have you practice the strategies to see how they might work. To finish the session, we will discuss how the strategies worked for you and where you can use them in your day-to-day life.

Expectations of the group: I want to remind everybody that this is a confidential group and that whatever is said here stays here. Whatever is discussed or shared during the group session will not be shared outside of the session. And during the session, it's expected that each person will contribute. Are there any questions so far?

Group Introduction: Go around the room and have each person introduce themselves and answer the question, "what is one thing that you do to make yourself happy/smile? Why?" This is a fun way to build rapport and get to know each other a little bit. It is also a question that relates to today's topic.

Introduce Physical Wellness: *(Leader is encouraged to use the "What is Emotional Wellness" handout located on page 27)*

Objective(s):

- List 2-3 strategies you can practice regularly to maintain your mental health and wellness
- Identify 2-3 triggers and warning signs that indicate your mental health might be at risk

Warm-Up Activity:

- For the warmup activity, the group will identify 10 triggers to mental health. The leader will write these on a piece of paper or white board for the group members to see. For example, things that may cause frustration, stress, anxiety, or depression (ask for a volunteer to start and go around the room).
 - o The leader will provide the group with 1-2 examples: This may include not having enough time to get what want done, being late, when somebody doesn't show up, or when metro transit is late.
- "Thank you all for sharing. Now we are going to identify 10 strategies we can do to help manage these problems or symptoms when they arise" (Ask for a volunteer to start and go around the room).
 - o This warmup activity is intended to help residents start to think about what the root cause of their mental health is and to recognize similarities among group

members, to know that they are not alone. It allows them to brainstorm strategies they currently use or would like to learn more about.

Activity:

- Go through all parts of the handout, taking turns reading if applicable
 - o *Leader is encouraged to ask questions throughout the handout. Questions may include, “When do you know when your mental health is being threatened?” “What do you do in those situations?” “What do you do to stay calm?”*
- Complete the interactive handout individually, with a partner, or as a group
- Rationale: This activity supports the goal that is directed at addressing PxO factors as mental health can be a barrier to participating in meaningful occupations. According to Hamm et al. (2020), older adults experienced reduced quality of life from physical distancing. It is anticipated that this activity will help older adults recognize and understand their mental health needs and identify strategies they can use to maintain their health and wellness.

Therapist: Ask for volunteer to share and acknowledge each member’s contribution (both verbal and non-verbal). Therapist should point out similarities between group members

Sharing/Processing:

- What is something that you learned today about yourself and your coping strategies?
- How did it feel thinking about triggers and warning signs of your mental health?
- What kind of emotions were you experiencing?
- How did you relate to others when they were describing the strategies they were going to make?

Generalizing:

Therapist can reference the notes from the activity and warm-up activity

- What were some similarities you noticed between group members?
- In what other situations do you think you could use these strategies?

Application:

- “Now that you have identified the triggers and strategies you can use to maintain your mental health, you can practice these strategies and create a plan for when you are going to use them”
- How else might these concepts covered in today’s session be used in the future?
- What other adjustments are you going to make to ensure you maintain your mental health?

Summary:

- Review session goals
 - o The goal for the session was to identify 2-3 strategies you can practice regularly to maintain your mental health and wellness and to identify 2-3 triggers and warning signs that indicate your mental health might be at risk

- Ask the participant(s) if they feel as though they met their goal and give them a glimpse of what is next to come in the sessions.
- Summarize emotional responses
- Summarize the session
 - Before we part, I want you to practice what you learned in today's session. Next time you notice a trigger or warning sign that your mental health might be at risk, I want you to use the self-care and coping strategies you identified today on the worksheet. Please don't hesitate to reach out if you want to schedule a separate time to practice these strategies together. Thank you for all your hard work today!
- Acknowledge member participation (thank them for participating, sharing, trusting, disclosing, taking risks, etc.).

Reference:

- Cole, M. B. (2018). *Group leadership: Cole's seven steps*. In M. B. Cole (Ed.) *Group Dynamics in Occupational Therapy*. Thorofare, NJ: SLACK
- Hamm, M. E., Brown, P. J., Karp, J. F., Lenard, E., Cameron, F., Dawdani, A., & Lenze, E. J. (2020). Experiences of American older adults with pre-existing depression during the beginnings of the COVID-19 pandemic: a multicity, mixed-methods study. *The American journal of geriatric psychiatry*, 28(9), 924-932. doi.org/10.1016/j.jagp.2020.06.013

Mental Health Maintenance Plan

Much like your body requires a balanced diet and exercise to maintain its health, your mental health also needs attention. Maintaining your mental health involves practicing self-care, using coping strategies, and knowing when to seek professional help. Use this worksheet to review your mental health needs and the strategies you can use to maintain wellness.

Spotting Mental Health Risks

Triggers

A trigger is anything that can bring back mental health issues. Triggers can be activities, thoughts, people, places, or things. Once you know your triggers, they can be avoided or managed. **List 4 of your triggers.**

Tip: In order to avoid triggers, you may need to make changes to your habits, lifestyle, and relationships.

1
2
3
4

Warning Signs

Warning signs are symptoms—such as thoughts, feelings, and behaviors—that indicate your mental health might be at risk. Examples include sleep issues, social isolation, and stress. **List 4 of your warning signs.**

Tip: Knowing your warning signs allows you to begin managing symptoms before they become too severe.

1
2
3
4

Mental Health Maintenance Plan

Preventing and Dealing with Problems

Self-Care

Self-care activities are the things you do regularly to maintain your mental health. Examples include eating well, exercising, socializing, and engaging in hobbies. **List 3 self-care activities you can practice regularly.**

Tip: A healthy lifestyle will make you more resilient to stress. Choose self-care activities that can become habits, and a regular part of your day.

1
2
3

Coping Strategies

Coping strategies are skills that help you manage problems or symptoms when they arise. Examples include relaxation, communication, and anger management skills. **List 3 coping strategies you can use.**

Tip: Practice your coping strategies regularly so you are prepared to use them in an emergency.

1
2
3

Returning to Therapy

It's normal to experience problems or uncomfortable emotions, such as sadness, anger, or anxiety. However, when your problems become too intense, or last for too long, you may need professional help. **How will you know if you should return to therapy?**

--

Format for Group or Individual Session

Cole's 7 Steps

Intervention: Stress Management

Dimension of Wellness: Emotional Wellness

Materials Needed: 'Symptoms of Stress' and 'Stress Management Tips' handouts

Introduction: Hello, my name is _____ and I am your occupational therapist (assistant/student). Today we will be focusing on symptoms of stress and learning some tips on how you can manage your stress. To start we will begin with a warm-up activity to relieve any stress we may have then we will read through the handouts together. To finish the session, we will discuss which strategies will work bests for you and where you can use them in your day-to-day life.

Expectations of the group: I want to remind everybody that this is a confidential group and that whatever is said here stays here. Whatever is discussed or shared during the group session will not be shared outside of the session. And during the session, it's expected that each person will contribute. Are there any questions so far?

Group Introductions: Go around the room and have each person introduce themselves and answer the question, "What is your favorite thing to do in your free time?" This is a fun way to build rapport and get to know each other a little bit. It is also a question that relates to today's topic.

Introduce/Reintroduce Emotional Wellness: (*Leader is encouraged to use the "What is Emotional Wellness" handout*)

Objective(s):

Find new ways to manage stress

Identify ways to handle life stressors and adapt during difficult times

Warm-Up Activity:

- A Dozen Deep Breaths to Reduce Stress
 - "Take 12, slow, deep breaths. Inhale as deeply as possible comfortably, and fully empty your lungs for each exhale. We're going to do this for two minutes breathing as slowly and deeply as you can."
 - Rationale: The time was simplified from 5 minutes to two. The process works because it oxygenates your blood cells, reduces your blood pressure, and helps balance cortisol and adrenaline levels in your bloodstream.
 - If participant is unable due to health reasons, choose another stress relief warm-up activity or choose a conversational warm-up activity
 - The warm-up activity is intended to help reduce any stress that may be present and to introduce a coping strategy

Activity:

- Go through all parts of the handouts, taking turns reading if applicable
 - o *Leader is encouraged to ask questions throughout the handout*
 - *What are symptoms you experience? Are they chronic or acute? How are the behaviors you experience similar or different than the ones identified?*
- This activity supports the goal that is directed at addressing PxO factors as mental health factors can play a large role in engaging in occupations. It is anticipated that education and identifying strategies they can use to cope with stress will promote increased participation in meaningful activities.

Therapist: Ask for volunteer to share and acknowledge each member's contribution (both verbal and non-verbal). Therapist should point out similarities between group members

Sharing/Processing:

- Tell me how you think you could improve or maintain how you manage your stress?
- Tell me what you learned about yourself today
- What new strategies stood out to you today? Why?

Generalizing:

- What other strategies can you think of to help reduce stress?
- What aspects of the group members were similar to you?
- What were different?

Application:

- How will you implement these new strategies into your daily life?
- How do you think these strategies will benefit your overall health and wellness?

Summary:

- Review session goals
 - o The goal for the session was to learn about signs of stress and learn strategies to cope with stress.
 - o Ask the participant(s) if they feel as though they met their goal and give them a glimpse of what is next to come in the sessions.
- Summarize the session
 - o Before we part, I want you to practice what you learned in today's session. I want you to go through and further reflect on the worksheet to help you identify ways to cope with stress. We will be discussing them next time we meet.
- Acknowledge member participation (thank them for participating, sharing, trusting, disclosing, taking risks, etc.).

Reference:

Cole, M. B. (2018). *Group leadership: Cole's seven steps*. In M. B. Cole (Ed.) *Group Dynamics in Occupational Therapy*. Thorofare, NJ: SLACK

Symptoms of Stress



Stress is one way that our bodies respond to the day-to-day struggles and demands of life. A little bit of stress can be healthy—it keeps us alert and productive. However, when we experience too much stress, it can result in serious physical, emotional, and behavioral symptoms.

Acute Symptoms symptoms that occur before or during a stressful situation		
Physical	Emotional / Cognitive	Behavioral
Asthma	Worry	Nail biting
Headaches	Irritability	Constant thoughts about stressors
Migraines	Anger	Restlessness
Back pain	Loss of motivation	Teeth grinding
Sweating	Difficulty concentrating	Disrupted sleep, diet, and exercise
Nausea	Mood instability	Interpersonal conflict
Indigestion	Decreased sex drive	Social withdrawal
Chest pain	Memory problems	Substance use
Fatigue		Procrastination

Chronic Symptoms symptoms and consequences of long-term stress		
Heart disease	Depression	Sleep disorders
Anxiety disorders	Memory impairment	Weakened immune system
Skin diseases	Substance use	Poor diet and exercise habits

Stress Management Tips

Keep in mind that stress isn't a bad thing.

Stress motivates us to work toward solving our problems. Reframing thoughts to view stress as an acceptable emotion, or as a tool, has been found to reduce many of the negative symptoms associated with it. The goal is to *manage* stress, not to eliminate it.

Talk about your problems, even if they won't be solved.

Talking about your stressors—even if you don't solve them—releases hormones in your body that reduce the negative feelings associated with stress. Time spent talking with friends and loved ones is valuable, even when you have a lot on your plate.

Prioritize your responsibilities.

Focus on completing quick tasks first. Having too many "to-dos" can be stressful, even if none of them are very big. Quickly knocking out the small tasks will clear up your mind to focus on larger responsibilities.

Focus on the basics.

Stress can start a harmful cycle where basic needs are neglected, which leads to more stress. Make a point to focus on your basic needs, such as eating well, keeping a healthy sleep schedule, exercising, and other forms of self-care.

Don't put all your eggs in one basket.

People who are overinvolved in one aspect of their life often struggle to deal with stress when that area is threatened. Balance your time and energy between several areas, such as your career, family, friendships, and personal hobbies.

Set aside time for yourself.

Personal time usually gets moved to the bottom of the list when things get hectic. However, when personal time is neglected, everything else tends to suffer. Set aside time to relax and have fun every day, without interruptions.

Keep things in perspective.

In the heat of the moment, little problems can feel bigger than they are. Take a step back, and think about how important your stressors are in a broader context. Will they matter in a week? In a year? Writing about your stressors will help you develop a healthier perspective.

Format for Group or Individual Session

Cole's 7 Steps

Intervention: Coping Skills

Dimension of Wellness: Emotional Wellness

Materials Needed: 'Coping Skills, Anxiety' handout

Introduction: Hello, my name is _____ and I am your occupational therapist (assistant/student). Today we will be focusing on different types of coping skills for anxiety. However, these coping skills can be used for other situations than anxiety. To start we will begin with a warm-up activity followed by participating in different coping strategies. To finish the session, we will discuss which strategies will work bests for you and where you can use them in your day-to-day life.

Expectations of the group: I want to remind everybody that this is a confidential group and that whatever is said here stays here. Whatever is discussed or shared during the group session will not be shared outside of the session. And during the session, it's expected that each person will contribute. Are there any questions so far?

Group Introductions: Go around the room and have each person introduce themselves and answer the question, "What do you do to relax?". This is a fun way to build rapport and learn about other members of the group.

Introduce/Reintroduce Emotional Wellness: (*Leader is encouraged to use the "What is Emotional Wellness" handout*)

Objective(s):

- Explore new strategies to cope with anxiety or other mental illness
- Identify when to use coping strategies

Warm-Up Activity:

- The therapist will ask the group or individual: "What do I mean I when I say coping strategies?" Allow participant(s) time to answer. Then follow up with the question, "What coping strategies do you use?"
 - o The therapist will explain: "Coping strategies are conscious or unconscious strategies used to reduce unpleasant emotions. Coping strategies can be cognitions or behaviors and can be individual or social."
- The therapist will ask the group or individual: Do any of you already use coping strategies? Therapists allow participant(s) time to answer.
- "The purpose of today is to explore new strategies you can use to cope with mental health. In other words, when you are stressed or anxious, you can use these strategies to return to your normal state, free of anxiety and stress."

Activity:

- Go through all parts of the handouts completing each coping skill as a group
 - o *Leader is encouraged to ask questions throughout the handout. Questions may include, “How did it go practicing that strategy?” “What were you feeling?”*
- Rationale: Older adults are more likely to implement new strategies if it relates directly to their life. It’s important for the facilitator to understand client needs and address them prior to completing the activity. It is possible for older adults to develop healthy habits and thoughts to cope with life’s challenges.

Therapist: Ask for a volunteer to start and acknowledge each member’s contribution (both verbal and non-verbal). Therapist should point out similarities between group members.

Sharing/Processing:

- How did practicing these coping skills work for you?
- Which ones stood out to you? Why?
- What did you find most challenging for you?

Generalizing:

- What is one new thing you learned from today’s session?
- I noticed you were successful with _____
- I noticed you had trouble with _____
- So, it seemed like learning about different strategies, specifically _____ was successful, and everyone found something that will be of benefit to them.

Application:

- How do you think this will benefit you now and in the future?
- In what other situations do you think you could use these skills?

Summary:

- Review session goals
 - o The goal for the session was to explore new strategies to cope with anxiety or other mental illness and to identify when to use coping strategies
 - o Ask the participant(s) if they feel as though they met their goal and give them a glimpse of what is next to come in the sessions.
- Summarize emotional responses
- Summarize the session
 - o Before we part, I want you to practice what you learned in today’s session. I want you to go through and further reflect on the worksheet to help you identify ways to cope with daily life stressors. We will be discussing them next time we meet.
- Acknowledge member participation (thank them for participating, sharing, trusting, disclosing, taking risks, etc.).

Reference:

Cole, M. B. (2018). *Group leadership: Cole’s seven steps*. In M. B. Cole (Ed.) *Group Dynamics in Occupational Therapy*. Thorofare, NJ: SLACK

Coping Skills

Anxiety

Deep Breathing

Deep breathing is a simple technique that's excellent for managing emotions. Not only is deep breathing effective, it's also discreet and easy to use at any time or place.

Sit comfortably and place one hand on your abdomen. Breathe in through your nose, deeply enough that the hand on your abdomen rises. Hold the air in your lungs, and then exhale slowly through your mouth, with your lips puckered as if you are blowing through a straw. The secret is to go slow: Time the inhalation (4s), pause (4s), and exhalation (6s). Practice for 3 to 5 minutes.



Progressive Muscle Relaxation

By tensing and relaxing the muscles throughout your body, you can achieve a powerful feeling of relaxation. Additionally, progressive muscle relaxation will help you spot anxiety by teaching you to recognize feelings of muscle tension.

Sit back or lie down in a comfortable position. For each area of the body listed below, you will tense your muscles tightly, but not to the point of strain. Hold the tension for 10 seconds, and pay close attention to how it feels. Then, release the tension, and notice how the feeling of relaxation differs from the feeling of tension.

- Feet** Curl your toes tightly into your feet, then release them.
- Calves** Point or flex your feet, then let them relax.
- Thighs** Squeeze your thighs together tightly, then let them relax.
- Torso** Suck in your abdomen, then release the tension and let it fall.
- Back** Squeeze your shoulder blades together, then release them.
- Shoulders** Lift and squeeze your shoulders toward your ears, then let them drop.
- Arms** Make fists and squeeze them toward your shoulders, then let them drop.
- Hands** Make a fist by curling your fingers into your palm, then relax your fingers.
- Face** Scrunch your facial features to the center of your face, then relax.
- Full Body** Squeeze all muscles together, then release all tension.

Coping Skills

Anxiety

Challenging Irrational Thoughts

Anxiety can be magnified by irrational thoughts. For example, the thoughts that “something bad will happen” or “I will make a mistake” might lack evidence, but still have an impact on how you feel. By examining the evidence and challenging these thoughts, you can reduce anxiety.

Put thoughts on trial. Choose a thought that has contributed to your anxiety. Gather evidence in support of your thought (*verifiable facts only*), and against your thought. Compare the evidence and determine whether your thought is accurate or not.

Use Socratic questioning. Question the thoughts that contribute to your anxiety. Ask yourself:

“Is my thought based on facts or feelings?”
“How would my best friend see this situation?”
“How likely is it that my fear will come true?”
“What’s *most likely* to happen?”
“If my fear comes true, will it still matter in a week? A month? A year?”

Imagery

Your thoughts have the power to change how you feel. If you think of something sad, it’s likely you’ll start to feel sad. The opposite is also true: When you think of something positive and calming, you feel relaxed. The imagery technique harnesses this power to reduce anxiety.

Think of a place that you find comforting. It could be a secluded beach, your bedroom, a quiet mountaintop, or even a loud concert. For 5 to 10 minutes, use all your senses to imagine this setting in great detail. Don’t just think fleetingly about this place—really imagine it.



What do you see around you? What do you notice in the distance? Look all around to take in all your surroundings. Look for small details you would usually miss.



What sounds can you hear? Are they soft or loud? Listen closely to everything around you. Keep listening to see if you notice any distant sounds.



Are you eating or drinking something enjoyable? What is the flavor like? How does it taste? Savor all the tastes of the food or drink.



What can you feel? What is the temperature like? Think of how the air feels on your skin, and how your clothes feel on your body. Soak in all these sensations.



What scents are present? Are they strong or faint? What does the air smell like? Take some time to appreciate the scents.

Format for Group or Individual Session

Cole's 7 Steps

Intervention: Healthy vs. Unhealthy Coping Strategies

Dimension of Wellness: Emotional Wellness

Materials Needed: 'Healthy vs. Unhealthy Coping Strategies' handout and a writing utensil

Introduction: Hello, my name is _____ and I am your occupational therapist (assistant/student). Today we will be talking about healthy and unhealthy coping strategies. To start we will begin with a warm-up activity and conversation to get to know one another better. Then we will read through the handouts together, complete a few scenarios, and complete a worksheet (independently, as a group, or with a partner). To finish the session, we will discuss which strategies will work best for you and how you can use them in your day-to-day life.

Expectations of the group: I want to remind everybody that this is a confidential group and that whatever is said here stays here. Whatever is discussed or shared during the group session will not be shared outside of the session. And during the session, it's expected that each person will contribute. Are there any questions so far?

Group Introductions: Go around the room and have each person introduce themselves and answer the question, "If you could go back in time, where would you go? What would you see?". This is a fun way to build rapport, learn about group members, and break the ice.

Introduce/Reintroduce Financial Wellness: (*Leader is encouraged to use the "What is Emotional Wellness" handout*)

Objective(s):

- Develop strategies to deal with stress, problems, or uncomfortable emotions
- Understand the differences between healthy and unhealthy coping strategies
- Understand the consequences resulting from unhealthy coping strategies

Warm-Up Activity:

- For the warmup activity, the group will identify 10 coping strategies either they currently do, want to do, or learn more about. The leader will write these on a piece of paper or white board for the group members to see. For example, they may include watching TV, pray, take a walk, call someone, read, listen to music, meditate, yoga, take a nap.
- "Thank you all for sharing. Now we are going to identify 10 unhealthy coping strategies." Ask for a volunteer and go around the room or call people at random. These may include taking a smoke, getting frustrated, eat junk food, take things out on other people.
 - This warmup activity is intended to help residents start to think about healthy versus unhealthy coping strategies and to recognize similarities among group members, to know that they are not alone. It allows them to brainstorm strategies they currently use or would like to learn more about.

Activity:

- Go through all parts of the handout, taking turns reading if applicable
 - *Leader is encouraged to ask questions throughout the handout: “why do you think this is a healthy strategy?” “Why is this an unhealthy strategy?”*
- Complete the interactive handout first as a group, then individually
- This activity supports the goal that is directed at addressing PxO factors as older adults faced many mental health challenges during the COVID-19 pandemic. As a result, there was an increase in isolation and decreased engagement in occupations. It is anticipated that residents will create a plan or implement healthy coping strategies to help them combat the stressors of the pandemic.

Therapist: Ask for volunteer to share and acknowledge each member’s contribution (both verbal and non-verbal). Therapist should point out similarities between group members

Sharing/Processing:

- Now that we have identified current problems along with unhealthy and healthy coping strategies, we will go around the room and share them with the group. Ask for a volunteer to start.
- How did you feel learning about the unhealthy vs healthy coping strategies? Does it change anything for you?

Generalizing:

- What was one new thing you learned from today’s session that stuck out the most to you?
- What other strategies can you think of that will help you manage your emotions that we haven’t talked about?

Application:

- How will you implement these new strategies into your daily life?
- How do you think these strategies will benefit your overall emotional wellness?

Summary:

- Review session goals
 - “The goal for the session was to develop strategies to deal with stress, problems, or uncomfortable emotions, understand the differences between healthy and unhealthy coping strategies, and to understand the consequences resulting from unhealthy coping strategies”
 - Ask the participant(s) if they feel as though they met their goal and give them a glimpse of what is next to come in the sessions.
- Summarize emotional responses
- Summarize the session
 - Before we part, I want you to practice what you learned in today’s session. I want you to go through and further reflect on the worksheet to help you cope with daily life stressors. We will be discussing them next time we meet.
- Acknowledge member participation (thank them for participating, sharing, trusting, disclosing, taking risks, etc.).

Reference:

Cole, M. B. (2018). *Group leadership: Cole’s seven steps*. In M. B. Cole (Ed.) *Group Dynamics in Occupational Therapy*. Thorofare, NJ: SLACK

Healthy vs. Unhealthy Coping Strategies

Coping strategies are actions we take--consciously or unconsciously--to deal with stress, problems, or uncomfortable emotions. Unhealthy coping strategies tend to feel good in the moment, but have long-term negative consequences. Healthy coping strategies may not provide instant gratification, but they lead to long-lasting positive outcomes.

Examples of <u>unhealthy</u> coping strategies:	Examples of <u>healthy</u> coping strategies:
<ul style="list-style-type: none">• Drug or alcohol use• Overeating• Procrastination• Sleeping too much or too little• Social withdrawal• Self-harm• Aggression	<ul style="list-style-type: none">• Exercise• Talking about your problem• Healthy eating• Seeking professional help• Relaxation techniques (e.g. deep breathing)• Using social support• Problem-solving techniques

Example Scenarios

Noelle has a research paper due in one of her classes. Because the paper will require so much work, Noelle feels anxious every time she thinks about it. When Noelle distracts herself with other activities, she feels better. Noelle uses the coping strategy of procrastination to avoid her feelings of anxiety. This helps her feel better now, but will cause problems in the long run.

Juan feels jealous whenever his wife spends time with her friends. To control the situation, Juan uses insults to put down his wife's friends, and he demands that his wife stay home. When Juan's wife caves to his demands, he feels a sense of relief. Juan uses the coping strategy of aggression to avoid the discomfort of jealousy.

Rebecca is angry about being passed over for a promotion at work. Rather than discussing the situation with her boss and trying to improve her work performance, she holds onto her anger. Rebecca has learned to manage her anger by drinking alcohol. Drinking numbs Rebecca's anger temporarily, but the problems at work remain unresolved.

Scenario Discussion Questions

- What consequences might result from this individual's unhealthy coping strategy?
- What healthy coping strategies could be helpful for the individual?
- What barriers might be preventing the individual from using healthy coping strategies?

Healthy vs. Unhealthy Coping Strategies

Describe a problem you are currently dealing with:

My unhealthy coping strategies:	Consequences of unhealthy coping strategies:
1	
2	

Healthy coping strategies I use, or could use:	Expected outcomes of healthy coping strategies:	Barriers to using healthy coping strategies:
1		
2		
3		

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<https://www.therapistaid.com/therapy-worksheet/healthy-unhealthy-coping-strategies>

Format for Group or Individual Session

Cole's 7 Steps

Intervention: Self-Care Tips

Dimension of Wellness: Emotional Wellness

Materials Needed: 'Self-Care Tips' handout

Introduction: Hello, my name is _____ and I am your occupational therapist (assistant/student). Today we will be focusing on emotional wellness, specifically, self-care. To start we will begin with an icebreaker then we will read through the handout together. After that we will have a discussion to see which tips are applicable to your life. To finish the session, we will discuss how the strategies worked for you and where you can use them in your day-to-day life.

Expectations of the group: I want to remind everybody that this is a confidential group and that whatever is said here stays here. Whatever is discussed or shared during the group session will not be shared outside of the session. And during the session, it's expected that each person will contribute. Are there any questions so far?

Group Introduction: Go around the room and have each person introduce themselves. Ask them to answer the question, "What is one thing you do to take care of yourself?". This is a fun way to build rapport and get to know each other a little bit. It is also a question that relates to today's topic.

Introduce/Reintroduce Physical Wellness: (*Leader is encouraged to use the "What is Emotional Wellness" handout*)

Objectives:

Describe the benefits of self-care

Identify strategies to improve your self-care and overall, emotional wellness

Warm-Up Activity:

1. Leader will ask the group: "*What do you think it means when I say "self-care"?*"
 - a. Leader will define self-care:
 - i. *The World Health Organization (WHO) defines self-care as "the ability of individuals, families and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a healthcare provider".*
 - ii. *Examples may be exercising regularly, eating healthy foods, maintaining healthy relationships, getting good-quality sleep*
2. Have the group or individual share their self-care strategies or what strategies they would like to learn to improve self-care (ask for a volunteer to start and go around the room).

Activity:

- Go through all parts of the handout, taking turns reading if applicable.
 - o *Leader is encouraged to ask questions after each self-care tip. For example, “What are the things that you enjoy?” “What do you do to take care of yourself?” “How do you see yourself using this tip?”*
- This activity is intended for older adults to reflect on their self-care, brainstorm new strategies they may want to implement, and learn from others who are going through the same things they may be. After the session, older adults will see how their self-care can be the best fit between their health and occupations.

Therapist: Ask for volunteer to share and acknowledge each member’s contribution (both verbal and non-verbal). Therapist should point out similarities between group members.

Sharing/Processing:

- How did it feel learning and reflecting on these self-care tips?
- What did you learn about yourself in relation to your self-care routines?
- What kind of emotions were you experiencing?

Generalizing:

- What areas were similar between the group members?
- What areas could use improvement?
- What other strategies can you use to improve self-care?

Application:

- How do you think these strategies will benefit your overall health and wellness?
- How will you use this session to improve your self-care?

Summary:

- Review session goals:
 - o The goal for the session was to describe the benefits of self-care and identify strategies to improve your self-care and overall, contributing to better health and wellness.
 - o Ask the residents if they feel as though they met the goal.
- Summarize emotional responses if applicable
- Summarize the session
 - o Before we part, I want you to reflect and practice what you learned in today’s session. We will be discussing this next time we meet. Thank you for all your hard work today!
- Acknowledge member participation (thank them for participating, sharing, trusting, disclosing, taking risks, etc.).

Reference:

Cole, M. B. (2018). *Group leadership: Cole’s seven steps*. In M. B. Cole (Ed.) *Group Dynamics in Occupational Therapy*. Thorofare, NJ: SLACK

Self-Care Tips

Self-care means taking time to do things you enjoy. Usually, self-care involves everyday activities that you find relaxing, fun, or energizing. These activities could be as simple as reading a book, or as big as taking a vacation.

Self-care also means taking care of yourself. This means eating regular meals, getting enough sleep, caring for personal hygiene, and anything else that maintains good health.

Make self-care a priority. There will always be other things to do, but don't let these interrupt the time you set aside for self-care. Self-care should be given the same importance as other responsibilities.

Set specific self-care goals. It's difficult to follow through with vague goals, such as "I will take more time for self-care". Instead, try something specific, such as "I will walk for 30 minutes every evening after dinner".

Make self-care a habit. Just like eating one apple doesn't eliminate health problems, using self-care just once won't have much effect on reducing stress. Choose activities that you can do often, and that you will stick with.

Set boundaries to protect your self-care. You don't need a major obligation to say "no" to others—your self-care is reason enough. Remind yourself that your needs are as important as anyone else's.

A few minutes of self-care is better than no self-care. Set an alarm reminding you to take regular breaks, even if it's just a walk around the block, or an uninterrupted snack. Oftentimes, stepping away will energize you to work more efficiently when you return.

Unhealthy activities don't count as self-care. Substance use, over-eating, and other unhealthy behaviors might hide uncomfortable emotions temporarily, but they cause more problems in the long run.

Keep up with self-care, even when you're feeling good. Doing so will keep you in a healthy routine. Plus, self-care might be part of the reason *why* you're feeling good!

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<https://www.therapistaid.com/therapy-worksheet/self-care-tips>

ENVIRONMENTAL WELLNESS

WHAT IS IT?

Description: Environmental wellness is understanding how your social, natural, and built environments affect your health and wellbeing. It's being aware of your surroundings and the effects of your daily habits on the physical environment. Environmental wellness is occupying pleasant, stimulating environments that support well-being.



(Na, 2018)

Questions to think about:

- Are you recycling whenever possible?
- Are you spending as much time outdoors as possible?
- How often do you leave your home and change scenery?
- Are you going through old papers/mail to get rid of clutter?
- Have you removed items that are fall hazards?
- Are you comfortable in your living space?
- Do you have things that make you happy in your home?

Format for Group or Individual Session

Cole's 7 Steps

Intervention: Fall Prevention

Dimension of Wellness: Environmental or Physical Wellness

Materials Needed: 'Fall prevention: Myths vs. Facts' and 'Fall Prevention' handout, writing utensil

Introduction: Hello, my name is _____ and I am your occupational therapist (assistant/student). Today we will be talking fall prevention, what it is, who is at risk for falls, and different strategies we can implement to reduce falls. To start we will begin with a warmup activity, identify myths and facts about falls in older adults. Then we will have a conversation about the aging process and go through the handout together to better understand what we can do to prevent falls. To finish the session, we will discuss you learned today and how you can apply this new information to your life. Are there any questions so far?

Expectations of the group: I want to remind everybody that this is a confidential group and that whatever is said here stays here. Whatever is discussed or shared during the group session will not be shared outside of the session. And during the session, it's expected that each person will contribute. Are there any questions?

Group Introduction: Go around the room and have each person introduce themselves and answer the question, "What was your first job?" This is a fun way to build rapport, learn about group members, and break the ice.

Introduce/Reintroduce Environmental Wellness: *(Leader is encouraged to use the "What is Environmental Wellness" handout)*

- Rationale: This activity was placed in the 'environmental wellness' portion due the fact that environmental wellness involves being aware of your surroundings and understanding how the social, natural, and built environment affects our health and well-being. Different ways to reduce falls can include changing our environment to make our home safer.

Objectives:

- Verbalize 1-2 strategies you will implement to prevent falls in your home
- Recognize and understand who is at risk for falls

Warm-Up Activity:

- Therapist must pass out the "Fall Prevention Myths vs. Facts" handout
- For the warm-up activity, the resident(s) will independently or with a partner, complete the myths vs facts fall prevention handout. They will identify which statement is the myth and which one is the fact. After everyone is done, ask the groups to report their answers.

Correct answers:

- The Myths:
 - falling is a normal part of aging
 - One fall isn't a big deal
 - I won't get hurt if I fall
 - Other people fall that won't happen to me
- The Facts:
 - Although many older adults fall, you can reduce your risk
 - Taking steps to prevent falls can keep you safe and independent
 - If you fall, your risk of falling again doubles
 - Falls are responsible for 95% of all hip fractures and are the #1 cause of injury-death in older adults
 - Every second an older adult falls. Over 1 in 4 older adults will fall once this year.

Activity:

- The therapist will pass out the “Fall Prevention” handout
- Explain, “for today’s activity, we will learn about fall prevention, who is at risk, and tips to prevent falls. It’s an important topic to consider as you get older due to physical changes and health conditions and sometimes the medications used to treat those conditions. Falling is not a normal part of aging and you can prevent them by doing exercises, making your home safer, getting regular health checkups, and more. The fear of falling doesn’t need to rule your life.”
- Go through the handout, taking turns reading if applicable. Leader is encouraged to ask questions throughout the handout. Questions may include, “How do you see yourself using this strategy?”
- This activity is intended to address PxE factors as it relates to falls and the aging process. By having them complete a facts and myths questionnaire, it allows them to understand that they are not alone. It provides them an understanding that falls can be caused by numerous things. This activity has reflective prompting questions associated with it, which allows them to create greater relevance to the content and relate it to their future needs.

Therapist: Ask for volunteer to share and acknowledge each member’s contribution (both verbal and non-verbal)

Sharing/Processing:

- What was one new thing you learned from today’s session that stuck out to you the most?
- What emotions were you experiencing when learning about fall risks and the aging process?
- Are there any other strategies you feel needs further clarification on or practice with?
- What strategies do you plan to implement to prevent falls in your home?

Generalizing:

- How do you plan to implement these new strategies into your daily life?
- What aspects were similar among group members?

- How does it feel being able to relate to others?

Application:

- How do you think today's session benefits your overall wellness?
- How will you use today's session now and in the near future?
- How else do you think these strategies can benefit you?

Summary:

- Review session goals
 - “The objective today was to verbalize 1-2 strategies you will implement to prevent falls in your home and to recognize and understand who is at risk for falls”
 - Ask the resident's if they feel as though they met the goal and give them a glimpse of what is to come in the next sessions.
- Summarize emotional responses
- Summarize the session
 - Before we part, I want you to reflect on what you learned in today's session. I want you to think about a time where you felt the fear of falling or even a time where you fell and implement a strategy that you think will be of benefit in relation to fall prevention.
- Acknowledge member participation (thank them for participating, sharing, trusting, disclosing, taking risks, etc.).

Reference:

Cole, M. B. (2018). *Group leadership: Cole's seven steps*. In M. B. Cole (Ed.) *Group Dynamics in Occupational Therapy*. Thorofare, NJ: SLACK

Fall Prevention

Myths vs. Facts

Instructions: Identify which one is a myth and which one is a fact.

Falling is a normal part of aging
Although many older adults fall, you can reduce your risk. Taking steps to prevent falls can keep you safe and independent
One fall isn't a big deal
If you fall, your risk of falling again doubles
I won't get hurt if I fall
Falls are responsible for 95% of all hip fractures and are the #1 cause of injury-death in older adults
Other people fall that won't happen to me
Every second an older adult falls. Over 1 in 4 older adults will fall once this year.

FALL PREVENTION

“EVERY SECOND OF EVERY DAY, AN OLDER ADULT SUFFERS A FALL IN THE UNITED STATES MAKING FALLS THE LEADING CAUSE OF INJURY AND DEATH IN THIS AGE GROUP” (CDC, 2020, PARA. 2)

Tips to Prevent Falls

Exercise regularly

Ask your healthcare provider to choose the right exercise program to improve strength and balance

Talk openly with your provider

Tell your provider right away if you fall, worry about falling, feel unsteady, and have foot pain.

Review Medications with your provider

Some medications can make you feel sleepy or dizzy or affect vision, causing you to fall

Make your home safer

Remove things you can trip over, keep items in reach without using a step stool, use grab bars, non-slip mats in the bathtub, improve lighting, use handrails

Wear proper fitting shoes

Wear well-fitting shoes with good support inside and outside of the house

Be aware of wet or slick surfaces

If you notice a wet surface, let your caregiver know so they can clean it up right away

ARE YOU AT RISK FOR FALLS?

Age: 60+

Previous Fall History

Gait Instability: do you feel unstable on your feet?

Medication: some medication side effects can make you feel dizzy/lightheaded

Mental Status: if you feel confused or don't understand your limitations



Reference: Centers for Disease Control and Prevention. (2020). *Keep on your feet – preventing older adult falls*. <https://www.cdc.gov/injury/features/older-adult-falls/index.html>

Format for Group or Individual Session

Cole's 7 Steps

Intervention: Technology Education: Is It Trustworthy?

Dimension of Wellness: Environmental Wellness

Materials Needed: 'Is it Trustworthy?' and 'Technology Education Activity' handout, and either an iPad, smart phone, laptop, or desktop computer, writing utensil (optional for taking notes)

Introduction: Hello, my name is _____ and I am your occupational therapist (assistant/student). Today we will be talking about technology and how to locate credible resources to support your health and wellness. To start we will begin with introductions followed by a warmup activity. Then, we will go through the handout together to better understand which resources are credible and which ones are not. Then we will complete an activity and to finish the session, we will discuss what you learned today and how you can apply this new information to your life. Are there any questions so far?

Expectations of the group: I want to remind everybody that this is a confidential group and that whatever is said here stays here. Whatever is discussed or shared during the group session will not be shared outside of the session. And during the session, it's expected that each person will contribute. Are there any questions?

Group Introduction: Go around the room and have each person introduce themselves and answer the question, "Have you used technology before? If yes, what do you use it for? If no, what would you like to use it for?" This is a fun way to build rapport, learn about group members, and break the ice. It also relates to today's topic on technology and provides the therapist a brief introduction on what specifically, they want to learn about.

Introduce/Reintroduce Environmental Wellness: *(Leader is encouraged to use the "What is Environmental Wellness" handout)*

- Rationale: This activity was placed in the 'environmental wellness' portion because technology is a part of the virtual environment which can support your health and well-being.

Objectives:

Describe the benefits of using technology to support participation in health, wellness, and self-care

Demonstrate the ability to locate a specific topic on the internet to support health, wellness, and self-care

Warm-Up Activity:

- Leader will pass out the "Is it Trustworthy?" handout to the resident(s).
- For the warm-up activity, the resident(s) will locate which sites are trustworthy from the list provided by the therapist. Then, ask the group or individual, "What is the danger of

using unreliable websites?” Allow response time then, the therapist should explain that “unreliable sources may give you inaccurate information and they are outdated meaning the information may have changed or they could have missed important information.”

- Ways to adapt this warmup activity: therapist can cut each example from the handout and put them into a bowl. You can draw an example from the hat and have the group guess if it's a reliable or unreliable sources.
- Rationale: The rationale for this warmup activity is to provide education on sources they can trust when retrieving information on the internet and it feeds into the activity for the session.

Activity:

- Leader will pass out the “Technology Education Activity” handout containing two tasks.
 - o Rationale: This activity supports the goal that is directed at addressing ExO factors as the virtual environment can be used to facilitate participation in occupations. During the COVID-19 pandemic, there was an increase engagement in technology to communicate, access resources and healthcare, and leisure pursuits. It is anticipated that education and practice with accessing credible sources vs non-credible sources will provide residents with a sense of satisfaction in engaging in occupations.
- **Task 1:** Locate the internet (i.e., Safari, Google Chrome, internet explorer) and then locate google. In the google search bar, type in the word “diabetes.” Report on the definition of diabetes from a credible source.
 - o The first definition that pops up is from the CDC. It says “Diabetes is a chronic (long-lasting) health condition that affects how your body turns food into energy. Most of the food you eat is broken down into sugar (also called glucose) and released into your bloodstream. When your blood sugar goes up, it signals your pancreas to release insulin.”
- **Task 2:** “Pick one health condition you want to learn more about. You can grab a partner or work independently. I want you to find three different places where you can learn about that health condition. One of those places must include a video, one must include a fact sheet, and the last one will be a resource you could call if you needed to.”
- Remind the resident(s) that they should always consult with their primary care provider.

Therapist: Ask for volunteer to share and acknowledge each member’s contribution (both verbal and non-verbal)

Sharing/Processing:

- What was one new thing you learned from today’s session that stuck out to you the most?
- What emotions were you experiencing when trying to navigate credible resources?
- If applicable, “You mentioned that you expressed feeling_____. That is completely normal, and you are not alone. It is something new to you and we will work together to accomplish it.”
- What areas do you feel that you need further clarification on?

Generalizing:

- How do you plan to implement these new strategies into your daily life?

- How do you see yourself using technology now and in the near future?
 - How will you use these new skills to accomplish that?
- What aspects were similar among group members?
- How does it feel being able to relate to others?

Application:

- How do you think today's session benefits your overall health, wellness, and self-care?
- How else might these concepts covered in today's session be used in the future?

Summary:

- Review session goals
 - “The objective for the session was to describe the benefits of using technology to support participation in health, wellness, and self-care, and to demonstrate the ability to locate a specific topic on the internet to support health, wellness, and self-care
 - Ask the resident's if they feel as though they met the goal and give them a glimpse of what is to come in the next sessions.
- Summarize emotional responses
- Summarize the session
 - “Before we part, I want you to reflect and practice what you learned in today's session. I want you to practice browsing the internet (if the residents own a form of technology (computer, iPad, phone) and create a list of questions on what you would like further clarification on.”
- Acknowledge member participation (thank them for participating, sharing, trusting, disclosing, taking risks, etc.).

Reference:

Cole, M. B. (2018). *Group leadership: Cole's seven steps*. In M. B. Cole (Ed.) *Group Dynamics in Occupational Therapy*. Thorofare, NJ: SLACK

Is it Trustworthy?

What does this mean? credible sources are the ones that can be considered unbiased and have some sort of evidence to rely on. Typically, credible sources come from information published within the last 10 years.

Credible Sources

Websites with the URL ending in .org (a registered organization), .edu (an educational institution) or .gov (a government agency) generally have reliable information.

Examples:

Google Scholar – search engine

Centers for Disease Control and Prevention – national public health agency

JSTOR – online library

Mayo Clinic or WebMD – medical resources

BBC News – news

The Economist – weekly magazine on international business, economics, and politics

The Wall Street Journal – business news

NASA – discoveries and explorations of space

National Geographic – news and documentaries on nature

Non-Credible Sources

They are unreliable and outdated from writers with no credentials.

Examples:

Wikipedia, blog posts, articles without citations, commercial websites, Facebook posts or other various social media sites

Technology Education Activity

Task 1:

1. Locate the internet (i.e., Safari, Google Chrome, internet explorer)
2. Go to 'Google'
3. In the google search bar, type in the word "diabetes."
4. Report on the definition of diabetes from a credible source in the space below:

Task 2:

1. Pick one health condition you want to learn more about (You can grab a partner or work independently)
2. Find three different places where you can learn about that health condition and write them in the spaces below. One of those places must include a video, one must include a fact sheet, and the last one will be a resource you could call if you needed to.
 - a. What video did you find and where?
 - b. What fact sheet did you find and where?
 - c. What is the phone number you found?

Format for Group or Individual Session

Cole's 7 Steps

Intervention: Horticulture Therapy

Dimension of Wellness: Environmental Wellness

Materials Needed: 'Horticulture Therapy' handout, if option 1 is chosen you will need a small indoor gardening kit, water, and soil, if option 2 is chosen, you will need a television or computer to access the YouTube videos

Introduction: Hello, my name is _____ and I am your occupational therapist (assistant/student). Today we will be focusing on horticulture therapy, also known as garden therapy, and learning all the benefits gardening can have on your mental health. To start we will begin with a conversation about our own experiences with gardening or taking care of plants. Then we will read through the handout together and either complete an activity or watch a YouTube video on horticulture therapy. To finish the session, we will discuss what we learned today.

Expectations of the group: I want to remind everybody that this is a confidential group and that whatever is said here stays here. Whatever is discussed or shared during the group session will not be shared outside of the session. And during the session, it's expected that each person will contribute. Are there any questions so far?

Group Introduction: Go around the room and have each person introduce themselves and say their favorite flower and why?

Introduce Physical Wellness: (*Leader is encouraged to use the "What is Environmental Wellness" handout*)

Objectives:

- Describe the benefits of horticulture therapy on your mental health
- Explore a new strategy to cope with mental illness

Warm-Up Activity:

Have the group or individual share their experiences with gardening or taking care of plants (ask for a volunteer to start and go around the room).

Activity:

- Pass out "Horticulture Therapy" handout and go through all parts of the handout, taking turns reading if applicable
 - o *Leader is encouraged to ask questions throughout the handout*
- Then select option 1, if supplies are available to you, or select option 2 of watching videos on horticulture therapy
 - o *Option 1: Read the handout and select a gardening activity*
 - o *Option 2: Read the handout and select a video listed below, to learn more*

Rationale:

- This activity addresses the goal related to PxE and ExO factors. The benefits of horticulture therapy address person factors that can promote a sense of healing and satisfaction. It can be used as an intervention to target person, occupation, and environment needs and is intended to be used to improve quality of life. This intervention is a fun way to educate older adults on the benefits of horticulture therapy and promote socialization.

Therapist: Ask for volunteer to share and acknowledge each member's contribution (both verbal and non-verbal)

Therapist: Point out similarities between group members

Sharing/Processing:

- Tell me what you learned today?
- How did the activity or video go for you today?
- Tell me what you think went well?
- What was challenging? Or what do you see as a barrier?

Generalizing:

- In what other situations do you think you could use these skills?
- I noticed you were successful with _____
- I noticed you had trouble with _____

Application:

- How will you implement these new strategies into your daily life?
- How do you think these strategies will benefit your overall environmental wellness?
- How do you see yourself using this in your daily life?

Summary:

- Review session goals
 - “The goal for the session was to understand the benefits of horticulture therapy on your mental health and explore a new strategy to cope with mental illness”
- Summarize emotional responses
- Summarize the session
- Acknowledge member participation (thank them for participating, sharing, trusting, disclosing, taking risks, etc.).

Reference:

Cole, M. B. (2018). *Group leadership: Cole's seven steps*. In M. B. Cole (Ed.) *Group Dynamics in Occupational Therapy*. Thorofare, NJ: SLACK

HORTICULTURE THERAPY

AKA GARDEN THERAPY
A WELL-ESTABLISHED AND POPULAR
THERAPY THAT INVOLVES THE
CREATION OF HEALING LANDSCAPES
INDOORS OR OUTDOORS

GARDENING TASK AS OCCUPATIONAL THERAPY

Indoor | Outdoor | Greenhouse

Every person can enjoy gardening therapy. This may mean raised garden beds outside, tending to a houseplant on a windowsill or a miniature container garden. It could be watering a succulent once a week.

Adaptations

Accessible gardens use raised beds and low-hanging baskets that residents in wheelchairs can easily reach, and ergonomic tools that are more comfortable for weaker or arthritic hands to grasp.

THE IMPACT

Having a plant to care for can be more meaningful than you might expect. It returns the adult to a position of strength and power, albeit in a limited gambit, since they now are the caregiver instead of the recipient of care. They have the responsibility to care for a plant forcing them to focus on the needs and requirements of something other than themselves

THE BENEFITS

Improves muscle strength, coordination, balance, fine motor skills and dexterity. It encourages socialization, language skills, and communication skills. It helps stimulate communication as people share memories and experiences and can be a vital way of defending against further memory loss.



Plants



Herbs



Fruits



Vegetables

SENSORY GARDENS

Designed to stimulate the senses with different scents, sounds, colors and textures that play a part in awakening sensory awareness.

Option #1 (Must have the supplies to do so)

Creating an Indoor Garden

- **Step 1:** Grab a pot
- **Step 2:** Place a plant tray underneath the pot for drainage
- **Step 3:** Fill the pot halfway with soil
- **Step 4:** Position the flower or plant in the center of the soil
- **Step 5:** Secure the plant in soil by packing extra soil around the flower/plant
- **Step 6:** Firm down the soil around the plant. A tight fit is just fine.
- **Step 7:** Finish by watering the plant
- **Step 8:** Choose your space where you will put the plant depending of its lighting needs
- **Step 9:** Create a plan for the watering schedule

Other Examples of Gardening Activities

Gardening Activity	Therapeutic Goal
Pot up herbs & edible flowers	Reduce anxiety, improve diet
Plant seeds	Develop focus, practice sequencing
Transplant seedlings	Maintain social connections, practice following directions
Dig a garden bed	Get exercise, build strength, manage emotions

Option #2

Horticultural Therapy Videos:

- Gardening for Health and Wellness Potting up an Herb Activity (3:53 min)
 - o <https://youtu.be/MjFUU0QpLMw>
- Horticulture Therapy Program Helps WellSpan Patients to Recover While Giving Back (1:27 min)
 - o <https://www.youtube.com/watch?v=ImL9ZESbCpE>
- Why Nature is Good for Your Mental Health (12:22 min)
 - o <https://www.youtube.com/watch?v=jSgCo3bvaX0&t=605s>
- Mental Health Center of Denver Horticulture Therapy Program (2:16 min)
 - o <https://youtu.be/AA-7oWBZU6Y>

FINANCIAL WELLNESS

WHAT IS IT?

Description: Financial wellness is a state of being in which you can meet current and future financial obligations, feel secure in your financial future and make choices that let you enjoy life. Financial wellness can also reduce preoccupation with money needs and improve your mental and physical well-being



(Padrinan, 2017)

Questions to think about:

- Are you aware of free or low-cost services that can help you?
- Are you aware of services if on disability benefits?
- Do you have a weekly/monthly budget?
- Are you looking for volunteer work? Or are you volunteering somewhere you are passionate about?
- Are you aware of your financial safety? Would you know what to do if you were financially exploited?

Format for Group or Individual Session

Cole's 7 Steps

Intervention: Financial Exploitation

Dimension of Wellness: Financial Wellness

Materials Needed: 'Financial Exploitation' handout and a writing utensil

Introduction: Hello, my name is _____ and I am your occupational therapist (assistant/student). Today we will be talking about financial exploitation, what it is, why older adults are at risk, and way to minimize the risk of abuse. To start we will begin with a warm-up activity involving a scenario. To finish the session, we will discuss the entirety of the session and how you can apply the session to your life.

Expectations of the group: I want to remind everybody that this is a confidential group and that whatever is said here stays here. Whatever is discussed or shared during the group session will not be shared outside of the session. And during the session, it's expected that each person will contribute. Are there any questions so far?

Group Introductions: Go around the room and have each person introduce themselves and answer the question, "If someone gave you \$100 right now, what would you spend it on?" This is a fun way to build rapport, learn about group members, and break the ice.

Introduce/Reintroduce Financial Wellness: (*Leader is encouraged to use the "What is Financial Wellness" handout*)

Objective(s):

Recognize and reduce the risk of elder financial exploitation

Guard yourself against identify theft

Find helpful resources for managing your money and reporting financial exploitation

Warm-Up Activity:

- **Scenario:** Anne is home alone and the telephone rings. She answered and the man on the other line says, "Congratulations! You just won \$2 million dollars!" He continues to tell her that there are a couple things she needs to do before she can receive the money. He directs her to withdraw \$1,000 to cover processing fees and tells her to forward the funds through a local wire service or send a prepaid card.
- **Questions:** What are the red flags in this scenario? What should Anne have done?

Activity:

- Pass out the "Financial Exploitation" educational handout/worksheet
- Go through all parts of the handouts, taking turns reading if applicable
 - o *Leader is encouraged to ask questions throughout the handout*

- This activity is intended to provide older adults education on financial exploitation and to reflect on experiences they may have encountered in the past. Allowing time to reflect will help them realize why they are at risk and what resources they can use.

Discussion: Therapist: Ask for volunteer to share and acknowledge each member's contribution (both verbal and non-verbal). Point out similarities between group members

Sharing/Processing:

- Tell me what you learned today in relation to financial wellness?
- What kind of emotions were you experiencing?
- What new strategies did you learn today?

Generalizing:

- What other strategies can you think of to help you make smart choices regarding financial exploitation?

Application:

- Tell me how you think you could improve your financial wellness?
- How will you implement these new strategies into your daily life?
- How do you think these strategies will benefit your overall financial wellness?

Summary:

- Review session goals
 - The goal for the session was to recognize and reduce the risk of financial exploitation, understand how to guard yourself against identify theft, and find helpful resources for managing your money and reporting financial exploitation
 - Ask the participant(s) if they feel as though they met their goal and give them a glimpse of what is next to come in the sessions.
- Summarize emotional responses
- Summarize the session
 - Before we part, I want you to practice what you learned in today's session. I want you to go through and further reflect on the worksheet to help you identify your when financial exploitation may occur.
- Acknowledge member participation (thank them for participating, sharing, trusting, disclosing, taking risks, etc.).

Reference:

Cole, M. B. (2018). *Group leadership: Cole's seven steps*. In M. B. Cole (Ed.) *Group Dynamics in Occupational Therapy*. Thorofare, NJ: SLACK

FINANCIAL EXPLOITATION

A type of elder abuse

WHAT IS FINANCIAL EXPLOITATION?

The illegal or improper use of another person misusing or taking the assets of a vulnerable adult for their own benefit (NAPSA, 2022). It occurs without the knowledge or consent of the older adult.

WHY ARE OLDER ADULTS AT RISK?

Older adults may be vulnerable due to grief from a loss, be reluctant to report exploitation by a family member they depend on, fear retaliation by the exploiter, be unfamiliar with managing financial matters, be trusting and polite, or cognitively impaired with diminished ability to make financial decisions or detect a fraud or scam.

SOME EXAMPLES:

Identity theft, computer and internet scams, exploitation by an agent under power of attorney, theft of money or property, often by a family member, caregiver, or in-home helper, and scams by telemarketers

WHO ARE THE ABUSERS?

Perpetrators can be family members or caregivers, friends, neighbors, telephone and mail scammers, Medicare scam operators, or other persons known or unknown to the older adult

TIPS:

Never “pay to play”, protect personal information and passwords, shred papers with medical identity

WHAT SHOULD YOU DO:

1. Financial exploitation: Contact Adult Protective Services (eldercare.acl.gov) or by calling 1-800-677-1116
2. Identity theft: Contact local police and the Federal Trade Commission (FTC) at 1-877-438-4338 or identitytheft.gov
3. Scam: Report to irs.gov/uac/reporting-phishing
4. Senior Financial Exploitation Reporting Form (Minnesota) <https://mn.gov/commerce/consumers/file-a-complaint/financial-exploitation-form/>

Why some people don't report:

Older adults may be shameful or embarrassed to admit that they have been financially exploited, their loyalty to the individual who may treat them well in other ways, fear of retaliation, they may be dependent on their abuser for care, denial, self-blame, and lack of awareness

ACTIVITY: HOW FINANCIALLY AWARE ARE YOU?

Reflect on what you have learned today. In the space below, follow the prompts:

What is meant by financial exploitation?

Why are you at risk of financial exploitation?

What should you do if you feel you are being financially exploited?

References

National Adult Protective Services Association (NAPSA). (2022). What is financial exploitation?

<https://www.napsa-now.org/get-informed/what-is-financial-exploitation/>

The United States Department of Justice. (n.d.). Elder abuse and elder financial exploitation statutes.

<https://www.justice.gov/elderjustice/prosecutors/statutes>

Format for Group or Individual Session

Cole's 7 Steps

Intervention: Financial Resources

Dimension of Wellness: Financial Wellness

Materials Needed: 'Financial Resources for Older Adults' handout, large sheet of paper or white board, writing utensils

- *Leader can bring a smart phone or laptop if resident(s) were to request further information regarding one of the resources*

Introduction: Hello, my name is _____ and I am your occupational therapist (assistant/student). Today we will be talking about financial resources, all the different resources available to you, ones you may already benefit from, and where you can go for further support. To start we will begin with introductions followed by a warmup activity. Then, we will go through the handout together to better understand what resources are available to you and things you may need or want to know more about. Then we will discuss you learned today and how you can apply this new information to your life. Are there any questions so far?

Expectations of the group: I want to remind everybody that this is a confidential group and that whatever is said here stays here. Whatever is discussed or shared during the group session will not be shared outside of the session. And during the session, it's expected that each person will contribute. Are there any questions?

Group Introduction: Go around the room and have each person introduce themselves and answer the question, "If somebody gave you \$10,000 what would you do with it?" This is a fun way to build rapport, learn about group members, and break the ice.

Introduce/Reintroduce Financial Wellness: (*Leader is encouraged to use the "What is Financial Wellness" handout*)

Objectives:

- Verbalize 2-3 people you can go to for helping you understand your financial resources
- Verbalize the difference between 2 different financial resources to clarify your understanding

Warm-Up Activity:

- Leader will write the answers on a white board or large sheet of paper for all group members to view to encourage group brainstorming.
- For the warm-up activity, the leader will ask the resident(s) to identify as many financial resources as they can think of, that are available to adults/older adults. The leader may give 1-2 examples such as Medicare or Medicaid.
 - o Other resources may include SSI, SSDI, retirement fund, IRA, EBT, SNAP, Go Card, Seniors Farmers' Market Nutrition Program (SFMNF), State Health Insurance Assistance Program (SHIP), Veterans Affairs (VA), Meals on Wheels,

Volunteers of America, Feeding America, IRS Elderly Tax Credit, National Adult Day Services Association, Dental Lifeline Network, AmeriCorps Seniors, HUD programs, iCanConnect, Low Income Home Energy Assistance Program, Senior Community Service Employment Program (SCSEP)

- Then, ask the group or individual, “Which ones do you currently benefit from?” Allow response time and verbalize the similarities among group members. Ask, “What do you feel you need more clarification on?” “What questions do you have still regarding financial resources?” and “Where do you go when you need/want more information?”

Activity:

- Leader will pass out the “Financial Resources for Older Adults” handout. “For today’s activity, we will read through the handout on the different financial resources to gain a better understanding of what they are, what do they mean, who qualifies for them, and where you can go for more information.
- Leader read the first box then ask for a volunteer to read the next and so on.
- Leader is encouraged to ask questions throughout the handout. Questions may include, “Do you use this resource?” if yes, “how do you use it?” “What do you use it for?” “What do you want to know more about?”
 - o Rationale: This activity supports the goal that is directed at addressing PxO factors as it provides educational materials to help increase engagement in occupations. From the literature review and confirming through non-standardized interview, older adults did not receive adequate resources during the COVID-19 pandemic and wanted further education on resources that were available to them. This activity also addresses ExO in that the virtual environment can be used to facilitate participation in occupations such as locating resources and things needed for IADLs and health management. During the COVID-19 pandemic, there was an increase engagement in technology to communicate, access resources and healthcare, and leisure pursuits. This activity is intended to provide education regarding resources available to this population. Research presented a need to educate this population on various resources to prevent financial stress leading to mental health.

Therapist: Ask for volunteers to share and acknowledge each member’s contribution (both verbal and non-verbal). Therapist should point out similarities and differences between group members.

Sharing/Processing:

- What is something new that you learned today?
- What are some barriers to using these resources?
- What strategies will you use to make sure you utilize your resources?
- What kind of emotions were you experiencing while completing this activity?
- What do you feel you need more clarification on?
- How did you relate to others and the resources they use?

Generalizing:

Leader/Therapist: Identify similarities among group answers

- What barriers to utilizing your resources were similar between the group?
- What strategies to better utilize them are similar or different between group members?
- The therapist will provide an overall generalizing statement of one or two principles learned from the session after residents share generalizations from the questions above.
- “I noticed that a few common themes included _____”

Application:

- How might these concepts covered in today’s session be used now and in the near future?
- How do you think this session will benefit you?
- Who else might you go to when you need more information on this?

Summary:

- Review session goals
 - The goal for the session was to verbalize 2-3 people you can go to for helping you understand your financial resources and to verbalize the difference between 2 different financial resources to clarify your understanding
 - Ask the participant(s) if they feel as though they met their goal and give them a glimpse of what is next to come in the sessions
- Summarize emotional responses
- Summarize the session
- Acknowledge member participation (thank them for participating, sharing, trusting, disclosing, taking risks, etc.).

Reference:

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Financial Resources for Older Adults

What are they? What do they mean? What do they do? Who qualifies?

Seniors Farmers' Market Nutrition Program (SFMNP)

What is it? Provides low-income seniors with access to locally grown fruits, vegetables, honey and herbs.

How? Administered through a federal/state partnership. They provide seniors with coupons or checks that can be exchanged for eligible foods at farmers' markets, roadside stands, and community supported agriculture (CSA) programs (USDA, 2021).

Who is eligible? Low-income seniors, individuals 60 years of age or older, who have household incomes of not more than 185% of the federal poverty incomes guidelines. Some agencies accept proof of participation or enrollment in another means-tested program such as the SNAP

For more information: <https://www.fns.usda.gov/sfmnp/senior-farmers-market-nutrition-program>

State Health Insurance Assistance Program (SHIP)

What is it? A national program that offers one-on-one assistance, counseling, and education to Medicare beneficiaries. They help navigate Medicare and the changing needs of individuals, and they help you understand your choices, how to enroll, plan comparison, coverage and costs, paying for Medicare and prescription, and more.

Payment? Free to those who qualify

Who's eligible? Those with limited incomes, Medicare beneficiaries under the age of 65 with disabilities, and those who are dually eligible for Medicare and Medicaid (ACL, 2022)

Find your local SHIP at shiphelp.org or call 1-877-839-2675

Supplemental Nutrition Assistance Program (SNAP)

What is it? A federal nutrition assistance program that provides food-purchasing assistance for low- and no-income people

What can I use it for? Buying groceries from grocery and convenience stores and some farmers markets. You CANNOT use it to buy hot ready-to-eat foods or non-food items.

Are you eligible? It depends on how many people you live with and your monthly income. For example, for 1 person, the monthly income must be below \$1,659 in Minnesota. If you are over the age of 60, you may still qualify even if your income is above the set income guideline because living expense like utilities, rent, and monthly medical expenses are deducted from the total income. (Hunger Solutions, n.d.)

For more information: visit <https://www.fns.usda.gov/snap/recipient/eligibility> or Call: (202)720-2791

Electronic Benefit Transfer (EBT)

What is it? If you are eligible for SNAP, you will receive SNAP benefits on an EBT card. It's a safe, convenient, and easy way to get your cash and food benefits

How does it work? At the beginning of each month, the state agency deposits the benefits into their SNAP account linked to the EBT card (Center for Agriculture and Food Systems, n.d., para. 2)

What can I use it for? You can use this card to buy groceries at authorized food stores and retailers, buy non-food items with cash benefits, withdraw cash from cash benefits, get cash back with a purchase from cash benefits (Minnesota Department of Human Services, n.d.)

For more information: visit <https://www.fns.usda.gov/snap/ebt>

Supplemental Security Income (SSI)

What is it?: Federal income supplement program funded by general tax revenues. It provides cash to meet basic needs for food, clothing, and shelter (SSA, n.d.).

Who's eligible? Those who are disabled, blind, or 65 years of age or older

How does it work? Social security pays monthly benefits to people with limited income and resources. You can receive these payments through direct deposit

How is it different? Those who are eligible may also be entitled to Social Security benefits. SSI benefits are not based on prior work. It can also get medical or food assistance in most states (SSA, n.d.)

For more information: www.ssa.gov/agency/contact or 1-800-772-1213 For direct deposit: <https://www.ssa.gov/pubs/EN-05-10073.pdf>

Veterans Affairs (VA)

What is it? Benefits and coverages for the services you need to help you get and stay healthy (USVA, n.d.). Benefits include disability compensation, pension, education and training, health care, home loans, insurance, Veteran Readiness and Employment, and burial.

Who's eligible? You served in the active military during wartime, are at least 65 years old or have a service-connected disability and have limited or no income. Generally, you must have 90 days or 24 months of active service to qualify.

How to apply: Veterans must enroll in the program and can do so at any time. They must provide their income, medical services, and medications. Because there are many different types of benefits, go to eBenefits.va.gov to find a Veterans Service Officer who can provide free, expert assistance. Gather supporting documents, including your DD-214, service and private medical records, and buddy statements. Initiate your claim at eBenefits.va.gov or call 1-800-827-1000 for assistance.

For more information: <https://www.va.gov/health-care/about-va-health-benefits/>

Social Security Disability Insurance (SSDI)

What is it? Social insurance program that provides monthly benefits to people who have a disability and have a qualifying work history. The average monthly benefit is \$1,223 (Bauer, 2022).

Who's eligible? For those who can no longer work due to a disability. You must have worked long enough and paid Social Security taxes. The act defines disability strictly and you must submit medical records to support your application.

How does it work? You can apply online at any age or by calling Social Security number at your local office.

How is it different? It's different from SSI in that it's based on disability and work credits

For more information: <https://www.ssa.gov/disabilityfacts/facts.html>

Other resources:

Medical Assistance (MA)

Meals on Wheels

Volunteers of America

AmeriCorps Seniors

Dental Lifeline Network

iCanConnect

References:

- Administration for Community Living (ACL). (2022). State health insurance assistance program (SHIP). <https://acl.gov/programs/connecting-people-services/state-health-insurance-assistance-program-ship>
- Bauer, B. (2022). SSI vs. SSDI: the differences, benefits, and how to apply. *National Council on Aging*. <https://www.ncoa.org/article/ssi-vs-ssdi-what-are-these-benefits-how-they-differ>
- Centers for Agriculture and Food Systems. (n.d.). What is EBT? <https://farmersmarketlegaltoolkit.org/snap/what-is-ebt/>
- Hunger Solutions. (n.d.). SNAP help for seniors. <https://www.hungersolutions.org/2018/04/10/snap-help-for-seniors/>
- Minnesota Department of Human Services. (n.d.). How to use your Minnesota EBT card. <https://www.co.itasca.mn.us/DocumentCenter/View/446/Minnesota-EBT-Card-Brochure-PDF?bidId=>
- Social Security Administration (SSA). (n.d.). Facts. <https://www.ssa.gov/disabilityfacts/facts.html>
- Social Security Administration (SSA). (n.d.). Social security income home page. <https://www.ssa.gov/ssi/>
- USDA. (2021). Seniors farmers' market nutrition program. <https://www.fns.usda.gov/sfmnp/fact-sheet>
- USDA. (n.d.). Supplemental nutrition assistance program. <https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program>
- U.S. Department of Veterans Affairs (USVA). (n.d.). About VA health benefits. <https://www.va.gov/health-care/about-va-health-b>

INTELLECTUAL WELLNESS

WHAT IS IT?

Description: Intellectual wellness involves many things that keep our brains active and our intellect expanding. It's striving toward good mental health, growth, and creativity. It can involve looking at different perspectives of an issue and taking them into consideration and understanding diverse points of view.



(Aurelius, 2021)

Questions to think about:

- How are you keeping your brain active? Reading? Conversations? Puzzles? Debates?
- What would you like to learn or do?
- Have you considered creative arts? Musical performances or plays? Public library? Exploring public events?
- Do you enjoy taking part in discussions, intellectual conversations, or other ways of gaining enhanced understanding of issues?

Format for Group or Individual Session

Cole's 7 Steps

Intervention: Introduction to the Aging Process

Dimension of Wellness: Intellectual, Physical, or Occupational Wellness

Materials Needed: ‘What to Expect as you Age’ and ‘Facts on Aging’ handouts, writing utensil

Introduction: Hello, my name is _____ and I am your occupational therapist (assistant/student). Today we will be focusing on the aging process. To start we will begin with a conversation about things we've noticed as we age, complete a short true or false quiz, and then go through a handout together to better understand why these things are happening. To finish the session, we will discuss you learned today and how you can apply this new information to your life.

Expectations of the group: I want to remind everybody that this is a confidential group and that whatever is said here stays here. Whatever is discussed or shared during the group session will not be shared outside of the session. And during the session, it's expected that each person will contribute. Are there any questions so far?

Group Introduction: Go around the room and have each person introduce themselves and answer the question, “What is one thing we do to stay healthy?” This is a fun way to build rapport, learn about group members, and break the ice.

Introduce Intellectual Wellness: (*Leader is encouraged to use the “What is Intellectual Wellness” handout*)

- Rationale: This activity was placed in the ‘intellectual wellness’ portion due the fact that intellectual wellness means striving toward good mental health, growth, and creativity in life. It includes learning and problem-solving which is the focus of this session.

Objectives:

- Verbalize 1-2 strategies you will implement to promote healthy aging
- Describe the benefit of learning something new in relation to your health

Warm-Up Activity:

- Leader will pass out the “Facts on Aging Quiz” handout
- Instructions: “You will circle T for true, or F for false. You can complete this with the person sitting next to you or individually. You will not be turning these in, it's simply to see what we know about the aging process.”

Activity:

- Leader must pass out the “What to Expect as You Age” handout
- Leader ask the group or individual: “What things have you noticed throughout the aging process?”

- This may include low vision, hard of hearing, difficulty remembering things, worsening oral health, going to the bathroom more frequently
- The therapist will recognize and acknowledge similarities and differences among group members and verbalize them throughout the session
- Go through the handout, taking turns reading if applicable. Leader is encouraged to ask questions throughout the handout. Questions may include, “What things have you noticed? What things do you do to promote better health?”

Discussion: Therapist: Ask for volunteer to share and acknowledge each member’s contribution (**Sharing/Processing:**

- What was one new thing you learned from today’s session that stuck out to you the most?
- What emotions were you experiencing when learning about the aging process?
- Some of you expressed feeling_____. That is completely normal, and you are not alone.
- Are there any areas you feel needs further clarification on?
- What strategies do you plan to implement to promote better health?

Generalizing:

- So, it sounds like _____ strategy will be beneficial for you, and everyone found something that will stick with them going forward.
- How do you plan to implement these new strategies into your daily life?
- What aspects were similar among group members?
- How does it feel being able to relate to others?

Application:

- How do you think today’s session benefits your overall wellness?
- How will you use today’s session in the future?

Summary:

- Review session goals
 - “The objective for the session was to verbalize 1-2 strategies you will implement to promote healthy aging and to describe the benefit of learning something new in relation to your health”
 - Ask the resident’s if they feel as though they met the goal and give them a glimpse of what is to come in the next sessions.
- Summarize emotional responses
- Summarize the session
 - Before we part, I want you to reflect and practice what you learned in today’s session. I want you to practice one strategy that you think will promote better health and report back the next time I see you.
- Acknowledge member participation (thank them for participating, sharing, trusting, disclosing, taking risks, etc.).

Reference:

Cole, M. B. (2018). *Group leadership: Cole’s seven steps*. In M. B. Cole (Ed.) *Group Dynamics in Occupational Therapy*. Thorofare, NJ: SLACK

Facts on Aging Quiz

T F - Memory loss is a normal part of aging.

T F - High blood pressure increases with age.

T F - Kidney function is not affected by age.

T F - All five senses tend to decline with age.

T F - In general, most older adults are pretty much alike

T F - Most older adults consider their health to be good or excellent

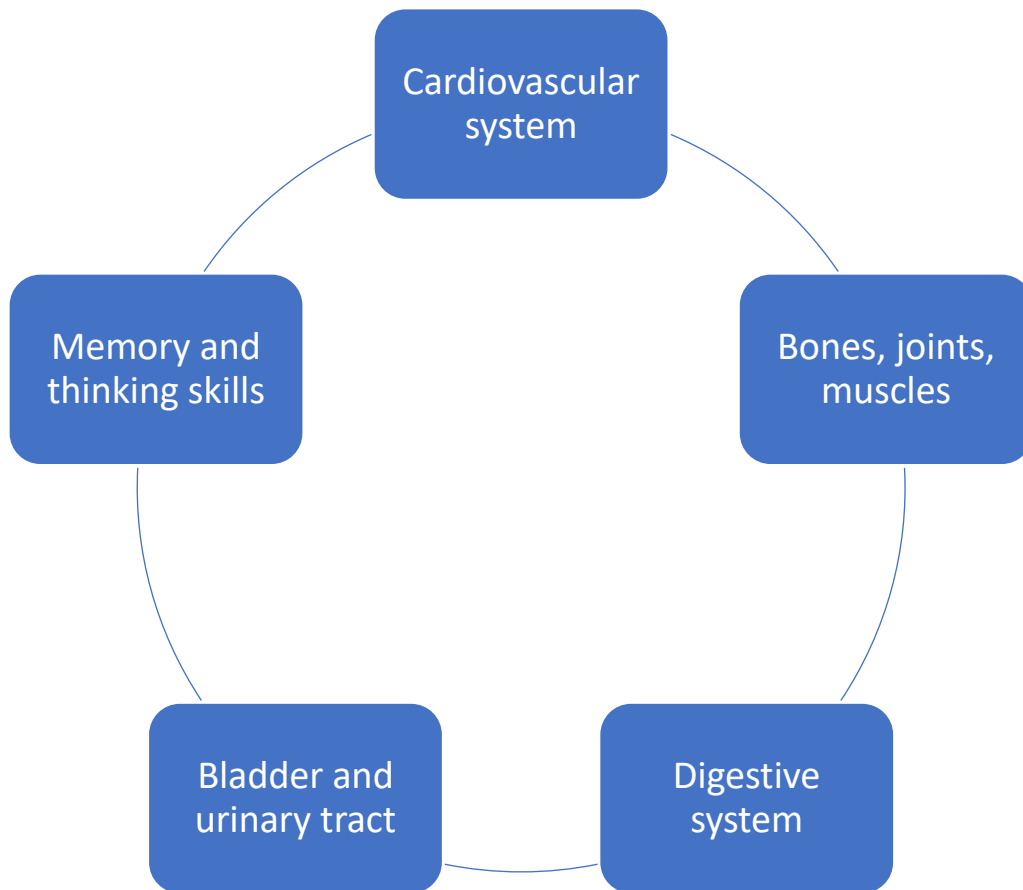
T F - Personality changes with age.

Answer Key for Therapist

1. True- As one ages, there is modest memory loss. Older adults are more likely to retain past or new information that is based on knowledge acquired or builds upon their life course or events. Strategies such as activity and exercise, association, visualization, cueing, organization, and connection to a place, may help to prompt memory.
2. True and False- There is evidence that blood pressure does increase with age. However, there is controversy over the criteria for establishing high blood pressure with increasing age.
3. False- The overall amount of kidney tissue decreases as well as the number of filtering units (nephrons). Nephrons filter waste material from the blood. Blood vessels supplying the kidneys can become hardened which causes the kidneys to filter blood more slowly
4. True- While there is considerable individual variation, on average sensory processes (vision, hearing, taste, smell, and touch) don't work as well as people get older.
5. False- Older adults are at least as diverse as any other age group in the population, and on many dimensions, they may actually be more diverse due to their varied health, social role, and coping experiences throughout the life course. As the older population becomes more and more ethnically diverse, differences could be even greater.
6. True- Many older adults consider their health to be excellent, very good, or good. Overall, most people over age 65 still rate their health positively. Older people make mental adjustments in their reference point of judging their own health and will typically see themselves as healthier than they had originally expected for their age—or, compared to others their same age.
7. False- Personality remains consistent in men and women throughout life. Personality impacts roles and life satisfaction. Traits in youth and middle age will not only persist but may be more pronounced in later life.

What to Expect as you Age

Aging doesn't happen overnight; It's a gradual process and begins in early adulthood. During early middle age, bodily functions begin to gradually decline. Changes are often associated with other life transitions such as retirement, relocation to more appropriate housing, or the death of friends and partners. So, what is exactly happening?



Cardiovascular System



A common change includes the increased size and stiffening of the chambers in your heart, causing it to work harder to pump blood through them. Changes to your heart/heart rate, increases the risk for high blood pressure and other cardiovascular problems (Mayo Clinic, 2020).

What you can do to promote heart health:

- Physical activity
- Healthy diet
- Don't smoke
- Manage stress
- Get enough sleep

Bones, Joints, and Muscles



With age, bones tend to shrink in size and density, weakening them and making them susceptible to fracture (Mayo Clinic, 2020). The bones become more brittle with age and may lead to pain or stiffness and the muscles tend to lose strength, endurance and flexibility.

What you can do to promote bone, joint, and muscle health:

- Get adequate amounts of calcium
 - Dietary sources include broccoli, kale, salmon, and tofu
- Get adequate amounts of vitamin D such as sunlight
- Include physical activity
- Avoid substance abuse

Digestive System



Age we age, the digestive system slows down and more water from the food is absorbed into the body. These changes can result in constipation, lack of exercise, not drinking enough fluids, and a low-fiber diet (Mayo Clinic, 2020).

What you can do:

- Eat a healthy diet including high-fiber foods
- Include physical activity
- Don't ignore the urge to have a bowel movement

Bladder and Urinary Tract



Your bladder walls change, and the elastic tissue becomes stiffer and less stretchy. The pelvic floor muscles become weak and it's unable to hold the amount of urine it used to in the past. As

a result, there is the need to urinate more often, it could make it difficult to empty your bladder, or lose bladder control.

What you can do:

- Go to the toilet regularly
- Maintain a healthy weight
- Don't smoke
- Do Kegel exercise
- Avoid bladder irritants by drinking plenty of water
- Avoid constipation by including high-fiber foods in your diet

Memory and Thinking Skills



Your brain is going through many changes as you age that may have minor effects on your memory or thinking skills. We become easily distracted and it takes more effort to work through problems.

What you can do:

- Include physical activity
- Eat a healthy diet
- Stay mentally active
- Be social
- Treat cardiovascular disease
- Quit smoking

Reference:

Mayo Clinic Staff. (2020). *Aging: what to expect*. <https://www.mayoclinic.org/healthy-lifestyle/healthy-aging/in-depth/aging/art-20046070>

Format for Group or Individual Session

Cole's 7 Steps

Intervention: Memory Strategies

Dimension of Wellness: Intellectual Wellness

Materials Needed: 'Memory Strategies' handout, writing utensil

Introduction: Hello, my name is _____ and I am your occupational therapist (assistant/student). Today we will be going off what we talked about the previous day, the aging process, and focusing on different memory strategies we can use to compensate for memory loss or times that we may forget something. To start we will begin with a conversation about the aging process and things that we may forget. Then, we will go through the handout together to better understand different types of strategies, and which may work best for you. To finish the session, we will have a discussion about you learned today and how you can apply this new information to your life. Are there any questions so far?

Expectations of the group: I want to remind everybody that this is a confidential group and that whatever is said here stays here. Whatever is discussed or shared during the group session will not be shared outside of the session. And during the session, it's expected that each person will contribute. Are there any questions?

Group Introduction: Go around the room and have each person introduce themselves and answer the question, "Would you rather meet your great great grandparents or your great great grandchildren?" This is a fun way to build rapport, learn about group members, and break the ice.

Introduce Intellectual Wellness: (*Leader is encouraged to use the "What is Intellectual Wellness" handout*)

- Rationale: This activity was placed in the 'intellectual wellness' portion due the fact that intellectual wellness means striving toward good mental health, growth, and creativity in life. It includes learning new strategies and problem-solving ways to compensate for your memory which is the focus of this session.

Objectives:

Verbalize 1-2 strategies you will implement to promote healthy aging and to compensate for memory

Warm-Up Activity:

- For the warm-up activity, the resident(s) will identify 10 things they never want to forget or misplace. The leader will write down the examples on a white board or large sheet of paper for the resident(s) to view.
- Some examples of what you may not want to forget include, family, friends, or loved one, how to manage money, how to do their hair, how to brush their teeth, a phone number, your hometown, how to toilet, the birth of a child, a certain date, heritage or culture, a certain tradition

- Some examples of what you may not want to misplace include: keys, glasses, mail, money, recipe
- Next, ask the group, “are there any strategies you currently do to help you not forget them?”

Activity:

- Therapist will pass out the “Memory Strategies” handout
- “For today’s activity, we will learn about different strategies we can use to compensate for our memory, in attempts to not misplace, or forget things. Forgetfulness can be a normal part of aging and in the previous session, we learned that as we get older, changes occur in all parts of the body, including the brain. It may take longer to learn new things and we may not remember information as well as we used to. I’m here to tell you that there are ways to retain and strengthen your memory.”
- Go through the handout, taking turns reading if applicable. Leader is encouraged to ask questions throughout the handout. Questions may include, “How do you see yourself using this strategy?”
- Once the resident(s) identify a strategy that will work for them, practice it with them so they can implement the strategy independently after the session.
- This activity addresses the goal targeting PxO factors. Older adults are likely to become more forgetful as they age. After they implement a strategy best fit for them, it is anticipated that it will increase occupational performance.

Discussion: Therapist: Ask for volunteer to share and acknowledge each member’s contribution (both verbal and non-verbal)

Sharing/Processing:

- What was one new thing you learned from today’s session that stuck out to you the most?
- What emotions were you experiencing when learning about memory and the aging process?
- “I noticed the aging process made you feel like _____. That is completely normal, and you are not alone.”
- Are there any areas you feel need further clarification on or practice with?
- What strategies do you plan to implement to compensate for memory?

Generalizing:

- So, it sounds like _____ strategy will be beneficial for you, and everyone found something that will stick with them going forward.
- How do you plan to implement these new strategies into your daily life?
- What aspects were similar among group members?
- How does it feel being able to relate to others?

Application:

- How do you think today’s session benefits your overall wellness?
- How will you use today’s session in the future?

Summary:

- Review session goals
 - “The objective for the session was to verbalize 1-2 strategies you will implement to promote healthy aging and to compensate for memory
 - Ask the resident’s if they feel as though they met the goal and give them a glimpse of what is to come in the next sessions.
- Summarize emotional responses
- Summarize the session
 - Before we part, I want you to reflect and practice what you learned in today’s session. I want you to practice one strategy that you think will benefit your memory in relation to health and wellness and report back the next time I see you.
- Acknowledge member participation (thank them for participating, sharing, trusting, disclosing, taking risks, etc.).

Reference:

Cole, M. B. (2018). *Group leadership: Cole’s seven steps*. In M. B. Cole (Ed.) *Group Dynamics in Occupational Therapy*. Thorofare, NJ: SLACK

Memory Strategies

<p style="text-align: center;">Write it Down</p> <ul style="list-style-type: none"> - Write down appointments - Take notes - Write in a planner or calendar - Make checklists or to-do lists 	<p style="text-align: center;">Association</p> <p>Relate information to things you already know. For example, if you met someone new, think of someone they remind you of.</p>	<p style="text-align: center;">Repetition</p> <p>Reading, writing, or saying information repeatedly can help you improve memory.</p>
<p style="text-align: center;">Visualization</p> <p>Picture new information in your mind, create images for the information you must remember.</p>	<p style="text-align: center;">Categorization</p> <p>Group related topics or items together. For example, if you are going to the store, you can group bananas, strawberries, and oranges as “3 fruits”</p>	<p style="text-align: center;">Talk it Out</p> <ul style="list-style-type: none"> - Saying things out loud - Ask somebody to remind you - Have a conversation about it so you remember later
<p style="text-align: center;">Cues</p> <ul style="list-style-type: none"> - Use visual aids such as post-it notes - Use auditory cues such as an alarm clock or phone alarm 	<p style="text-align: center;">Set Locations</p> <p>Establish a location for common items and always put them in the same spot.</p>	<p style="text-align: center;">Routine</p> <p>Having a routine makes you less reliant on your memory.</p>

Format for Group or Individual Session

Cole's 7 Steps

Intervention: Attention/Concentration Strategies

Dimension of Wellness: Intellectual Wellness

Materials Needed: 'Attention Strategies' handout, regular deck of cards, writing utensil

Introduction: Hello, my name is _____ and I am your occupational therapist (assistant/student). Today we will be going off what we talked about the previous day, the aging process, and focusing on different attention or concentration strategies we can use to maintain or improve our attention. To start we will begin with a conversation about the aging process and why these changes are happening. Then, we will play a game as a strategy we can use to improve our attention. To finish the session, we will discuss you learned today and how you can apply this new information to your life. Are there any questions so far?

Group Introduction: Go around the room and have each person introduce themselves. Play 2 truths and a lie, starting with the leader and go around in a circle (if it's a group). Each person will make 3 statements. 2 statements are true, and one statement is a lie. The rest of the members try to guess which statement is a lie. For example, one person might say, "I met the president, I have a dog, and I went to college at UND." The game does not have a winner, but it is a fun way to build rapport, learn about group members, and break the ice. The therapist then moves into setting the stage for the rest of the group by explaining the expectations for the group.

Expectations of the group: I want to remind everybody that this is a confidential group and that whatever is said here stays here. Whatever is discussed or shared during the group session will not be shared outside of the session. And during the session, it's expected that each person will contribute. Are there any questions?

Introduce/Reintroduce Intellectual Wellness: (*Leader is encouraged to use the "What is intellectual Wellness" handout*)

- Rationale: "The activity today reflects intellectual wellness due to the fact that intellectual wellness means keeping our brains active and striving toward good mental health. It includes learning new strategies and problem-solving ways to compensate for your memory, which is the focus of this session."

Objectives:

"The objective today is to understand the effects aging can have on your memory and to verbalize 1-2 strategies you will implement to improve attention"

Warm-Up Activity:

- Therapist will hand out the "How the Aging Brain Affects Attention/Concentration" handout and writing utensils. Therapist read the title and ask for a volunteer to read the "Changes in the aging brain" portion of the handout. Then ask the group, "When have you noticed difficulties paying attention?" Some examples may include falling asleep

when watching the television, difficulties paying attention during a conversation, when reading a book, or when reviewing a recipe or instructions

- Next, read through the ‘strategies’ portion. Therapist can elaborate on the bullet points.
 - “Mindfulness is about focusing attention on the present moment. The brain becomes calmer and our whole body becomes more relaxed. We can learn to use our breath to bring our attention back to a particular task so that it can be done well even if we get interrupted.”
 - “Cognitive training means games to improve your response time and attention. The goal isn’t to get better at them, but to get better in the cognitive activities of everyday life. Brain games can help develop your working and short-term memory, processing, and problem-solving skills. Some examples include puzzles, chess, sudoku.”
 - “Healthy lifestyle means getting up and moving your body, getting adequate amounts of sleep, and eating well to maintain energy and fuel the brain.”
 - “Eliminate distractions that may prevent you from getting the things you need to get done, done. Some examples may include turning off the television or radio.”
 - “Short breaks or connecting with nature can increase concentration and productivity as well as improving satisfaction helping you feel refreshed. When you focus on something for too long, your focus may die down. Taking breaks helps to refocus your attention”
- Rationale for this warmup activity: In the literature review, it was found that tips for improving attention was a beneficial intervention strategy to cope with cognitive changes, increase feelings of stability concerning memory functioning, and perceived greater locus of control over their memory (Reijnders et al., 2017). This warmup activity feeds into the activity for the session and provides education as to why attention may decrease with age.

Activity:

- “For today’s activity, we will be playing a memory card game as a strategy to enhance brain functions such as attention, concentration, and memory.”
- How it’s played: The leader will lay out the 52 cards in four rows of thirteen each. If there are resident(s) with lower cognitive functioning, use less cards but ensure there are pairs flipped over. Players take turns choosing two cards, placing them face up. If they are of the same rank and color (for example, six of diamonds and six of hearts) that player wins the pair and plays again. If the cards are not of the same rank and color, the player returns the cards on the table face down and play passes to the player on the left. The game ends when a player picks the last pair. The winner is the person with the most pairs. Players may end up in a tie.
 - The activity supports the goal that is directed at addressing PxO factors. As people get older, they may experience cognitive changes which reflects their overall occupational performance. It is anticipated that the implementation and continuation of attention strategies will increase health, wellness, and self-care in older adults.

Therapist: Ask for volunteer to share and acknowledge each member’s contribution (both verbal and non-verbal)

Sharing/Processing:

- What was one new thing you learned from today's session that stuck out to you the most?
- What emotions were you experiencing when learning about attention and the aging process?
- Tell me how the activity went for you? Was it hard? Easy? Elaborate.
- Are there any other strategies you feel need further clarification on or practice with?
- What strategies do you plan to implement to maintain or improve memory?

Generalizing:

- So, it sounds like _____ strategy will be beneficial for you, and everyone found something that will stick with them going forward.
- How do you plan to implement these new strategies into your daily life?
- What aspects were similar among group members?
- How does it feel being able to relate to others?

Application:

- How do you think today's session benefits your overall wellness?
- How will you use today's session in the future?
- How else do you think these strategies can benefit you?

Summary:

- Review session goals
 - "The objective today was to understand the effects aging can have on your memory and to verbalize 1-2 strategies you will implement to improve attention"
 - Ask the resident's if they feel as though they met the goal and give them a glimpse of what is to come in the next sessions.
- Summarize emotional responses
- Summarize the session
 - Before we part, I want you to reflect and practice what you learned in today's session. I want you to practice one strategy that you think will benefit your memory in relation to health and wellness and report back the next time I see you.
- Acknowledge member participation (thank them for participating, sharing, trusting, disclosing, taking risks, etc.).

Reference:

Cole, M. B. (2018). *Group leadership: Cole's seven steps*. In M. B. Cole (Ed.) *Group Dynamics in Occupational Therapy*. Thorofare, NJ: SLACK

How the Aging Brain Affects Attention/Concentration



(Meo, 2017)

Changes in the aging brain

As a person gets older, changes occur in all parts of the body, including the brain. These changes can affect concentration, attention, and other mental functions.

- Certain parts of the brain shrink, especially the parts important to learning and other complex mental activities
- In certain brain regions, the communication between cells may not be as effective
- Blood flow in the brain may decrease
- When there is an injury or disease, inflammation may occur

When have you noticed difficulties paying attention to something? Elaborate.

Strategies

- Mindfulness: focusing on the present moment
- Cognitive Training: training games to exercise the brain
- Healthy Lifestyle: Exercise, get 7-8 hours of sleep, eating habits
- Eliminate distractions
- Take a short break or connect with nature
- Drink water

Reference: Harvard Health Publishing. (2020). Tips to improve concentration.

<https://www.health.harvard.edu/mind-and-mood/tips-to-improve-concentration>

OCCUPATIONAL WELLNESS

WHAT IS IT?

Description: Occupational wellness involves participating in activities that provide meaning and purpose and reflect personal values, interests, and beliefs, including employment or volunteer work.



(Cottonbro, 2021)

Questions to think about:

- Are you involved in volunteer work? If not, what does your routine look like? Is it stimulating and does it contribute to your talents, gifts, and knowledge?
- Do you schedule time for leisure? What about time with friends, nature walks, or doing what it takes to relax?
- Are you involved in something that you look forward to and that gives you a sense of accomplishment and pride?

Format for Group or Individual Session

Cole's 7 Steps

Intervention: Life Story: The Past, Present, and Future

Dimension of Wellness: Occupational Wellness

Materials Needed: 'Life Story' worksheet, blank paper, and a writing utensil

Introduction: Hello, my name is _____ and I am your occupational therapist (assistant/student). Today we will be focusing on your life story. To start we will begin with a warmup activity then we will read through the handouts together and complete a worksheet (independently, as a group, or with a partner). After that I will have you share what you wrote if you would like. To finish the session, we will discuss how the activity went for you and how you can use this in your day-to-day life. Any questions?

Expectations of the group: I want to remind everybody that this is a confidential group and that whatever is said here stays here. Whatever is discussed or shared during the group session will not be shared outside of the session. And during the session, it's expected that each person will contribute. Are there any questions so far?

Group Introduction: Go around the room and have each person introduce themselves and share where they grew up or went to school. This is a fun way to build rapport, learn about group members, and break the ice.

Introduce/Reintroduce Occupational Wellness: (Leader is encouraged to use the "What is Occupational Wellness" handout)

Objectives:

Recognize the benefit of reminiscing in relation to your health and wellness

Warm-Up Activity:

- Share your favorite memory and something you're looking forward to
- The warm-up activity is intended for the residents to start reflecting on their life and something they want in the near future which builds on today's activity.

Activity:

- Therapist will pass out the "Life Story" worksheet.
- Ask the group or individual: "*Why do you think writing a story about your life is beneficial?*" Allow each participant time to answer the question.
- Explain the benefits that writing a story about your life helps stimulate your brain, memory, and creativity, reconnects you with your true self, helps you heal your history, and uncovers special hidden moments.
- Go through all parts of the handout, taking turns reading if applicable.

- Complete the interactive handout individually, with a partner, or as a group. Leader is encouraged to use the “potential prompts” below to keep the ideas flowing among participants
- Rationale: Reminiscence therapy has been shown to be beneficial with the older adult population. It helps reestablish life’s meaning, reflect on growth, build new connections, and socialize with others. This session is intended to work towards the overarching PxO goal leading to increased quality of life.

Potential Prompts		
Past	Present	Future
Tell me about... -Where you grew up -Your family or friends -Favorite memories -Where you lived -Past jobs -Did you have children	Tell me about... -Where you live now -Your support system -What you like to do -Favorite meals -Who do you eat with? -Activities you attend	Tell me about... -Something you’re looking forward to -Events your plan to attend -Holidays -Birthdays -Next week or month

Discussion: Therapist, ask for volunteers to share and acknowledge each member’s contribution (both verbal and non-verbal). Point out similarities between group members.

Sharing/Processing:

- What did you learn about yourself by doing this activity?
- How did it feel reflecting on your life story?
- What were some of the positive aspects of reflecting on your past, present, and future?
- What part was most challenging for you?

Generalizing:

- The therapist can make a general statement regarding the overall feeling that the group members or individual had towards reflecting on their past, present, and future.
- What other strategies could you use to gain a greater sense of meaning contributing to happiness?

Application:

- Therapist will start by asking a general question regarding what has been learned from the session and how it may be applicable to life outside the session.
- “We see that there are (insert common opinion or barrier), now how might this benefit us now and in the future?”
- How else might these concepts covered in today’s session be used?

Summary:

- Review session goals

- The goal for the session was to create your life story including the past, present, and future. We learned that writing a story about your life can help find meaning and value in your experiences.
- Ask the resident(s) if they feel as though they met the goal, and give them a glimpse of what is to come in the next sessions
- Summarize the session
 - Before we part, I want you to practice what you learned in today's session. I want you to go through and further reflect on the worksheet to help you identify ways to develop a sense of meaning and happiness. We will be discussing them next time we meet.
 - Thank them for time and for joining the group today

Reference:

Cole, M. B. (2018). *Group leadership: Cole's seven steps*. In M. B. Cole (Ed.) *Group Dynamics in Occupational Therapy*. Thorofare, NJ: SLACK

Format for Group or Individual Session

Cole's 7 Steps

Intervention: Building New Habits and Habit Plan

Dimension: Occupational Wellness

Materials Needed: 'Building New Habits' handout and "Habit Plan" worksheet, writing utensil

Introduction: Hello, my name is _____ and I am your occupational therapist (assistant/student). Today we will be focusing on building new habits and teaching you strategies to develop healthy habits. To start we will begin with a conversation about our habits, what are healthy habits? and habits we may want to change. Then we will read through the handouts together and complete a worksheet (independently, as a group, or with a partner). After that I will have you share what you wrote if you would like. To finish the session, we will have a discussion about how the strategies worked for you and where you can use them in your day-to-day life. Any questions so far?

Expectations of the group: I want to remind everybody that this is a confidential group and that whatever is said here stays here. Whatever is discussed or shared during the group session will not be shared outside of the session. And during the session, it's expected that each person will contribute. Are there any questions?

Group Introduction: Go around the room and have each person introduce themselves and answer the question, "Would you rather travel to the future or travel back in time?" This is a fun way to build rapport, learn about group members, and break the ice.

Objectives:

- Differentiate between goals and habits
- Understand how to how to develop new healthy habits
- Create a habit plan to support occupational wellness

Warm-Up Activity:

- "For the warmup activity, I'm going to first ask you to identify healthy habits you have and then habits you maybe want to change." "Now I'm going to have you identify habits you may be acquired since the start of the COVID-19 pandemic." The leader will write the responses on a white board or large sheet of paper for the resident(s) to view.

Activity:

- Therapist will pass out the "Building New Habits" and the "Habit Plans" worksheet
- Have the group or individual what the word "habits" mean to them and validate their answers
- Go through all parts of the handout, taking turns reading if applicable
- Complete the interactive handout individually, with a partner, or as a group

- This activity is intended to help residents think about healthy versus unhealthy habits, to recognize similarities among group members, and to know that they are not alone. It allows them to reflect and brainstorm habits they currently have or would like to change.

Leader/Therapist: Ask for a volunteer to start and acknowledge each member's contribution (both verbal and non-verbal)

Therapist: Point out similarities between group members

Sharing/Processing:

- What did you learn about yourself and your habits by doing this activity?
- How did it feel reflecting on your habits?
- What emotions were you feeling?
- What was challenging for you?
- What went well?

Generalizing:

- In what other situations do you think you could use these skills?
- What other strategies could you use?

Leader/Therapist: Identify similarities among group answers

Application:

- What are the most important habits you want to change?
- How will you use this session to guide the change you want to see?
- How does this session benefit you now and in the near future?

Summary:

- Review session goals
 - The goal for the session was to identify ways to build new healthy habits and create a plan to help get you started.
 - Ask the resident(s) if they feel as though they met the goal, and give them a glimpse of what is to come in the next sessions
- Summarize emotional responses
- Summarize the session
 - Before we part, I want you to practice what you learned in today's session. I want you to go through and reflect on the worksheet to help you identify ways to build or maintain healthy habits. We will be discussing them next time we meet.
 - Thank them for time and for joining the group today
- Acknowledge member participation (thank them for participating, sharing, trusting, disclosing, taking risks, etc.).

Reference:

Cole, M. B. (2018). *Group leadership: Cole's seven steps*. In M. B. Cole (Ed.) *Group Dynamics in Occupational Therapy*. Thorofare, NJ: SLACK

Building New Habits

Differentiate between goals and habits. Goals are outcomes, such as “getting healthy.” Habits are the actions you take to achieve a goal. For example, eating vegetables with each meal and exercising every day.

Start with small changes. Make incremental changes toward the behavior you want, and work your way up from there. Even if you improve at something only 1% every week, the changes that accumulate over months or years are massive.

Update your environment. Make changes that encourage your new habit and discourage unwanted habits. If you would like to eat healthier, keep a bowl of fruit on the counter, and put unhealthy snacks out of sight.

Tie new habits to other activities. Make a plan using the format: “After ____, I will ____.” For example: “After each meal, I will read for 5 minutes.” This is a simple way to remember your habit each day and encourage consistency.

Some practice is better than no practice. Even if you don’t have a lot of time or energy, do *something* toward building your habit. Too tired for a long walk? Walk for 5 minutes. Too busy to read a whole chapter? Read one page. Consistency builds habits.

Tell someone you’re starting a new habit. Doing so creates accountability and makes it more difficult to back out of your commitment. Also, once others know you’re working toward a goal, they may offer encouragement and support.

Track your habit. Keep a journal, calendar, or spreadsheet to record your habit each time you practice. It can be satisfying to record your behavior, and to look back and see all the hard work you’ve put in. Plus, it can be motivating to keep a habit streak alive.

Celebrate your successes. Healthy habits tend to have long-term benefits that take time to kick in. While you’re waiting for these, give yourself immediate, small rewards to sustain motivation. Just make sure they don’t contradict your goals.

Habit Plan

Developing new healthy habits is an important part of working toward long-term goals. For example, the goal of improving your health can't be achieved without habits such as eating healthy or exercising. Creating a habit plan will help you get started.

instructions

Step 1: Connect your new habit to an existing habit.
Tying new habits to things you already do is an effective way to make them part of your routine. Instead of planning to "go for a walk later", plan to "go for a walk right after dinner every evening".

After existing habit, I will new habit.

Step 2: Reward success.
When you are successful, treat yourself to a small reward. Rewards should not contradict your habit (e.g. a big dessert for eating a healthy meal) and they should be something you can do regularly. Even small rewards will reinforce a new habit.

After new habit, I will reward.

examples

Step 1: After I brush my teeth at night, I will do 10 push-ups.
Step 2: After I do 10 push-ups, I will relax for 30 minutes.

Step 1: After I get on the bus to work, I will practice deep breathing for 10 minutes.
Step 2: After I practice deep breathing, I will listen to music.

practice

Step 1: Connect your new habit to an existing habit.
After _____, I will _____.

Step 2: Reward success.
After _____, I will _____.

SOCIAL WELLNESS

WHAT IS IT?

Description: Social wellness refers to the relationships we have and how we interact with others. It allows you to build healthy relationships and develop assertive skills to become comfortable with who we are in social situations. Our relationships can offer support during difficult times. Social wellness involves building healthy, nurturing, and supportive relationships as well as fostering a genuine connection with those around you. Having a good social wellness is critical to building emotional resilience.



(Rodnae Productions, 2021)

Questions to think about:

- Have you found support groups in your area?
- Do you make time for friends, family, or social activities?
- Are you meeting people with similar interests?
- Do you set time aside for quality time with people you care about?
- Have you found a place to volunteer? You never know who you might meet there.

Format for Group or Individual Session

Cole's 7 Steps

Intervention: Social Support

Dimension of Wellness: Social

Materials Needed: 'Social Support' worksheet, writing utensils

Introduction: Hello, my name is _____ and I am your occupational therapist (assistant/student). Today we will be focusing on social support. To start we will begin with a conversation about your social support system then we will read through the handouts together and complete a worksheet (independently, as a group, or with a partner). After that I will have you share what you wrote if you would like. To finish the session, we will have a discussion about how the strategies worked for you and where you can use them in your day-to-day life.

Expectations of the group: I want to remind everybody that this is a confidential group and that whatever is said here stays here. Whatever is discussed or shared during the group session will not be shared outside of the session. And during the session, it's expected that each person will contribute. Are there any questions so far?

Group Introduction: Go around the room and have each person introduce themselves and answer the question, "Who is one person in your life that you look up to? Why?" This is a fun way to build rapport, learn about group members, and break the ice.

Introduce/Reintroduce Social Wellness: (*Leader is encouraged to use "What is Social Wellness" handout*)

Objective(s):

- Locate resources to support meaningful participation in social wellness
- Implement strategies to maintain relationships during a pandemic

Warm-Up Activity:

- Have the group or individual reflect on who their social support includes (ask for a volunteer to start and go around the room). Examples may include family member(s), friend, healthcare provider, neighbor, priest, church member, spouse, power of attorney. Leader is encouraged to write the responses on a white board or large sheet of paper for the resident(s) to view.
 - o *Leader: reiterate that we can all be each other's social support*
- "How has your social support changed since the COVID-19 pandemic?" Examples may include Not seeing them as much, staff at the ALF may have become a part of their social support, pets, the way you communicate through technology now.

Activity:

- Ask the group or individual: "*Why is having a social support system important*" Allow each participant time to answer the question.
- Explain the benefits of having a social support system.

- The benefits of having a social support system includes fulfilling emotional, tangible, informational, or social needs. They can be critical in helping you through the stress of tough times. A lack of social support can lead to isolation and loneliness.
- “Next, we will go through all parts of the handout, taking turns reading” (if applicable). The therapist will start to read the first section then ask for a volunteer to read the types of social support (if applicable, if not, therapist will continue to read).
 - Leader is encouraged to ask questions throughout the handout. For example, the leader may ask, “What are some other benefits of having social support system?” Answers may include love, friendship, trust, loyalty, laughter, security
- Complete the interactive handout out as a group and brainstorm all of the prompts first together, then the residents will complete them independently or with a partner.
- Rationale: This activity addresses person, environment, and occupation factors. It promotes reflection on current or past social supports and the benefits they can have regarding emotional health. It is intended for residents to create a plan for how they can better utilize their social support.

Therapist: Ask for volunteers to share and acknowledge each member’s contribution (both verbal and non-verbal). Point out similarities and differences between group members.

Sharing/Processing:

- What is something that you learned today about yourself and your support system?
- What kind of emotions were you experiencing while completing this activity?
- What part was the most challenging for you?
- What went well? Why?
- How did you relate to other when they were describing their support system and strategies they are going to make to better utilize them?

Generalizing:

Leader/Therapist: Identify similarities among group answers

- What barriers to utilizing your supports were similar between the group?
- What strategies to better utilize them are similar or different between group members?
- The therapist will provide an overall generalizing statement of one or two principles learned from the session after residents share generalizations from the questions above.
- “I noticed that a few common themes for improvements included _____”

Application:

- How might these concepts covered in today’s session be used now and in the near future?
- How do you think this session will benefit you?
- What other adjustments are you going to make to ensure you utilize your support system?

Summary:

- Review session goals

- The goal for the session was to identify our social support system, understand the importance of having a social support system, and learn strategies to maintain our social supports during times of a pandemic
- Ask the participant(s) if they feel as though they met their goal and give them a glimpse of what is next to come in the sessions
- Summarize emotional responses
- Summarize the session
 - Before we part, I want you to practice what you learned in today's session. I want you to go through and further reflect on the worksheet to help you better utilize your supports. We will be discussing them next time we meet.
- Acknowledge member participation (thank them for participating, sharing, trusting, disclosing, taking risks, etc.).

Reference:

Cole, M. B. (2018). *Group leadership: Cole's seven steps*. In M. B. Cole (Ed.) *Group Dynamics in Occupational Therapy*. Thorofare, NJ: SLACK

Social Support



Social support is the help provided by family, friends, groups, or communities. This help can fulfill emotional, tangible, informational, or social needs.

Benefits of Social Support

- Improved physical health
- Greater resilience to stress
- Improved self-esteem
- Feeling of security
- Improved mental well-being
- Greater life satisfaction

Types of Social Support

Emotional Support: Help managing emotions, such as stress, anger, or depression. This support might include listening to problems and showing empathy.

Tangible Support: Help with practical problems, such as financial assistance, providing a ride to work, or help with childcare.

Informational Support: Providing information that helps solve a problem or overcome a challenge. This might include advice or information about helpful resources.

Social Needs: Fulfillment of basic social needs, such as love, belonging, and connectedness. This helps provide a feeling of security and contentment.

Building Social Support

Attend to your existing relationships. Reach out to friends and family. Make it a priority to maintain your most important relationships, even when other areas of your life are busy.

Increase community involvement. Participate in hobby groups, volunteering, or religious groups. This is a great way to meet like-minded people, and build a new support system.

Attend support groups. Connect with others who are dealing with similar problems or life experiences. It can be rewarding to share your own story and provide support to others.

Use professional support. Doctors, therapists, social workers, and other professionals can help you solve problems that are more complicated, or too difficult to tackle alone.

Social Support

List three people, groups, or communities that provide you with social support.

Support #1

Support #2

Support #3

Describe how each of your supports helps you, or could help you, with emotional, tangible, informational, and/or social needs.

Support #1

Support #2

Support #3

List any barriers that prevent you from fully utilizing each of your supports.

Support #1

Support #2

Support #3

Social Support

What specific steps could you take to better utilize your supports?
Support #1
Support #2
Support #3

How could your supports help you with a current problem?
Support #1
Support #2
Support #3

Format for Group or Individual Session

Cole's 7 Steps

Intervention: Boundaries

Dimension of Wellness: Social

Materials Needed: 'Boundaries' and/or 'Setting Boundaries' worksheet, writing utensils

Introduction: Hello, my name is _____ and I am your occupational therapist (assistant/student). Today we will be focusing on boundaries and how to set them. To start we will begin with a conversation about boundaries then we will read through the handouts together and complete a worksheet (independently, as a group, or with a partner). After that I will have you share what you wrote if you would like. To finish the session, we will discuss how the strategies worked for you and where you can use them in your day-to-day life.

Expectations of the group: I want to remind everybody that this is a confidential group and that whatever is said here stays here. Whatever is discussed or shared during the group session will not be shared outside of the session. And during the session, it's expected that each person will contribute. Are there any questions so far?

Group Introduction: Go around the room and have each person introduce themselves. Have them answer the question, "If you could trade places with somebody for the day, who would it be and why?" This is a fun way to build rapport and get to one another.

Introduce/Reintroduce Social Wellness: (*Leader is encouraged to use the 'What is Social Wellness' handout*)

Objective(s):

Describe the importance of setting boundaries

Understand when to set boundaries

Implement strategies to set boundaries that overall benefit you own social wellness

Warm-Up Activity:

- Have the group or individual reflect on a time they had to set boundaries (ask for a volunteer to start and go around the room).
- The therapist will share their answer first. For example, setting the boundary between work and home life

Activity:

- Ask why boundaries are important during and after a pandemic
 - Example: While holidays are typically a time of gathering and celebration with family and friends, many have reshaped their seasonal traditions to avoid putting themselves or others at additional risk for COVID-19. With that, it may not be easy communicating to others that you will be breaking tradition or holding a low-risk holiday celebration, especially if your loved ones are not on the same page as you.

- Therapist will pass out the “What are Personal Boundaries?” handout
- Ask the group or individual: “*Why is it important to set boundaries?*” Allow each participant time to answer the question.
- Go through all parts of the ‘What are Personal Boundaries’ and the 7 strategies handout, taking turns reading if applicable.
- Therapist will use the boundaries discussion questions to gather input from resident(s)
- Rationale: It’s important for older adults to understand that it’s okay to set boundaries and to provide them with a sense of independence and choice. This activity is intended to work towards the overarching PxE goal. As we acclimate to life post COVID, some boundaries may feel less comfortable to voice. This session provides reflective learning and allows older adults to understand the different types of boundaries.

Therapist: Ask for volunteer to share and acknowledge each member’s contribution (both verbal and non-verbal)

Sharing/Processing:

- Tell me what you learned about yourself today?
- What went well?
- What was challenging?

Generalizing:

- What other strategies can you think of to help you set boundaries?

Application:

- How will you implement these new strategies into your daily life?
- How do you think these strategies will benefit your overall health and wellness?

Summary:

- Review session goals
 - The goal for the session was to understand the importance of setting boundaries, to understand when to set boundaries, and to implement these strategies to overall, benefit your own social wellness
- Summarize emotional responses
- Summarize the session
 - Before we part, I want you to practice what you learned in today’s session. I want you to go through and further reflect on the worksheet. We will be discussing them next time we meet.
- Acknowledge member participation (thank them for participating, sharing, trusting, disclosing, taking risks, etc.).

Reference:

Cole, M. B. (2018). *Group leadership: Cole’s seven steps*. In M. B. Cole (Ed.) *Group Dynamics in Occupational Therapy*. Thorofare, NJ: SLACK

What are Personal Boundaries?

Personal boundaries are the limits and rules we set for ourselves within relationships. A person with healthy boundaries can say “no” to others when they want to, but they are also comfortable opening themselves up to intimacy and close relationships.

A person who always keeps others at a distance (whether emotionally, physically, or otherwise) is said to have *rigid boundaries*. Alternatively, someone who tends to get too involved with others has *porous boundaries*.

Common traits of rigid, porous, and healthy boundaries.		
Rigid Boundaries	Porous Boundaries	Healthy Boundaries
<p>Avoids intimacy and close relationships.</p> <p>Unlikely to ask for help.</p> <p>Has few close relationships.</p> <p>Very protective of personal information.</p> <p>May seem detached, even with romantic partners.</p> <p>Keeps others at a distance to avoid the possibility of rejection.</p>	<p>Overshares personal information.</p> <p>Difficulty saying “no” to the requests of others.</p> <p>Overinvolved with others’ problems.</p> <p>Dependent on the opinions of others.</p> <p>Accepting of abuse or disrespect.</p> <p>Fears rejection if they do not comply with others.</p>	<p>Values own opinions.</p> <p>Doesn’t compromise values for others.</p> <p>Shares personal information in an appropriate way (does not over or under share).</p> <p>Knows personal wants and needs, and can communicate them.</p> <p>Accepting when others say “no” to them.</p>



Most people have a mix of different boundary types. For example, someone could have healthy boundaries at work, porous boundaries in romantic relationships, and a mix of all three types with their family.



The appropriateness of boundaries depends heavily on setting. What’s appropriate to say when you’re out with friends might not be appropriate when you’re at work.



Some cultures have very different expectations when it comes to boundaries. For example, in some cultures it’s considered wildly inappropriate to express emotions publicly. In other cultures, emotional expression is encouraged.

Boundaries

Discussion Questions

- 1 Personal boundaries are the rules and limits you set within relationships. They tell you what's okay, and what's not okay, in a relationship. Think about two people in your life, and describe the boundaries you have with each one. How are they similar, and how are they different?

- 2 Values are the things that are most important to you. Ideally, your boundaries will reflect your values. For example, if you value family time, you might set strict boundaries at work. What are your most important values, and how do your boundaries reflect these values?

- 3 In your opinion, what are the signs of a healthy relationship? What sort of boundaries might you see in a healthy relationship?

- 4 People who are influential in your life act as models for boundary-setting, whether their boundaries are healthy or unhealthy. Think of someone who has helped shape who you are. What has this person taught you about boundaries, whether intentionally or unintentionally?

- 5 When someone has rigid boundaries, they are reluctant to ask others for help, protective of personal information, and avoidant of close relationships. What do you think are the pros and cons of rigid boundaries? Describe an area of life where you've had rigid boundaries.

- 6 When someone has porous boundaries, they overshare personal information, have difficulty saying "no," and are overly concerned with the opinions of others. What do you think are the pros and cons of porous boundaries? Describe an area of life where you've had porous boundaries.

- 7 In some relationships, healthy boundaries seem to form naturally and easily. In other relationships, however, setting healthy boundaries is difficult. What challenges have you faced when trying to set healthy boundaries, and how did you overcome them (or, how *could* you overcome them)?

Format for Group or Individual Session

Cole's 7 Steps

Intervention: Formalizing Your COVID-19 Boundaries

Dimension: Social Wellness

Materials Needed: 'Formalizing Your COVID-19 Boundaries' hand out and role play activities sheet

Introduction: Hello, my name is _____ and I am your occupational therapist (assistant/student). Yesterday, we learned about different types of boundaries and today we will be focusing on how to set boundaries during times of a pandemic. To start we will begin with a conversation about our own experiences with setting boundaries. Then we will read through the handouts together and complete a role play activity (with a partner or leader). After that I will have you share how the experience went. To finish the session, we will discuss how the strategies worked for you and how you can use them in your day-to-day life. Any questions so far?

Expectations of the group: I want to remind everybody that this is a confidential group and that whatever is said here stays here. Whatever is discussed or shared during the group session will not be shared outside of the session. And during the session, it's expected that each person will contribute. Are there any questions?

Group Introduction: Go around the room and have each person introduce themselves and answer the question, "What is one thing you learned during or from the COVID-19 pandemic?" (ie. Knitting, technology, a new recipe, "how to ___", a new subject). This is a fun way to build rapport, learn about group members, and break the ice.

Objectives:

- Implement strategies to set formal boundaries during a pandemic
- Create a plan to set formal boundaries

Warm-Up Activity:

- "For the warmup activity, I'm going to ask you to identify times when you had to set boundaries." This may include with a friend who was asking for money, a caregiver who was taking advantage of me, saying no when _____.
- "Now that we have identified times when we've had to set boundaries, we will learn more about what to say and what to do in these situations."
 - This warmup activity is intended to help residents start to think about times they had to set boundaries and to recognize similarities among group members, to know that they are not alone. It allows them to brainstorm boundaries they currently have or would like to set.

Activity:

- Therapist will pass out the "Formalizing your COVID-19 Boundaries" handout and role play activity sheet.

- Ask the resident(s): “Why is it important to set boundaries?” Allow response time. Then explain that, “without boundaries, we feel depleted, taken advantage of, taken for granted, or intruded upon.”
- Go through all parts of the handout, taking turns reading if applicable. Therapist will read the first bullet then ask for a volunteer to read the next paragraph.
- Therapist should ask questions throughout the handout. Questions may include: “Are these strategies ones that you’ve used?” “Do you see yourself using them when setting boundaries?”
 - If the COVID-19 boundaries don’t apply to the individual(s), therapist is instructed to replace the word “COVID-19” with another topic related to the resident(s) as the handout still relates to other situations in which boundaries need.
- After you read through the handout, complete the role play activity. If the intervention is being done with a group, complete the activity with a partner, switching roles for each role play. “After the activity, we will discuss how they went for you.”
- Rationale: Boundaries are rules you set to manage stress, anxiety, and other emotions. Figuring out how to create healthy boundaries, especially during times of a pandemic, may be trickier than expected due to the many changes and social distancing. This activity is intended to promote positive language, respect, and safety during times of uncertainty.

Discussion: Ask for volunteers to share and acknowledge each member’s contribution (both verbal and non-verbal). Point out similarities between group members.

Sharing/Processing:

- How did it go practicing the scenarios with each other?
- Which scenario stood out to you the most? Why?
- What kind of emotions were you experiencing while completing this activity?
- What part of the activity was the most challenging for you?
- What went well? Why?
- How did you relate to others when they were describing boundaries they set and the strategies they are going to use to make them formalized?

Generalizing:

Leader/Therapist: Identify similarities among group answers

- What is something that you learned today about yourself and how you set boundaries?
- What are some barriers you may face when setting boundaries?
- What strategies will you use to overcome those barriers?
- The therapist will provide an overall generalizing statement of one or two principles learned from the session after residents share generalizations from the questions above.
- “I noticed that a few common themes for improvements included _____”

Application:

- How might these concepts covered in today’s session be used now and in the near future?
- How do you think this session will benefit you?

- What other adjustments are you going to make to ensure you utilize the strategies learned today?

Summary:

- Review session goals
 - “The goal for the session was to implement strategies to set formal boundaries during a pandemic and to create a plan to set formal boundaries.”
 - Ask the participant(s) if they feel as though they met their goal and give them a glimpse of what is next to come in the sessions.
- Summarize emotional responses
- Summarize the session
 - Before we part, I want you to practice what you learned in today’s session. I want you to go through and further reflect on the worksheet to help you identify ways to set formal boundaries. We will be discussing them next time we meet.
- Acknowledge member participation (thank them for participating, sharing, trusting, disclosing, taking risks, etc.).

Reference:

Cole, M. B. (2018). *Group leadership: Cole’s seven steps*. In M. B. Cole (Ed.) *Group Dynamics in Occupational Therapy*. Thorofare, NJ: SLACK

Formalizing Your COVID-19 Boundaries

6 Strategies to Effectively Communicate with Loved Ones

1. Make a list

Make a list of what you're comfortable doing, what gives you anxiety, or makes you feel unsafe. Writing them down can serve as a reminder of what works and what doesn't. You could also make a list of questions to help you plan when communication is unclear.

2. Know your boundaries

It is essential to understand your own comfort levels around social interaction. Do your own research by checking the latest information around COVID-19 risk and reviewing CDC recommendations on social distancing in your area or the area you're going to. Establish your plan for interaction with others and know that you can always modify your boundaries and alter your plans.

3. Be direct

It's OK to disclose what or how you feel about COVID-19. Not everyone is aware of your vulnerabilities, therefore, it's OK to be open and direct. If you choose to invite people over or see them elsewhere, let them know your boundaries and why they are important to you. Saying "no" is completely okay and sets the boundary without giving more detail.

4. Practice empathy through active listening and focus on your comfort level

Differences in opinions are to be expected. Listen closely to understand other sides and validate their opinions. Focus on your own beliefs and core values. During a time with so many unknowns, there is not much benefit to establishing who is right or wrong.

5. Lead with the positive

Leading with a positive statement sets the tone for the conversation. You can express the desire to get together in a different way

6. Find common ground

Reassure your loved ones that you love and care about them and hope to see them soon. Use this as an opportunity to grow your relationships in new ways other than face-to-face.

Role Play Activity:

Instructions: You and a partner will decide which role to take (One person be “you” and the other person is “family member”). You will complete each role play activity then we will have a discussion afterwards.

1. Group Gatherings in Person

Background: *Due to your health conditions, you choose not to join group gatherings that are held in person. You have a large family who enjoys getting together frequently. Although they are family, they see many people throughout their days, and you are not comfortable due to risks of catching the virus.*

Family member: “The whole family is coming over later today and I will be there to pick you up so you can join us.”

You: “I don’t really feel like going outside today, thank you for the offer!”

Family member: “But you must, you’ll be able to see everybody, and you’ll have lots of fun. Plus, you haven’t seen everyone in over a year. I’ll be over by 4 o’clock.”

You: “I would love to see everybody, but I don’t feel comfortable being around everybody yet with the high infection rate of COVID-19. We can meet other ways than face-to-face.”

- If you have a phone or if the facility has a computer with a camera, you can recommend that you meet over the phone, facetime, or skype.

Family member: “I guess we can do that. We all miss you and would love to see you, but we understand. I will give you a call once we are all together.”

You: “That would be wonderful. Thank you!”

2. Physical Touch

Background: *For the past few weeks you have been eating lunch in your apartment rather than the communal dining room. When you enter the dining room, a good friend approaches you:*

Person 1: “Hi! It’s so great to see you. I haven’t seen you in so long! How are you?” *Goes into hug you*

You: *take a step backwards* “It is great to see you as well! Please don’t hug me. I’m sorry I’m not a big hugger but I’ll give you a high five.”

Person 2: “Since when?” *Goes in to try and hug you again*

You: “I asked you politely to please not hug me. I do not like physical touch since COVID-19 started and I still want to take every precaution possible. I know we used to hug in the past but please respect my boundaries. Maybe we could come up with a new air handshake, like an air high five”

Person 2: “We can do that!”

3. Different Opinions on Mask Wearing

Background: *Due to chronic heart failure and being high-risk, you are not vaccinated although, you enjoy attending group activities and any other events happening at your living facility. Today, you are attending an event in the common area and notice one person not wearing a mask at all and one person not wearing their mask properly. Masks are required in the assisted living facility common areas.*

You: “I am so glad to see you down here, it’s been a while! I am wondering if you can you please put your mask on?”

Person 1: “Why? What does it matter to you?”

You: “I am uncomfortable with people not wearing their masks”

Person 1: “No, I’m sorry but I will not do that”

You: “It’s the rules placed at the facility right now so if you can please put your mask on. It’s not only protecting you, but also other residents living here.”

Person 1: “You’re not in charge. Plus, it’s violating my civil rights. I will not put my mask on.”

You: “I understand your point of view. If you don’t put it on, I am going to have to leave or bring it up to staff members and I really don’t want to do that.”

Person 1: *Does not put on their mask or comply with rules*

Option 1: You decide to continue participating at the event but on the other side of the room.

Option 2: You decide to tell staff at the facility and go back to your apartment

Format for Group or Individual Session

Cole's 7 Steps

Intervention: Relationship Building

Dimension of Wellness: Social

Materials Needed: 'Relationship Building' handout, writing utensils

Introduction: Hello, my name is _____ and I am your occupational therapist (assistant/student). Today we will be focusing on relationship building. To start we will begin with a conversation about our current relationships and how they may have changed. After that, we will partner up and take turns asking each other questions. To finish the session, we will have a discussion about what you learned about the other person and how the strategies worked for you. Are there any questions so far?

Expectations of the group: I want to remind everybody that this is a confidential group and that whatever is said here stays here. Whatever is discussed or shared during the group session will not be shared outside of the session. And during the session, it's expected that each person will contribute. Are there any questions so far?

Group Introduction: Go around the room and have each person introduce themselves and answer the question, "Would you rather have a ton of friends or a few close friends?" This is a fun way to build rapport, learn about group members, and break the ice.

Introduce/Reintroduce Social Wellness: *(Leader is encouraged to use "What is Social Wellness" handout)*

Objective(s):

- Identify strategies to strengthen your relationships during and after a pandemic
- Identify your relationships and recognize how they've changed since the pandemic

Warm-Up Activity:

- Have the group or individual reflect on their relationships (ask for a volunteer to start and go around the room). Leader is encouraged to write the responses on a white board or large sheet of paper for the resident(s) to view.
- Answer the questions:
 - "Who do you have relationships with?"
 - Examples may include family member(s), friend, healthcare provider, neighbor, priest, church member, spouse, power of attorney, group members
 - "How have your relationships changed over the years?"
 - Examples may include Moving to a new place, the COVID-19 pandemic, illness, or death

- “What are some ways you can strengthen your relationships with those people identified or with even with people you just met or other residents living at the facility?”
 - Examples may include Sitting by them during meal time, during group activities, outings
- “Thank you all for sharing! As we can see, there are many ways to strengthen relationships but during times of a pandemic, it was more difficult to feel socially connected. Especially for those without a phone or computer, it made it that much more difficult. This leads into our activity today. Today our goal is to identify ways to strengthen relationships during and after a pandemic.

Activity:

- “There are benefits of asking questions to strengthen your relationships. For the activity today, we will partner up with the person sitting next to us. You will take turns selecting a question from each section on the handout, to ask your partner. We will share what we learned about our partner at the end, so I encourage you to take notes right on the handout.”
- Rationale: This activity is a fun way to socialize and build connections in a safe place with those around you. During the COVID-19 pandemic and with social distancing measure, there were new move ins, changes with policies, and a lack of meaningful engagement with other residents. This is intended for residents to get to know one another more, share their feelings and emotions, and change their environment by leaving their apartment to attend a group session.

Discussion: Therapist will ask for volunteers to share and acknowledge each member’s contribution (both verbal and non-verbal). Point out similarities between group members.

Sharing/Processing:

- Tell me 2-3 things you learned about your partner by doing this activity.
- How did it go asking questions about your partner?
- What kind of emotions were you experiencing while completing this activity?
- What part was the most challenging for you?
- What went well? Why?
- How did you relate to your partner?

Generalizing:

Leader/Therapist: Identify similarities among group answers.

- What are barriers to utilizing discovery questions to support your relationships?
- The therapist will provide an overall generalizing statement of one or two principles learned from the session after residents share generalizations from the questions above.
- “I noticed that a few common themes for improvements in relationship building included _____”
- How else might you use these questions from the handout?

Application:

- How might these concepts covered in today's session be used now and in the near future?
- How do you think this session will benefit you?
- What other adjustments are you going to make to ensure you are building your relationships?

Summary:

- Review session goals
 - The goal for the session was to identify our relationships and recognize how they've changed since the pandemic and learn strategies to build our relationships.
 - Ask the participant(s) if they feel as though they met their goal and give them a glimpse of what is next to come in the sessions
- Summarize emotional responses
- Summarize the session
 - Before we part, I want you to practice what you learned in today's session. I want you to go through and further reflect on the worksheet to help you build your relationships. Maybe this is practicing these questions with your home health aid or neighbor? We will be discussing them next time we meet.
- Acknowledge member participation (thank them for participating, sharing, trusting, disclosing, taking risks, etc.).

Reference:

Cole, M. B. (2018). *Group leadership: Cole's seven steps*. In M. B. Cole (Ed.) *Group Dynamics in Occupational Therapy*. Thorofare, NJ: SLACK

Relationship Building

Questions

Instructions: You can strengthen relationships by learning more about each other and discussing thoughts and feelings. Take turns selecting a question from each section below to ask your partner. We will be sharing these with group once we are finished.

The Fun Things



What is your favorite TV show? Or movie?

Where are you most likely to vacation?

Have you read a book that had a major impact on your life?

What is your favorite meal?

About You



What motivates you to attend activities?

What did you use to do for work?

When was a moment that you felt happy?

What is your favorite thing to do, or place to go?

Hopes & Dreams



If you could change one thing in the world, what would it be?

What is the happiest life you can imagine?

What is one goal for your personal growth?

What is one thing you would put in your bucket list?

Emotions



In your lifetime, when did you feel most scared?

Overall, how have you been feeling the past week?

How do you relax after a stressful day?

Do you view yourself as a happy person? If not, how do they view themselves?

Relationships



Who do you feel that you can talk to about problems?

Who do you feel closest to in your family?

Do you prefer to spend time alone, or with others?

SPIRITUAL WELLNESS

WHAT IS IT?

Description: Spiritual wellness is being connected to something greater than yourself. It's having a set of values, principles, morals, and beliefs that provide a sense of purpose and meaning to life and using those principles to guide your actions.



(Pixabay, 2016)

Questions to think about:

- Are you taking time to determine what values, principles, and beliefs are important to you?
- Are you sharing them with others as a means of deepening relationships and expanding your world view? Have you looked for a group? Do you know how to find groups that share your beliefs?
- Do you reach out and help others when they are in need?
- Do you take time to meditate or reflect?
- Are you open to exploring different belief systems?
- Do you have a peaceful location to reflect?

Format for Group or Individual Session

Cole's 7 Steps

Intervention: Exploring your Values

Dimension of Wellness: Spiritual Wellness

Materials Needed: Values Discussion Cards (*cut these before the session*), Values Discussion Questions, notepad, and a writing utensil

Introduction: Hello, my name is _____ and I am your occupational therapist (assistant/student). Today we will be focusing on our values. To start we will begin with a conversation about our own values then we will go through the discussion cards together and answer the values discussion questions. To finish the session, we will discuss how the strategies worked for you and where you can use them in your day-to-day life.

Expectations of the group: I want to remind everybody that this is a confidential group and that whatever is said here stays here. Whatever is discussed or shared during the group session will not be shared outside of the session. And during the session, it's expected that each person will contribute. Are there any questions so far?

Group Introduction: Go around the room, have each person introduce themselves and answer the question, "What is the best gift anyone's ever given to you?" This is a fun way to build rapport, learn about group members, and break the ice.

Introduce Physical Wellness: (*Leader is encouraged to use the "What is Spiritual Wellness" handout*)

Objectives:

Identify personal values and how they contribute to your spiritual wellness

Warm-Up Activity:

- For the warmup activity, the resident(s) will share 1-2 things they value (ask for a volunteer to start and go around the room). Leader will write these down on a white board or large sheet of paper for the resident(s) to view. This activity is intended to help residents start to think about what they value most. It's preparing them for the session activity.
 - o Examples may include relationships, respect, trust, honesty, laughter, freedom, time, loyalty, assets, compassion, education, love, or commitment.
- "Thank you all for sharing! The goal for our session is to identify personal values and how they contribute to spiritual wellness. We will be going through value discussion cards then discussing them.

Activity:

- The therapist has a notepad and a writing utensil that they will use during the activity to take notes on commonalities that were mentioned during the activity and sharing steps.

- “Values are what you believe matter most in life and they may be different from person to person. What do you think are some common values people share here at the facility?” Some examples may include love, respect, friendship
- “Why do you think it’s important to talk about your values?” Allow them response time.
- Then explain, “it’s important to talk about your values because they reflect what is important to us and guide our life goals, beliefs, attitudes, and behaviors. Learning that others have different values can help you better understand others and that although their choices may be different than yours, they may be right for them.
- Go through all the discussion cards.
 - o *Leader is encouraged to ask questions throughout the handout*
- After the discussion cards, lead should ask questions from the “Values Discussion Questions” handout.

Therapist: Ask for volunteer to share and acknowledge each member’s contribution (both verbal and non-verbal)

Sharing/Processing:

- In the session, sharing will be used as a part of the activity. This is outlined above in the discussion questions. The therapist may request volunteers to share or residents may spontaneously share. After each person shares, the therapist will either verbally or nonverbally acknowledge them
- How did it feel reflecting on your values?
- What kind of emotions were you experiencing?
- How did you relate to others when they were sharing their values and experiences?

Generalizing:

- Therapist can reference the notes that they took on their notepad of similarities noticed during the session.
- I noticed you were successful with _____
- I noticed you had trouble with _____

Application:

- How else might these concepts covered in today’s session be used in the future?
- How do you think this benefits your overall spiritual wellness?
- For the future, what adjustments are you going to make to ensure you guide your actions from your values?

Summary:

- Review session goals
 - o “The goal for the session was to identify personal values and how they contribute to your spiritual wellness”
 - o Ask the resident’s if they feel as though they met the goal, and give them a glimpse of what is to come in the next sessions.
- Summarize emotional responses
- Summarize the session

- “Before we part, I want you to reflect on what you learned in today’s session and start to recognize that the actions you take are guided by your values.”
- Acknowledge member participation (thank them for participating, sharing, trusting, disclosing, taking risks, etc.).

Reference:

Cole, M. B. (2018). *Group leadership: Cole’s seven steps*. In M. B. Cole (Ed.) *Group Dynamics in Occupational Therapy*. Thorofare, NJ: SLACK

Values Discussion Cards

<p>VALUES EXPLORATION</p>	<p>VALUES EXPLORATION</p>
<p>Name a person (real or fictional) you respect or admire. What traits of theirs do you appreciate?</p> <p>FOLLOW-UP What do you think this person values?</p>	<p>Describe what you would do on an ideal day. How does this compare with a typical day?</p> <p>FOLLOW-UP Which typical daily activities reflect your values? Which don't?</p>
<p>VALUES EXPLORATION</p>	<p>VALUES EXPLORATION</p>
<p>Describe one of your close friends. What makes you close?</p> <p>FOLLOW-UP What values do you share with your friend?</p>	<p>Imagine it's your birthday 15 years from now. Your friends and family give speeches about your life. What do you think they say?</p> <p>FOLLOW-UP Which of your values are recognized in their speeches?</p>
<p>VALUES EXPLORATION</p>	<p>VALUES EXPLORATION</p>
<p>What is your dream job, and why?</p> <p>FOLLOW-UP What does this say about your values?</p>	<p>Imagine you come into a large fortune that allows you to never work again, and buy anything you want. What would you do?</p> <p>FOLLOW-UP What do your actions say about your values?</p>
<p>VALUES EXPLORATION</p>	<p>VALUES EXPLORATION</p>
<p>When you were younger, what were your wishes for the future?</p> <p>FOLLOW-UP How have your values changed as you've gotten older?</p>	<p>What are your three most prized possessions?</p> <p>FOLLOW-UP Why do you value these items?</p>

Values Discussion Cards

<p>VALUES EXPLORATION</p> <p>What three things do you find yourself thinking of most often?</p> <p>FOLLOW-UP Do these thoughts reflect your values? Elaborate.</p>	<p>VALUES EXPLORATION</p> <p>A genie in a bottle appears and grants you three wishes. What do you wish for?</p> <p>FOLLOW-UP What do your wishes say about your values?</p>
<p>VALUES EXPLORATION</p> <p>What is something that makes your family unique?</p> <p>FOLLOW-UP What values have you learned from your family?</p>	<p>VALUES EXPLORATION</p> <p>What are your goals in different areas of life (professional, family, and personal)?</p> <p>FOLLOW-UP Do you think most people would be supportive of these goals? Elaborate.</p>
<p>VALUES EXPLORATION</p> <p>What would someone who knows you well say is important to you?</p> <p>FOLLOW-UP What might people not know is important to you?</p>	<p>VALUES EXPLORATION</p> <p>If you could send a message to everyone on Earth, what would it be?</p> <p>FOLLOW-UP How does this message reflect your values?</p>
<p>VALUES EXPLORATION</p> <p>What does "success" mean to you? How does society define "success"?</p> <p>FOLLOW-UP What does this say about your values compared to society's?</p>	<p>VALUES EXPLORATION</p> <p>If you spoke to a stranger for five minutes at the grocery store, how would they describe you?</p> <p>FOLLOW-UP What would this person say you value? Would they be right?</p>

Values Discussion Questions

1 Values tend to change as we pass through different stages of life. For example, the things that a teenager values are usually very different than what a parent values. Think back to a different stage of your life. How were your values different? How are they the same?

2 Everyone has a personal set of values, built from their unique life experiences. One important factor in what we value are the values of our friends, families, and society. How do your values *differ* from your friends and family? How do they differ from the society you live in?

3 Think of a person who you respect or look up to. What do you think their most important values might be? What strengths or qualities do they have that you admire?

4 We can learn a lot about our own values by the way we react to other people. Think of behaviors that you disapprove of, or dislike, from others. What does this tell you about your own values? How would you behave differently if you were in their position?

5 Think of a value you have now that you did not used to have, or a value that has become more important to you. What life experiences led to this value changing? How does this change affect you now?

6 The values we hold do not always align with our actions. Some values are difficult to live up to, or other priorities get in the way. Which of these values do you hope to focus on in the future? What life changes would you need to make to accomplish this?

7 How our values are shown differ from setting to setting. For example, your family might see a different side of you than friends, co-workers, or an authority figure. Think of three people from different parts of your life. How do you think each of them would describe your values? What evidence do they have?

Format for Group or Individual Session

Cole's 7 Steps

Intervention: Mindfulness

Dimension of Wellness: Spiritual Wellness

Materials Needed: Mindfulness Handout

Introduction: Hello, my name is _____ and I am your occupational therapist (assistant/student). Today we will be focusing on mindfulness along with its components and benefits. To start we will begin with a conversation about what mindfulness is then we will go through the handout together. To finish the session, we will discuss you learned today and where you can use them in your day-to-day life.

Expectations of the group: I want to remind everybody that this is a confidential group and that whatever is said here stays here. Whatever is discussed or shared during the group session will not be shared outside of the session. And during the session, it's expected that each person will contribute. Are there any questions so far?

Group Introduction: Go around the room and have each person introduce themselves and answer the questions, "Would you rather be freezing cold or scorching hot the rest of your life?" This is a fun way to build rapport, learn about group members, and break the ice.

Introduce Physical Wellness: (*Leader is encouraged to use the "What is Spiritual Wellness" handout*)

Objectives:

Describe 2-3 benefits of practicing mindfulness

Learn a new strategy to become aware of our own thoughts, feelings, and senses

Warm-Up Activity:

- Have the group or individual share what sensation they find most distracting (ask for a volunteer to start and go around the room).
 - o Examples: Noises from the busy street, bright lighting, tags on clothing
- Why this relates to today's topic:
 - o Leader: *"This relates to today's topic of mindfulness because being mindful is the ability to be fully present, aware of where we are and what we're doing, and not overly reactive or overwhelmed by what's going on around us. It's the awareness that arises through purposely paying attention, in the present moment, non-judgmentally."*

Activity:

- The therapist will pass out the handout for today's session.
- Ask the group or individual: "Why do you think being mindful is important?" Allow participants time to respond to the question.

- Leader: *“It’s important to be mindful because it helps regulate emotions, decrease stress, anxiety, and depression, and helps us focus our attention.”*
- Go through the handout, taking turns reading if applicable
 - *Leader is encouraged to ask questions throughout the handout*
- Complete the 4 mindfulness practices at the bottom of the sheet
- Rationale: This activity addresses the goal targeting PxO factors. It is anticipated that these strategies can be used to optimize occupational performance and/or be used as a preparatory strategy when experiencing worsening mental health symptoms.

Therapist: Ask for volunteer to share and acknowledge each member’s contribution (both verbal and non-verbal)

Sharing/Processing:

- Tell me how it felt practicing the mindfulness strategies.
- How do you feel about your ability to practice these strategies on your own in the future?

Generalizing:

- Tell me what you learned about yourself today in relation to mindfulness.
- I noticed you were successful with _____
- I noticed you had trouble with _____

Application:

- How do you think this benefits your overall spiritual wellness?
- How will you use these strategies in your daily life?
- Which of these strategies did you value the most? Why?
- For the future, what adjustments will you make to ensure you maintain spiritual wellness?

Summary:

- Review session goals
 - *“The objective for the session was to describe the benefits of practicing mindfulness and to learn a new strategy to become aware of our own thoughts, feelings, and senses”*
 - Ask the residents if they feel as though they met the goal, and give them a glimpse of what is to come in the next sessions.
- Summarize emotional responses
- Summarize the session
 - Before we part, I want you to reflect on what you learned in today’s session.
- Acknowledge member participation (thank them for participating, sharing, trusting, disclosing, taking risks, etc.).

Reference:

Cole, M. B. (2018). *Group leadership: Cole’s seven steps*. In M. B. Cole (Ed.) *Group Dynamics in Occupational Therapy*. Thorofare, NJ: SLACK

What is Mindfulness?

Mindfulness: a state of nonjudgmental awareness of what's happening in the present moment, including the awareness of one's own thoughts, feelings, and senses.

Components of Mindfulness

Awareness. During a state of mindfulness, you will notice your thoughts, feelings, and physical sensations as they happen. The goal isn't to clear your mind or to stop thinking—it's to become aware of your thoughts and feelings, rather than getting lost in them.

Acceptance. The thoughts, feelings, and sensations that you notice should be observed in a nonjudgmental manner. For example, if you notice a feeling of nervousness, simply state to yourself: "I notice that I am feeling nervous". There's no need for further judgment or changing the feeling.

Benefits of Mindfulness

Reduced symptoms of depression and anxiety

Improved memory, focus, and mental processing speed

Improved ability to adapt to stressful situations

Greater satisfaction within relationships

Reduced rumination (repetitively going over a thought or problem)

Improved ability to manage emotions

Mindfulness Practice

Note: Mindfulness is a state of mind, rather than a particular action or exercise. However, without practice, mindfulness is difficult to achieve. These techniques are designed to help you practice.

Mindfulness Meditation

Sit in a comfortable place, and begin paying attention to your breathing. Notice the physical sensation of air filling your lungs, and then slowly leaving. When your mind wanders—which it will—simply notice your thoughts, and turn your attention back to breathing.

Mindfulness Walk

While walking, make a point to practice mindfulness. Start by noticing how your body moves and feels with each step. Then, expand your awareness to your surroundings. What do you see? Hear? Smell? Feel? This technique can also be expanded to other daily activities.

Body Scan

Pay close attention to the physical sensations throughout your body. Start with your feet, and move up through your legs, groin, abdomen, chest, back, shoulders, arms, hands, neck, and face. Spend anywhere from 15 seconds to 1 minute on each body part.

Five Senses

Make a conscious effort to notice the present moment through each of your senses.

- 5 things you see
- 4 things you feel
- 3 things you hear
- 1 thing you taste
- 1 thing you smell

Format for Group or Individual Session

Cole's 7 Steps

Intervention: Introduction to Relaxation Techniques

Dimension of Wellness: Spiritual Wellness

Materials Needed: 'Relaxation-Techniques' Handout

Introduction: Hello, my name is _____ and I am your occupational therapist (assistant/student). Today we will be focusing on relaxation. To start we will begin with a conversation about and warm-up activity then we will go through the handout together and practice different techniques. To finish the session, we will discuss you learned today and where you can use them in your day-to-day life.

Expectations of the group: I want to remind everybody that this is a confidential group and that whatever is said here stays here. Whatever is discussed or shared during the group session will not be shared outside of the session. And during the session, it's expected that each person will contribute. Are there any questions so far?

Group Introduction: Go around the room and have each person introduce themselves and answer the question, "What is your favorite season and why?" This is a fun way to build rapport, learn about group members, and break the ice.

Introduce Physical Wellness: (*Leader is encouraged to use the "What is Spiritual Wellness" handout*)

Objectives:

Learn a new strategy to cope with daily life stressors

Warm-Up Activity:

- Have the group or individual share what they do to relax and wind down. And then ask, what would be some good ways to help you relax that you may not do right now, but ways that would help? (Ask for a volunteer to start and go around the room). Therapist will write the responses on a white board or large sheet of blank paper for the resident(s) to see. This is a good way to brainstorm as a group.
- Some ways may include listening to music, lying down, closing their eyes, closing the curtains, taking a shower, reading, making tea, watching a movie

Activity:

- Leader pass out "Relaxation Techniques" handout
- Leader asks the group or individual: "Who here has learned or practice relaxation techniques?" Then follow up with the question, "*Why would someone use relaxation techniques?*"
 - o Explain: "*Relaxation techniques can help you cope with everyday stress and with stress related to various health problems, such as heart disease and pain.*"

- Go through the handout, taking turns reading if applicable. Leader will be the one to talk through each strategy and engage them in the technique.
 - o *Leader is encouraged to ask questions throughout the handout. Questions may include, “How did the technique feel?” “What emotions were you experiencing?”*

Discussion: Therapist should ask for volunteer to share and acknowledge each member’s contribution (both verbal and non-verbal)

Sharing/Processing:

- How did you feel after practicing these techniques?
- What emotions were you experiencing?
- Are there any techniques you feel needs further clarification on? Or practice with?
- What technique was challenging for you?
- What technique went well for you?

Generalizing:

- What was one new thing you learned from today’s session that stuck out to you the most?
- So, it seemed like learning a new relaxation technique such as _____ was beneficial for you today, and everyone found something that will stick with them going forward.
- When do you feel would be a good time to implement the technique(s)?
- What aspects were similar among group members?
- I noticed you were successful with _____
- I noticed you had trouble with _____

Application:

- How do you think this benefits your overall spiritual wellness?
- How will you use these strategies in your daily life?

Summary:

- Review session goals
 - o *“The objective for the session was to learn a new strategy to cope with daily life stressors.”*
 - o Ask the resident’s if they feel as though they met the goal, and give them a glimpse of what is to come in the next sessions.
- Summarize emotional responses
- Summarize the session
 - o Before we part, I want you to reflect and practice what you learned in today’s session. I want you to practice one strategy you learned and report back the next time I see you.
- Acknowledge member participation (thank them for participating, sharing, trusting, disclosing, taking risks, etc.).

Reference:

Cole, M. B. (2018). *Group leadership: Cole’s seven steps*. In M. B. Cole (Ed.) *Group Dynamics in Occupational Therapy*. Thorofare, NJ: SLACK

Relaxation Techniques

When a person is confronted with anxiety, their body undergoes several changes and enters a special state called the *fight-or-flight response*. The body prepares to either fight or flee the perceived danger.

During the fight-or-flight response it's common to experience a "blank" mind, increased heart rate, sweating, tense muscles, and more. Unfortunately, these bodily responses do little good when it comes to protecting us from modern sources of anxiety.

Using a variety of skills, you can end the fight-or-flight response before the symptoms become too extreme. These skills *will* require practice to work effectively, so don't wait until the last minute to try them out!

Deep Breathing

It's natural to take long, deep breaths, when relaxed. However, during the fight-or-flight response, breathing becomes rapid and shallow. Deep breathing reverses that, and sends messages to the brain to begin calming the body. Practice will make your body respond more efficiently to deep breathing in the future.

Breathe in slowly. Count in your head and make sure the inward breath lasts at least 5 seconds. Pay attention to the feeling of the air filling your lungs.

Hold your breath for 5 to 10 seconds (again, keep count). You don't want to feel uncomfortable, but it should last quite a bit longer than an ordinary breath.

Breathe out very slowly for 5 to 10 seconds (count!). Pretend like you're breathing through a straw to slow yourself down. Try using a real straw to practice.

Repeat the breathing process until you feel calm.

Imagery

Think about some of your favorite and least favorite places. If you think about the place hard enough—if you really try to think about what it's like—you may begin to have feelings you associate with that location. Our brain has the ability to create emotional reactions based entirely off of our thoughts. The imagery technique uses this to its advantage.

Make sure you're somewhere quiet without too much noise or distraction. You'll need a few minutes to just spend quietly, in your mind.

Think of a place that's calming for you. Some examples are the beach, hiking on a mountain, relaxing at home with a friend, or playing with a pet.

Relaxation Techniques

Paint a picture of the calming place in your mind. Don't just think of the place briefly—imagine every little detail. Go through each of your senses and imagine what you would experience in your relaxing place. Here's an example using a beach:

- a. Sight: The sun is high in the sky and you're surrounded by white sand. There's no one else around. The water is a greenish-blue and waves are calmly rolling in from the ocean.
- b. Sound: You can hear the deep pounding and splashing of the waves. There are seagulls somewhere in the background.
- c. Touch: The sun is warm on your back, but a breeze cools you down just enough. You can feel sand moving between your toes.
- d. Taste: You have a glass of lemonade that's sweet, tart, and refreshing.
- e. Smell: You can smell the fresh ocean air, full of salt and calming aromas.

Progressive Muscle Relaxation

During the fight-or-flight response, the tension in our muscles increases. This can lead to a feeling of stiffness, or even back and neck pain. Progressive muscle relaxation teaches us to become more aware of this tension so we can better identify and address stress.

Find a private and quiet location. You should sit or lie down somewhere comfortable.

The idea of this technique is to intentionally tense each muscle, and then to release the tension. Let's practice with your feet.

- a. Tense the muscles in your toes by curling them into your foot. Notice how it feels when your foot is tense. Hold the tension for 5 seconds.
- b. Release the tension from your toes. Let them relax. Notice how your toes feel differently after you release the tension.
- c. Tense the muscles all throughout your calf. Hold it for 5 seconds. Notice how the feeling of tension in your leg feels.
- d. Release the tension from your calf, and notice how the feeling of relaxation differs.

Follow this pattern of tensing and releasing tension all throughout your body. After you finish with your feet and legs, move up through your torso, arms, hands, neck, and head.

Format for Group or Individual Session

Coles 7 Steps

Intervention: Grief, Mourning, and Loss

Dimension of Wellness: Spiritual Wellness

Materials Needed: Grief or mourning handouts and a writing utensil

Introduction: Hello, my name is _____ and I am your occupational therapist (assistant/student). Today we will be focusing on grief, mourning, and loss and teaching you strategies to cope. To start we will begin with a warmup activity. Then we will read through the handouts together and complete a worksheet independently. After that I will have you (practice the strategies to see how it feels). To finish the day, we will discuss how the strategies worked for you and where you can use them in your day-to-day life.

Expectations of the group: I want to remind everybody that this is a confidential group and that whatever is said here stays here. Whatever is discussed or shared during the group session will not be shared outside of the session. And during the session, it's expected that each person will contribute. Are there any questions so far?

Group Introduction: Go around the room and have each person introduce themselves and answer the question, "Would you rather be able to freeze time or travel in time?" This is a fun way to build rapport, learn about group members, and break the ice.

Introduce/Reintroduce Emotional Wellness: (*Leader is encouraged to use the "What is Emotional Wellness" handout*)

Objective(s):

Identify how grief has affected you and identify strategies to help you cope with life stressors

Warm-Up Activity:

- For the warmup activity, the residents will brainstorm what grief look likes as the leader writes them on the white board or large sheet of paper for the residents to view. Come up with 10-15 ideas. Ideas may include sad, anger, frustration, quiet, dark, lonely, family, togetherness, numbness, emotional, memories
 - This warmup activity is intended to help residents start to think about their experiences with grief and identify similarities among group members
- Leader should acknowledge similarities and differences along with emotional responses.

Activity:

- Therapist will pass out the "Grief Fact Sheet" and "My Stages of Grief" handouts.
- "Thank you all for sharing, now we are going to transition and read about some facts on grief and then complete a worksheet to reflect on our grief and accepting grief. We will

read through all parts of the handout, taking turns reading (if applicable). Please let me know if you have any questions while we read through the handout.”

- Then, complete the interactive handout individually, with a partner, or as a group
- Rationale: Coping during a pandemic is extremely difficult as people experience higher levels of separation distress, dysfunctional grief, loss of freedom or ability to connect with people in meaningful ways. This activity is intended to help understand loss and find a sense of meaning and hope after a loss.

Therapist: Ask for a volunteer to start and acknowledge each member’s contribution (both verbal and non-verbal)

Sharing/Processing:

- What stood out to you the most in the grief facts sheet and why?
- What kind of emotions were you experiencing?
- How did you relate to others when they were describing their experiences?

Generalizing:

- “I noticed that a few common themes were _____”
- “I noticed a few differences were _____.”
 - *Therapist will acknowledge the differences.*
- What is one new thing that you learned from today’s session?

Application:

- What did you learn about yourself in relation to the grief process?
- How do you think this will benefit you now and in the future?

Summary:

- Review session goals
 - *“The goal for the session was to learn about grief and describe how each stage of grief has affected you.”*
 - Ask the participant(s) if they feel as though they met their goal and give them a glimpse of what is next to come in the sessions.
- Summarize emotional responses
- Summarize the session
 - Before we part, I want you to practice what you learned in today’s session. I want you to go through and further reflect on the worksheet to help you identify ways to cope with grief and loss. We will be discussing them next time we meet.
- Acknowledge member participation (thank them for participating, sharing, trusting, disclosing, taking risks, etc.)

Reference:

Cole, M. B. (2018). *Group leadership: Cole’s seven steps*. In M. B. Cole (Ed.) *Group Dynamics in Occupational Therapy*. Thorofare, NJ: SLACK

Grief Fact Sheet

Grief hurts, but it can be helpful. The process of grieving often involves sadness, anger, loneliness, and other painful emotions. However, grieving can help you come to terms with loss and move forward in life, while still cherishing memories of your loved one.

Everyone grieves differently. Although others may have opinions about how to grieve correctly, your grief is yours and yours alone. Some people need to express their grief, while others prefer to process in silence. Some feel anger, while others feel sadness, numbness, or relief. Everyone has different reactions to loss, and different needs during the grieving process.

The circumstances of a loss have a major impact on grief. Deaths that are unexpected, traumatic, or stigmatized (e.g. suicide) can complicate the grieving process. Personal factors, such as a history of mental illness, or a strained relationship with the deceased, can also contribute to difficulties.

Grief does not have a set time frame. Grief can last for weeks, months, or years. It may come and go around holidays, anniversaries, and major life events, or it might always be in the background. However, grief does tend to lessen in intensity over time.

Grief may contribute to other problems. Grief increases the risk of developing other health problems, mental illness, and relationship difficulties. This is especially true if the death was traumatic, if you feel guilt about the death, or if grief is prolonged.

It's okay to seek help. Support from family and friends can prevent grief from growing out of control. Although grief will improve over time for most, this isn't always the case. When grief is especially debilitating or long-lasting, support groups, therapy, and other resources may be beneficial.

Not everyone experiences significant distress. About 1 in 3 people respond to a loss with resilience or relief. Feeling this way does not mean that you don't care, or that you love the person any less. Nor does it mean that your grief is unfinished, or that you have a problem.

Moving on doesn't mean forgetting. You can continue to live your life, have new experiences, and form new relationships, while continuing to love the person you lost. The goal of grieving isn't to forget, but rather to figure out how you would like to remember, while moving forward.

My Stages of Grief

Instructions: Describe how each of the stages of grief has affected you.

Denial: "This can't be happening."

Anger: "Why is this happening to me?"

Bargaining: "I will do anything to change this."

Depression: "What's the point of going on after this loss?"

Acceptance: "I know what happened, and I can't change it. Now I need to cope."

OUTCOME MEASURE

Name _____

Date of Pre-Test _____ Date of Post-Test _____

Pre-Test Post-Test

Instructions: Rate your current performance in health, wellness, and self-care activities. Circle the answer that best applies to you.

1. I participate in physical wellness, meaning, I am regularly active and choose things that make my body feel good
Always Often Sometimes Rarely Never
2. I use coping strategies (i.e., deep breathing, mindfulness, yoga, stress balls, journal, etc.) to cope with life stressors
Always Often Sometimes Rarely Never
3. My values and beliefs guide my actions
Always Often Sometimes Rarely Never
4. I utilize different environments to support my health, wellness, and self-care. Meaning I change my environment by going outside and enjoy nature. Or, I use technology to communicate.
Always Often Sometimes Rarely Never
5. I utilize financial resources available to me and I know where to go when I have questions

Always	Often	Sometimes	Rarely	Never
6. I do things to keep my brain active and intellect expanding				
Always	Often	Sometimes	Rarely	Never
7. I participate in activities that provide me a sense of meaning and purpose				
Always	Often	Sometimes	Rarely	Never
8. I interact with the people in my life to foster genuine connections and support. Whether that's in-person or through technology.				
Always	Often	Sometimes	Rarely	Never

Respond to the following question(s).

What is something you would like to work on or learn more about?

Recommendations for the program (complete at post-test):

PERMISSION:

Permission to use the handouts created by Therapist Aid LLC was obtained and included below:

Good afternoon,

My name is Hayley Blom and I am an occupational therapy doctorate student at the University of North Dakota. I am currently in my last semester and am doing program development for an Assisted Living Facility in Minneapolis within Minneapolis Public Housing.

For my project, I am designing a program based on the 8 Dimensions of Wellness (Physical, social, intellectual, emotional, occupational, environmental, spiritual, and financial). With that, I am interested in including some worksheets and resources created by your company. I have read and understood the accepted and prohibited uses in the Legal. I am seeking written permission to use these worksheets and resources. What membership do you recommend a company use to obtain these? How do they create an account?

Please feel free to contact me with any questions or concerns. Is there anyone else I should contact when inquiring about permission?

Thank you for your time and I look forward to hearing from you.

Sincerely,

Hayley Blom, OTDS

Hi Hayley,

Thank you for reaching out.

First, subscriptions to Therapist Aid allow full access to all of our tools. Annual subscriptions cost \$75 per user. You can find more information about our plans here <https://www.therapistaid.com/plans>. We also offer discounts on annual group subscriptions for groups of 5 or more. The price is \$145 plus \$25/user. For 5 users, for example, the price is \$270/year. Every user gets their own login and unlimited access to all Therapist Aid resources. Users can be swapped in and out as employees come and go. Groups can be easily managed through a page on the website. I've attached a one-page document that provides more information on all the features and benefits. Please let me know if you would like more information about this.

As for your project, Therapist Aid does allow the use of our tools for academic purposes. The following requirements must be met before printing a worksheet in an academic paper:

- 1) The worksheet must be unmodified.
- 2) The worksheet must be reduced to 1/2 of its regular size.
- 3) The worksheet must be covered with a watermark in a large bold font at no less than 30% opacity, stretching across the image. The watermark should state the worksheet's copyright notice from the bottom of the sheet. For example: "2020 © Therapist Aid LLC".
- 4) The URL of the worksheet landing page must be beneath the figure as a caption.
- 5) Therapist Aid must be cited in the references section.

I've attached a PDF that depicts the appropriate formatting.

Therapist Aid

Blom, Hayley

Mon 2/28/2022 2:11 PM



To: Therapist Aid Support <support@therapistaid.com>

Good Afternoon,

Thank you for the timely response. To clarify, a therapist must subscribe and have an account with Therapist Aid to utilize the worksheets? Can they be a basic member?

Can you please provide instructions on applying the watermark to a PDF?

Thank you in advance!

Hayley Blom, OTDS
University North Dakota

Therapist Aid Support <support@therapistaid.com>

Tue 3/1/2022 11:09 AM



To: Blom, Hayley

Hi Hayley,

Basic worksheets are available for free on our website. Therapist Aid offers other resources such as customizable worksheets, fillable worksheets, and interactive tools that are available with a subscription to the website. You can learn more by visiting <https://www.therapistaid.com/plans>.

Here are two support links for adding watermarks:

Microsoft docs:

<https://support.microsoft.com/en-us/office/insert-a-watermark-f90f26a5-2101-4a75-bbfe-f27ef05002de#:~:text=content%20about%20watermarks,-,On%20the%20Design%20tab%2C%20select%20Watermark.,size%2C%20colors%2C%20and%20orientation>.

PDF:

<https://helpx.adobe.com/acrobat/kb/adding-watermark-pdf.html>

Please let me know if you have any other questions.

Thank you,
Kumari Clark
Therapist Aid

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