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Advanced Mental and Behavioral Health: Community-Based Practice

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St. Catherine University

Master's Project completed in partial fulfillment of the Master of Arts in Occupational
Therapy Degree

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Table of Contents

Chapter 1: Introduction.....	3
Chapter 2: Literature Review.....	5
Chapter 3: Needs Assessment.....	15
Chapter 4: Description of Project Activities	24
Chapter 5: Description of Assessment Processes and Data Gathering	29
Chapter 6: Results and Recommendations.....	32
Chapter 7: Reflection.....	35
References.....	38
Chapter 8: Appendices.....	43
Appendix A. Brief History of Deinstitutionalization	43
Appendix B. Activity Resource Binder	44
Appendix C. Example of Directions Provided	46
Appendix D. Activity Leader Board in the Home.....	47
Appendix E. Evaluation Interview Questions	48
Appendix F: Final Presentation PowerPoint Slides.....	49

*Chapters 3 and 4 were written in collaboration with group members Kaitlyn Dittloff and Brooke Heaney

Chapter 1: Introduction

Students in the Master of Arts in Occupational Therapy (MAOT) program at St. Catherine University complete a project integrating knowledge for occupational therapy practice and leadership in existing and emerging professional areas. The purpose of the MAOT Masters project is to enhance applications of theory to occupational therapy practice in a clinical, community, or educational area of interest. The purpose of The Advanced Mental and Behavioral Health: Community-Based Practice Masters project was to emphasize community psychosocial practice through conducting a needs assessment, implementing a project at the site, and evaluating outcomes.

Our Masters project group partnered with Tasks Unlimited, an organization that provides housing, employment, and recovery services for individuals with mental illness (Tasks Unlimited, 2019). We partnered with a lodge that houses six individuals with varying mental illnesses. Through our needs assessment, we discovered that the individuals experience prolonged periods of free time that lack meaningful and stimulating activities and determined they would benefit from the implementation of more recreational and leisure activities.

Leisure and social participation are critical occupations that are analyzed by occupational therapists. Leisure activities and social participation provide meaning and fulfillment to individuals' lives and require skilled occupational therapy intervention when those occupations are deprived (Griffin Lannigan & Noyes, 2019). It is within occupational therapy's scope of practice to provide resources and equip clients with the tools necessary to engage in social participation, community engagement, and leisure.

From this information, we created an activity resource binder outlining local recreational and leisure activities. Our goal for the binder was for the residents to have something to refer to when experiencing feelings of boredom. Additionally, we created an activity leaderboard that provides one individual a week the opportunity to identify a new activity for everyone to participate in. This will give the individuals the opportunity to use the binder to try new activities together.

The remainder of this portfolio includes a literature review examining the role of occupational therapists in working with individuals with serious mental illness. The following section includes detailed information about the completed needs assessment, which helped us to discover what needs are present in the home and what outcomes would best support the current residents. A thorough description and evaluation of our project follow the needs assessment. Finally, our results and further recommendations are provided with a reflection on the overall experience.

Chapter 2: Literature Review

Occupational therapy (OT) has been influenced by multiple fields, movements, and philosophies; however, the history of OT began with mental health practice. Movements in the late 1800s to early 1900s such as Moral Treatment, Mental Hygiene, and the Arts and Crafts Movement provided guidance for the beginning stages of the profession (Stoffel et al., 2019). Currently, the field of occupational therapy is often recognized as a profession located in hospitals, schools, nursing homes, and clinics with typically little acknowledgment of their role in individual and community mental health. Only a small percentage of occupational therapists work in mental health settings currently. However, with over 14 million adults diagnosed with a serious mental illness (National Institute of Mental Health, 2022), occupational therapy services are needed for this population of individuals. Therefore, the objective of this literature review is to answer the question, what is the role of occupational therapists in working with individuals with a serious mental illness?

Occupational Therapy and Mental Health

Origins and Changes Over Time

In the early 1930s, the field of OT was accredited by the American Medical Association. At this time, OTs were primarily settled in areas of physical rehabilitation, mental health, and tuberculosis (Christiansen & Haertl, 2019). The first objective data about the profession was reported in 1937 by the American Hospital Association. This report stated that nearly 60 percent of practicing OTs worked in mental hospitals in the United States (Stoffel et al., 2019). Every decade since then has shown a decline in

OTs practicing in mental health settings. As of 2010, less than 5 percent of practicing OTs worked in such areas (Stoffel et al., 2019). These drastic changes can be attributed to transformations in social and political approaches to and ideations of mental health and illness with movements toward a medical model approach in healthcare.

Nonetheless, OTs in any setting can be involved in the care of an individual with mental health and/or behavioral health conditions, including those with serious mental illness.

Serious Mental Illness

Serious mental illness (SMI) can be defined as a “mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities” (National Institute of Mental Health, 2022). The most common SMIs include bipolar disorder, major depressive disorder, and schizophrenia (Substance Abuse and Mental Health Services Administration, 2022). According to the National Institute of Mental Health (NIMH), over 14 million adults, or 5.6 percent of the adult population, have been diagnosed with an SMI as of 2020. Of those diagnosed, less than 65 percent received a form of mental health treatment in the last year (NIMH, 2022). Potential implications of living with an untreated SMI include obesity, metabolic problems, unemployment, substance abuse, homelessness, and overall poor quality of life (McKibbin et al., 2014; National Alliance on Mental Illness, 2020). Addressing the aforementioned areas in individual’s diagnosed with an SMI is within OT’s scope of practice.

Occupational Therapy Scope of Practice

Occupational therapy can be defined as “the therapeutic use of everyday life occupations with persons, groups, or populations for the purpose of enhancing or enabling participation” (AOTA, 2020, p. 1). Thus, occupational therapists (OTs) help individuals participate in their desired occupations (or activities). OTs can work in a variety of settings including, but not limited to, hospitals, schools, and nursing homes. Regardless, in any area of OT, interventions should be occupation-based. This means that OTs should provide interventions in which their clients are engaging in their desired occupations (Fisher, 2014). Using this approach emphasizes the importance of using occupation to heal.

According to the American Occupational Therapy Association (AOTA) documents *Occupational Therapy Practice Framework: Domain and Process* and the *Philosophical Base of Occupational Therapy*, the core premise of OT is to utilize the use of occupation to promote individual, family, community, and population health (AOTA, 2017; AOTA, 2020). Therefore, forgoing the core occupation aspect of OT would be a disservice to the profession. By intervening via occupations, OTs are utilizing a holistic-client approach (Nielsen et al., 2020). This means that in addition to occupation-based interventions, the client-centered aspect of OT is of equal importance. Every individual has their own preferred occupations in which they partake. It is the responsibility of the OT to understand the client as a holistic individual to address their areas of need (Mroz, et al., 2015; World Federation of Occupational Therapists, 2010). Therefore, any occupational therapy setting should establish a client-centered approach to utilize

occupational-based interventions, especially in the field of mental health and with those with an SMI.

Occupational Therapy Interventions for SMI

Individuals with an SMI have serious functional impairment that interferes with or limits major life activities. Consequently, individuals with mental health conditions and/or an SMI may find it difficult to engage in daily activities (D'Amico et al., 2018). Because OTs analyze individuals' occupations of daily life, it is within the scope of OT to address daily activities among those with an SMI. Evidence-based interventions have shown that OT services can enable individuals with an SMI to engage in meaningful occupations (D'Amico et al., 2018; Griffin Lannigan & Noyes, 2019), improve their sense of accomplishment, competence, and satisfaction (Eklund & Leufstadius, 2007; Aubin et al., 1999; Milbourn et al., 2017), and participate in community living (Griffin Lannigan & Noyes, 2019; Jun & Choi, 2020).

Meaningful Occupation-Based Interventions

While a primary goal in OT is to focus on meaningful occupations in one's life, many individuals with an SMI may have difficulties participating in the occupations that are meaningful to them. To participate in these occupations, some individuals may need assistance in developing overall life skills. OTs have the unique skill set to help individuals flourish by advancing their life skills.

Skill advancements that could be included in OT intervention include addressing specific activities of daily living (ADLs) and instrumental activities of daily living (IADLs) (D'Amico et al., 2018; Griffin Lannigan & Noyes, 2019; Noyes et al., 2018; Swarbrick &

Noyes, 2018). ADLs include tasks such as dressing, grooming, and hygiene. These are important to address in OT to increase daily independence in taking care of oneself (AOTA, 2020). IADLs include tasks such as shopping, meal preparation, financial management, and transportation. These are important for an individual to support their daily life within their home and community setting (AOTA, 2020). Increasing one's skills in completing their ADLs and IADLs will promote engagement in meaningful occupations.

Although more research has been conducted in the areas of addressing ADLs and IADLs in those with an SMI, OTs can provide interventions for other skill advancements as well. Some other skill advancements include leisure participation, socialization, engagement in employment, and educational participation (Arbesman & Logsdon, 2011; D'Amico et al., 2018; Griffin Lannigan & Noyes, 2019; Noyes et al., 2018).

Leisure is an occupation that is unique to each individual and can persist throughout one's life. This occupation may bring about a sense of freedom, physical and mental relaxation, provide a means of self-expression, and create a platform for social participation, thus making it crucial for OTs to address with their clients (Chen & Chippendale, 2018). To address social participation, an OT may work with their client to increase their involvement in social group-based therapy. This may include group therapy or activity-based groups (Griffin Lannigan & Noyes, 2019). There is also evidence regarding effectiveness of life and social skills training. This includes intervention in areas such as communication, cooperation, emotional-regulation, and conflict resolution in a group setting (Arbesman & Logsdon, 2011). Along with leisure

and social participation, adults with an SMI have the desire to engage in employment. Yet they have lower employment rates than the general population overall (Noyes et al., 2018). Supported employment programs have been shown through research to support individuals with an SMI to find jobs more quickly and keep those jobs longer (Arbesman & Logsdon, 2011; Noyes et al., 2018). In addition, OTs can work with individuals who are seeking employment to provide vocational skills training. This includes education in work-based tasks such as problem-solving, following directions, and completing assigned tasks (Arbesman & Logsdon, 2011; Noyes et al., 2018). Finally, supported education programs can be utilized to increase educational participation among this population. Supported education programs should include goal setting, skill development, and cognitive training (Arbesman & Logsdon, 2011; Noyes et al., 2018).

Developing life skills and engaging in meaningful occupations are important considerations for OTs when working with individuals with an SMI. However, if an individual does not feel accomplished or satisfied in completing these tasks, their quality of life will decrease as a result (Aubin et al., 1999; Eklund & Leufstadius, 2007; Milbourn et al., 2017). Therefore, it is important to not only address engagement in occupations but also the perceived competence and satisfaction one has in completing those occupations.

Increasing a Sense of Accomplishment, Competence, and Satisfaction

Compared to the general population, those with an SMI may have less perceived competence, accomplishment, and satisfaction in their work and leisure activities, thus decreasing their overall perceived quality of life (Aubin et al., 1999; Eklund & Leufstadius, 2007; Milbourn et al., 2017). An individual's quality of life may increase

when they feel more competent in and pleasure from daily activities (Aubin et al., 1999). Therefore, OTs working with an individual with an SMI should focus intervention on developing and maintaining competence in daily activities. Additionally, an individual's sense of accomplishment in daily tasks should also be addressed and analyzed by an OT (Milbourn et al., 2017). Finally, when setting goals, an OT should prioritize their client's perceived meaning and satisfaction within their daily occupations. To do this, an OT should support their clients in developing satisfying and valued daily occupations (Eklund & Leufstadius, 2007). Improving one's sense of accomplishment and satisfaction can also be established through integrating those with an SMI into the community and enabling them to participate in community living.

Community Integration

Community integration for those living with an SMI is critical as it is the most important predictor of their quality of life (Lee & Seo, 2020). Integrating individuals with an SMI into the community could be addressed at the physical, social, and/or psychological levels. Physical community integration involves participation in a physical community space. Social community integration includes social relationship maintenance, while psychological integration refers to developing a sense of belonging to assist in developing social relationships (Jun & Choi, 2020; Lee & Seo, 2020; Pahwa et al., 2014). Before individuals with mental illnesses were integrated into the community, many were living in asylums and in prison-like conditions. Refer to Appendix A for a brief description of the history of deinstitutionalization. Community integration is now recognized as an important aspect of one's recovery and a critical predictor of the outcome of treatment for an individual with an SMI (Pahwa et al., 2014).

Purpose and Effectiveness of Community Integration. Social stigma has impacted the lives and recovery of those with an SMI. This has resulted in limited opportunities for employment, housing, and education for this population. Community integration is thus important for allowing these individuals to participate in their respective communities and build social relationships (Seo & Lee, 2021). Strategies related to community integration include prioritization of independence, self-actualization, psychological integration, and social supports to improve recovery in those with an SMI (Jun & Choi, 2020). Due to OTs unique role in addressing an individual in a holistic manner, they are well-equipped to provide services and education on community areas. A specific intervention strategy for community integration utilizes the Fairweather model.

Fairweather Model. A common goal in OT practice is to increase a client's independence in tasks and activities. Thus, to satisfy this, individuals with mental illnesses are often placed in independent housing situations to increase their independence in their everyday lives (Haertl, 2016). However, most individuals in the United States live with other individuals (Haertl, 2007). Therefore, a housing model of *interdependence* may be beneficial to encourage instead for those with an SMI.

The Fairweather model provides this unique focus on interdependent living within a peer-supported structure. Currently, the core concepts of Fairweather programs include the idea that members have a stake in the system, they are given autonomy, they have a voluntary role, they have an opportunity for advancement, and they fulfill roles expected in society (Haertl, 2007). One example of a corporation utilizing this model comes from Tasks Unlimited, located in the Twin Cities area of Minnesota. This

program provides residential, vocational, recreational, wellness, living skills, and mental health services to its residents. At community-based housing programs, such as Tasks Unlimited, OTs have a role in supporting those with an SMI and facilitating transitions to similar programs. Additionally, OTs are suited to utilize program evaluation to analyze the effectiveness of such programs (Haertl, 2007; Haertl, 2016). Overall, Fairweather model programs across the country report high satisfaction and retention (Haertl, 2007; Haertl, 2016).

Conclusion

While the number of occupational therapists working in mental health settings has declined drastically since the conception of the profession, their role in working with individuals with serious mental illness is critical. Occupational therapists can work with an individual with an SMI to engage in meaningful occupations, increase a sense of accomplishment, competence, and satisfaction, and participate in community living.

To address meaningful occupations, an occupational therapist may work with their client to improve skills in areas such as activities of daily living, instrumental activities of daily living, socialization, and engagement in employment and education. Not only is it imperative to increase engagement in meaningful occupations, but one also must feel satisfied with the occupations they are participating in. Therefore, an occupational therapist working with individuals with an SMI must also recognize and address their clients perceived competence, accomplishment, and satisfaction with their daily occupations. Finally, occupational therapists must understand the importance of integrating individuals with an SMI into the community at the physical, social, and/or

psychological levels. Addressing these areas in occupational therapy may help an individual with a serious mental illness increase their overall quality of life.

Chapter 3: Needs Assessment

Introduction

This chapter discusses our process of conducting a needs assessment and the conclusive results for Tasks Unlimited. A needs assessment is a systematic approach that advances through phases (U.S. Department of Education, 2001). Through this process, we discovered what needs are present and what outcomes would best support the population of individuals at Tasks Unlimited. Through the utilization of a needs assessment, we are hoping to improve upon the current programming, operations, and organizational structure of Tasks Unlimited.

Description of Community Partner

The mission of Tasks Unlimited is to provide supported employment, housing, and recovery services to optimize the quality of life and opportunities for individuals with mental illnesses (Tasks Unlimited, 2019). Through supported employment, individuals receive job training, mental health services, and living skills training to optimize their independence and functional abilities. Another core tenant and guiding model for Tasks Unlimited, the Fairweather model, encourages individuals with serious mental illness to partake in decisions about their healthcare services in “peer-supported, community-based residential and work environments” (Haertl, 2007). Participants of Tasks Unlimited consist of individuals of varying ages that have a diagnosis of one or more serious mental illnesses. Following the Fairweather model, each residence, or lodge, is an affordable, interdependent living environment that is managed by residents and assisted by staff (Tasks Unlimited, 2019). This project was specifically partnered with

the multipurpose lodge, which consists of six men living in the home. Of the six men in the lodge, one works for Tasks Unlimited, another works at a retail corporation, and a third individual cleans the home. The remaining three residents currently do not work, or are retired, and collaboratively work together to maintain the daily home functions. All individuals in the lodge receive mental health services and access community resources to improve and or maintain their quality of life.

Tasks Unlimited has a variety of professionals that serve and support the individuals in the lodge. Professionals include a mental health supervisor and case manager, a health skills coordinator, a maintenance supervisor, a property manager, adult rehabilitative mental health services (ARMHS) providers, a wellness coordinator, the director of operations, and the chief executive officer. While appointments for psychiatry and medication are external in the community, all other services are internally provided at the lodge. ARMHS providers are closely involved with residents to provide consistent mental health support and services.

Brief Environmental Scan

During our visits to the lodge throughout this semester, we were given a comprehensive overview of the environment. Tasks Unlimited has 21 lodges total, however, our Master's project was partnered with one lodge located in St. Louis Park, Minnesota. This lodge has 6 rooms total and currently has 6 residents living in the lodge. This lodge is currently transitioning from a "senior lodge" to a multipurpose lodge. The lodge also has a community room, a community bathroom, a kitchen, a laundry room, and a backyard. The environment is spacious and equipped with the necessary

amenities for functional living. The community room has a TV, computer, exercise bike, several seating options, a game rack, and a circular table. This is where the clients generally congregate to relax and hang out, or when group activities are held. Several of the clients have bathroom setups within their rooms, with the community bathroom providing additional space for self-care tasks, grooming, and toileting. There is also a Jacuzzi tub in the community bathroom that is underutilized and unused. The kitchen is equipped with a refrigerator, freezer, food storage space, and dining space. This space is primarily used for meal time and medication management daily. A staff member comes in once a day to prepare meals for the clients, but outside of these meal times, the clients may participate in eating or snacking independently. The laundry room has both a washer and a dryer and the clients are responsible for completing their laundry in this space. The backyard is a spacious area behind the lodge that also has a small concrete patio space with a grill and bench for congregation. The space generally goes unused, although it has been identified by clients and staff as a feature of the lodge that could be utilized more, especially regarding recreational activity. The lodge itself is located in a safe neighborhood with sidewalks, a park, and benches nearby, as well as an array of local shops and restaurants and a hospital within walking distance.

Meetings with the Site Team

Our Master's group had the opportunity to meet with both the site coordinator of this lodge, the health skills coordinator, as well as the clients living in the lodge multiple times throughout the semester. During these visits, we completed initial interviews with the site coordinator and clients, a comprehensive tour of the facility, a needs

assessment, and a presentation of the ideas to implement at this site. During these meetings, we gained insight into the organization and site, the needs of the clients, and their goals for the future of the organization. This helped us create and implement a plan for our site that is focused on participation in leisure, play, and community engagement.

Needs Assessment Activities and Results

To complete the needs assessment, we conducted an informal environmental assessment, a semi-structured interview with the majority of the residents, a semi-structured interview with the lodge coordinator, and a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis. We utilized Patton's utilization-focused needs assessment as a guide for our needs assessment (Patton, 2008).

During our first visit to the lodge, we were given a tour of the home and gathered information to assess the environment. Overall, we found that the physical space and facility are spacious with large communal indoor and outdoor spaces including a dining room, kitchen, bathroom, living space, and backyard, although these spaces are not utilized to their full potential. Each of the six residents has their own room as well.

During our semi-structured interview with four of the six residents we were able to gain further insight into their daily lives at the lodge, their personal interests and passions, and the improvements they would like to see at the lodge. Common interests among the residents include watching movies, listening to music, conversing with one another, playing games, and being creative. Overall, the residents enjoy the laid-back nature of the home and the opportunities to do things together or separately. Common

themes for improvements include more nutritious meals, more things to do during downtime, more opportunities for creative engagement, the ability to make something with their hands, more community outings, and updating and cleaning the physical space. We also determined that task initiation is an area for improvement as they have a lot of potential activities to participate in, but are not utilized well. We also found that the residents used to do more activities with one another but the retirement of the recreation director at Tasks Unlimited has reduced the number of activities that are available to the residents.

During our semi-structured interview with the lodge coordinator, we were able to receive insights about her role and the role of other staff, fiscal information, funding resources, her opinions of strengths and weaknesses of the lodge, and changes she would like to be implemented. The coordinator enjoys working with the residents, providing them with the support they need, and seeing them grow. Her only concern about the lodge is the facility updates that are necessary, such as updating the floors, walls, and cabinets, and adding more uplifting colors throughout the space. She noted that any project that is to be implemented into the lodge must be kept simple with no big messes to clean up. She believes the lodge has a good layout that has space conducive to the resident's needs.

Our three needs assessment activities provided us with information to complete our adapted SWOT analysis from a previous Master's Project group from St. Catherine University at Tasks Unlimited. Figure 1 describes our SWOT analysis in full detail. Overall, our needs assessment activities provided us with a holistic picture of the strengths and areas for improvement within the lodge. The residents of the lodge have

many common interests and enjoy spending time with one another. They would like more opportunities for nutritious meals, activities to do during downtime, community outings, and updating the physical space. The lodge coordinator also agrees that the physical space requires updates. The lodge is conducive to the resident's needs, however, the space and activities available within the home are not being utilized to their full potential as task initiation was a noted area for improvement.

The information gained in the needs assessment prompted us to investigate ways to incorporate more leisure and recreational activities for the residents. We determined that the home and surrounding community are conducive to the resident's needs but are currently underutilized due to limited task initiation. Therefore, our project focused on providing an organizational system for the residents to make use of the activities available in their home and community to promote leisure participation. Further details outlining our project will be described next in chapter four.

Fig. 1 SWOT Analysis

	Strengths	Weaknesses	Opportunities	Threats
Financial support	<p>Social Security GRH (Group Residential Housing Assistance) supplements housing</p> <p>Tasks Unlimited is a non-profit - funding comes from state, and federal funds as well as donations, contracts, and grants</p> <p>Some residents are on Supplemental Security Income or retirement</p>	Limited extra funds to provide clients with resources and programming	Pay for additional activity donations	Lack of funding for mental health services in current political administration

<p>Space and physical facilities</p>	<p>Long open hallway that is conducive to wheelchairs and other mobility devices</p> <p>Each resident has their own room</p> <p>Game room/ entertainment room</p> <p>Computer access and DVD player/CD player</p> <p>Kitchen</p> <p>Dining room</p> <p>Outdoor space</p> <p>Patio set with grill</p> <p>Large front and back yard</p> <p>Smoke alarm</p> <p>Sidewalks in a safe neighborhood</p> <p>Park with benches nearby</p> <p>Hospital nearby</p> <p>Shared shower is large and accessible</p>	<p>Poor lighting in hallway</p> <p>Lack of color and decor throughout home</p> <p>Bathrooms are outdated and the bathtub is underutilized</p>	<p>Large outdoor space that is not being utilized</p> <p>Entertainment room has areas that are cluttered and underutilized</p> <p>Updates to bathrooms</p> <p>Kitchen could be utilized more individually</p>	<p>Limited physical space to work with (two larger common areas- living room and dining room), hallway</p> <p>Poor lighting in the hallway</p> <p>Parking lot/ driveway is not private and being utilized by neighbors</p>
<p>Personnel</p>	<p>Nicole: MH supervisor & case manager</p> <p>Michele Colbert: health skills coordinator</p> <p>PCA services as needed</p> <p>Karen Johnston: CEO</p> <p>Patrick Knight: maintenance supervisor</p> <p>Dana Scarlett: Director of property management</p>	<p>Medication side effects</p> <p>Loss of functioning in the older adult population</p>	<p>Allows for needs to be met</p> <p>Holistic treatment approach</p>	<p>Mental health crises posing safety risks to themselves and others</p>

	<p>Gil Bessard: director of operations</p> <p>Sheena Janusch: mental health coordinator and ARMHS provider</p> <p>6 residents</p> <p>Resident's families</p>			
Transportation	<p>Residents have access to their own van</p> <p>Metro Mobility as an option for transportation</p> <p>Bike</p>	<p>Residents have to initiate transport on their own</p>	<p>Able to schedule individual transport</p> <p>Access to van allows for residents to go on outings together</p> <p>Bike is not being utilized</p>	<p>Availability of transport linked to metro mobility (community system that is utilized by many others besides Tasks)</p>
Equipment and materials	<p>Exercise bike</p> <p>Board games</p> <p>Coloring books/utensils</p> <p>Medication management system and cabinet</p> <p>Laundry on-site</p> <p>Kitchen/ materials to cook</p> <p>Grill & patio set</p> <p>TV and radios</p> <p>Piano</p>	<p>A lot of equipment is not being used</p> <p>Equipment may be regulated by the organization and introducing new equipment may be challenging</p>	<p>The potential for purchasing new equipment or making some</p> <p>Staff and key stakeholders demonstrate an interest in new equipment to benefit residents</p> <p>The potential for purchasing more outdoor equipment</p>	<p>Leaving materials in the hallway or common spaces could fall risk</p>
Expertise	<p>LTP: lodge training program</p> <p>Michele (wellness coordinator)</p> <p>AHRMS providers</p> <p>Nursing support</p> <p>Case managers</p>	<p>Current staff not knowledgeable of active engagement with residents</p>	<p>Developing resources to aid movement and engagement</p> <p>Utilize and provide education to volunteers and natural leaders to promote engagement</p>	<p>Not a lot of studies that look into active engagement with older adults that have severe MI (larger societal issue)</p>
Motivation	<p>Engagement in physical activities yields pain reduction</p>	<p>Initiation is an issue</p> <p>Residents talked</p>	<p>Engagement is better when prompted by others</p>	<p>Peers</p>

	Peer support They want to engage in activities and enjoy each others company	often of "old times" and may be living in the past Lacking engagement with outside resources, influencing motivation	(professionals that lead groups) Residents do well with routines that are put in place, introducing a new routine is possible with time	Residents may not feel supported by the current administration or environment
Commitment and support	Michele Colbert: Health skills coordinator Weekly group meetings Med check Family can visit Wellness coordinator 1x/month Peer support	Support is inconsistent from staff	Staff are dedicated to the mission Group therapy sessions	Peers Support when residents go on a walk or into the community

Updated and Adapted from Kristen Sommer, 2018

Chapter 4: Description of Project Activities

Needs Assessment Summary

The needs assessment that was conducted reflected a systematic approach that presented what needs and outcomes would best support the population of individuals at Tasks Unlimited. Through the process of the needs assessment, we synthesized information through an informal environmental assessment, a semi-structured interview with the four of the six residents, a semi-structured interview with the lodge coordinator, and a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis. From our analysis of information, we found that including more nutritious meal options, providing more activity opportunities, and updating and cleaning the physical space were areas that needed to be addressed and improved upon.

From these findings we conducted additional informal interviews with residents and the lodge coordinator and concluded that implementing opportunities for activities was the most prevalent need at the lodge. The residents explained that they previously engaged in activities more regularly with one another when a recreation director was employed at Tasks Unlimited. However, since the recreation director retired, the residents' activity engagement has significantly decreased, leading to prolonged periods of free time that lacks meaningful and stimulating activities. While the Tasks Unlimited lodge has a variety of activities such as games, a TV, computer, and art supplies, residents often have difficulty independently initiating activities with the materials presented to them. Providing the residents with more recreational and leisure activities is consistent with the role of occupational therapy as leisure is an occupation that the field addresses. Leisure activities provide meaning and fulfillment to individuals' lives

and require skilled occupational therapy intervention when this occupation is deprived (Griffin Lannigan & Noyes, 2019).

Components of Project

Due to the resident's needs and lack of initiation with self-directed activities, our project focused on creating a resource activity binder for the residents of the Tasks Unlimited lodge. We created five sections of the binder which included activity options within the home, food and drink options in the community, outdoor activities both in the community and within the lodge's property, local indoor community spaces, and stores for shopping and other needs. Under each section, we listed specific places to go to, with directions.

While this activity binder encourages and aids in task initiation by providing activity choices, it mitigates the effects of "boredom" while also promoting community engagement. For adults with serious mental illness, community integration and engagement contribute to greater functional outcomes (Bromley, et al., 2013). Additionally, increasing consistent community engagement among individuals with serious mental illness increases perceived quality of life and meaning (Millner et al., 2019). To encourage consistent use with the activity binder we also provided the lodge with a brightly colored "activity leader of the week" system that hangs below their lodge calendar. Both components of the project, the binder and activity leader board, are detailed in the following section.

Description of the Project

The creation of the binder and activity leader board were implemented by three St. Catherine University graduate students in the occupational therapy Master's program in collaboration with one Tasks Unlimited lodge, its current residents, and the site director.

As described above, the activity resource binder for Tasks Unlimited consisted of five sections titled, Activities in the Home, Food and Drink, Outdoor Activities, Local Indoor Community Spaces, and Shopping and Other. Each section lists five to twelve possible activities and/or locations to go for leisure. For each location listed, we provided thorough directions to navigate the area if needed. The directions included both step by step instructions and a visual overview of how to get to each location. For more details of the activity sections and an example of directions provided, please refer to Appendix B and C.

The purpose and use of the binder is described before the activity idea sections. This was included for residents of the lodge to refer to, future residents that will not be familiar with the binder, and any future employees at the lodge to ensure that the binder can continue to be used despite any personnel changes that may be made in the home in the future. Also included in the purpose and use section of the binder are the directions to use the binder in conjunction with the activity leader board.

The activity leader board system was created to facilitate the use of the activity binder, increase community engagement and leisure participation, and provide leadership opportunities for each resident in the home. Each week a new resident, indicated by the calendar rotation, will pick an activity from the binder for all residents to

engage in. All residents will be encouraged to participate in the chosen activity of the week, but not required to do so. Please refer to Appendix D for an image of the activity leader board in the home. Both the activity leader board system and the activity binder are in the dining room, a commonly used room by all the residents. The activity leader board was placed directly below their shared calendar which is on the wall directly in eyesight when you walk into the dining room. The activity binder was placed on the dining room table, so it is also always within easy sight and reach.

Implementation and Education

After completion of the SWOT analysis, initial interviews, site visits, and creation of the resource binder and activity leader system, we met with the lodge coordinator to present our completed project. During this meeting we provided a thorough description of the binder, its intended purpose, and an overview of where sections are located. We also explained the purpose of the activity leader system and its goal of encouraging client leadership as well as facilitation of resources readily available at Tasks Unlimited. The goal of this explanation for the lodge coordinator was to ensure she was prepared to facilitate techniques and educate the residents on the use of the binder and board. She was appreciative and receptive of our project and the education we provided for implementation. One client was present during this meeting, but the entirety of the project was presented the following day to the lodge residents during a weekly meeting. Collectively, we planned to implement the binder and activity leader system that same week within the lodge and follow up the following week to gain insight and feedback into any changes necessary moving forward. Before completing the analysis of the final project, we anticipate that our project will be utilized on a regular basis by the entirety of

the client population at the lodge. We chose to include a rotating schedule for the clients to lead an activity each week for the purpose of cohesive inclusion and encouragement for every client to assume a leadership role throughout the month. Additionally, we anticipate this project will help facilitate leisure and social participation both within the lodge and the external community.

Chapter 5: Description of Assessment Processes and Data Gathering

To evaluate the effectiveness of our resource binder and activity leader board, we completed a semi-structured interview with the lodge coordinator and an informal interview with the available residents. We chose to facilitate a semi-structured and informal interview to gain further insight into their personal experiences with the binder and board and wanted to create an open-discussion format to do so. For the list of semi-structured interview questions for the lodge coordinator, please refer to Appendix E. Prior to the interview, we provided blank sheets of paper to place in the back of the binder for the residents to add new ideas and provided sticky-notes to tab each section for easier access to the materials. We brought these additional materials to our interview. Overall, our feedback from the interviews was positive by the coordinator and residents and is described in the following sections.

During this interview, the lodge coordinator described to us how the previous two weeks went after our implementation of the resource binder and activity leader board. She randomly chose the activity leader for each week. During the first week, most of the residents went to a drumming session at the Tasks Unlimited main office and went to get lunch afterward. Artistic classes such as these are offered to the residents often, but they typically choose to do the activities that are offered in the home and do not go to the main office to attend the sessions. The leaders from the first and second week each chose an activity that involved going out to eat, so she challenged the current activity leader to choose another activity to do, such as a game to do in the home. She anticipates that this will occur frequently but will continue to facilitate a new leader each week and prompt them to pick diverse activities to try. The coordinator explained that

she believes the binder is “something that could be used for the long term” and “new people [in the lodge] could learn how to use it easily”.

The residents we interviewed also had positive feedback to share. They mentioned that in the past two weeks they had the chance to look through the binder once or twice. One resident mentioned that he was very interested in trying something new. While flipping through the pages with the residents, they commented on each place listed that they have not heard of or have not yet been to, which facilitated further discussion of new places for the residents try.

The following are direct quotes from our interview session with the residents:

- “We take note of the activity leader of the week.”
- “We get stuck on doing the same thing. Sitting in this place is so boring, you want to go out and do something.”
- “The map is good because no one knows how to use the GPS on a phone.”
- “We’re pretty independent in a sense. We lean on each other but do our own thing.”

The residents did not describe any changes that needed to be made, only to add more activities. To facilitate this change, we worked with the residents to come up with more ideas to add on the blank sheets of paper that we provided. As the residents were flipping through the pages and naming new ideas, we wrote down these plus their addresses. Some of the additions that were added included the state and county fairs, Goodwill, Minnehaha Creek Park, and the Mall of America.

Overall, our resource binder and activity leader board received positive feedback. The lodge coordinator believes that the binder and board could be used for the long term in the home, even if there are personnel changes. While she did have to facilitate a new activity leader for the week and prompt them to pick diverse activities, she is comfortable with this task and believes that it will benefit the residents greatly. The residents also enjoy the binder and board and are interested in trying something new. To implement the changes that were requested by the residents, we worked with them to write down their ideas to add to the binder. From this feedback, we anticipate that the binder and board will be utilized in the long-term.

Chapter 6: Results and Recommendations

Assessment Results

From the information provided during the interviews with the lodge coordinator and residents, we determined that our project was successful. We received positive feedback from the stakeholders. While the lodge coordinator had to choose the activity leader of the week for the first two weeks, we anticipate that residents may begin to volunteer for this role as they will want to choose a group activity to do. We believe this may occur due to their high involvement and excitement in offering new ideas to add to the binder. If they do not volunteer, the lodge coordinator will continue to facilitate a new leader and prompt them to pick diverse activities to try. This will still meet the goals of the activity resource binder, which is to provide the residents with ideas for leisure participation. The residents also provided positive feedback. They had an excited affect while reading through ideas offered in the binder and providing new ideas to add. Offering new ideas to us also prompted group conversation about memories with friends and family at locations that were mentioned. We hope the residents at this Tasks Unlimited lodge will continue to use the activity resource binder and activity leader board for the long-term as we believe it will increase their leisure participation in diverse activities in their community and with one another.

Key Learning

Throughout the duration of this project, I had multiple areas of key learning. First, through the completion of the literature review, I learned about OTs role in working with individuals with serious mental illness. OT services can enable individuals with a serious

mental illness to engage in meaningful occupations, improve their sense of accomplishment, competence, and satisfaction, and participate in community living. I also gained knowledge in the importance of leisure and social participation as an occupation-based intervention. Leisure activities and social participation provide meaning and fulfillment to individuals' lives and may require skilled occupational therapy intervention when those occupations are deprived.

During the needs assessment process, I gained insight into the benefits of a needs assessment and SWOT analysis, especially in a consultative OT role. These methods are both helpful tools to help guide recommendations and potential OT services through a holistic analysis approach. Finally, I learned that it is critical to adapt to the needs of the site you are working with, especially to prioritize the wants and needs of the clients. Before visiting the site for the first time, we were provided with some ideas for projects via email from the lodge coordinator. Potential project ideas included care of self, independent living skills, and cooking. However, when we met with the clients, they discussed their want for more recreational activities since the retirement of the recreation director. They voiced they often get bored and feel as though they have nothing to do. With this information, we were able to provide them with a project that they wanted, not just focusing on what the lodge coordinator wanted.

Future Recommendations

Based on our assessment and experience with the project, we have determined multiple recommendations for future programming at this Tasks Unlimited lodge. During our first semi-structured interview with the residents during the needs assessment

process, it was mentioned by multiple residents that they wanted more nutritious meals with greater variety as there are a lot of carbohydrates and sodium in the meals they are currently served. Future Master's project groups at this lodge could address this need by facilitating the continued use of the cookbook created by a previous Master's project group or through the creation of a new cookbook. Another recommendation for the lodge includes continuing to utilize the physical space that is available, preferably through the continued use of the activity resource binder and activity leader board that we created. There are large communal indoor and outdoor spaces at this lodge that have potential to be utilized more frequently by all residents. Some ideas include optimizing and reorganizing the indoor communal living spaces and creating communal outdoor spaces and activities for more socialization. Finally, the residents value creative engagement. Since the retirement of the recreation director at Tasks Unlimited, there have been fewer opportunities for engagement in creative, hands-on activities that the residents thoroughly enjoyed. Providing a means of creative activities could re-introduce this valued occupation to the residents.

Chapter 7: Reflection

Mission of the Occupational Therapy Program

Our Masters project closely relates to the mission of the Department of Occupational Therapy at St. Catherine University. This mission is as follows:

“The Department of Occupational Therapy provides an excellent education in occupational therapy to students from diverse backgrounds, conducts scholarly inquiry on human occupation, and serves the broader community by promoting occupational health and well-being. We prepare students to respect the dignity of every individual, value humans as occupational beings, understand the development of occupational competence, apply ethical, spiritual and social justice principles, engage in a healthy balance of life occupations, and lead and influence the advancement of occupational therapy.” (MAOT Student Handbook, 2021, pp. 10-11).

Through our project, we had the opportunity conduct scholarly inquiry around mental health and occupational therapy services. We also were able to serve the broader community through the promotion of occupational health and well-being with our community partner, Tasks Unlimited. Finally, during our work with the residents at Tasks Unlimited, we respected each individual and valued them as occupational beings. Throughout the process, I believe we did lead and influence the advancement of occupational therapy by providing an occupational therapy lens to the stakeholders of this Masters project.

Mission of St. Catherine University and Catholic Social Teachings

Our Masters project closely relates to the mission of St. Catherine University, which is to “educate women to lead and influence” (MAOT Student Handbook, 2021, p. 10). During the process of completing our project, we each had the opportunity to lead certain aspects of the project. We also had the opportunity to influence the residents of Tasks Unlimited to engage in more leisure and social participation activities to increase their overall health and wellness. Additionally, our Masters project followed multiple themes of Catholic Social Teaching. Including honoring the life and dignity of the person and a call to family, community, and participation (MAOT Student Handbook, 2021). We honored and respected the resident’s needs, wants, and wishes throughout the duration of our project process. Finally, we provided services to our local community and provided the residents with resources to participate leisurely in their own communities.

Personal Leadership Development

This project has contributed to my personal leadership development. Throughout the process of working in a team, I gained more valuable experience in collaborating with others to conduct interviews, construct ideas, and create projects. We worked well as a team to create questions for interviews, conduct the group interviews, and brainstorm multiple ideas for projects which lead to the successful creation of our final product. Additionally, I increased my ability to provide constructive feedback to other team members. Finally, I improved my skills of delegating tasks to create a seamless

group process. Each of these areas of advancement will be beneficial for me as a future occupational therapist.

Advancement of Occupational Therapy Practice

This project will advance occupational therapy practice by emphasizing the importance of leisure participation for an individual's overall health and wellness and the role of occupational therapy. Leisure participation is an occupation that provides meaning and purpose to an individual's life as it meets their individual unique needs, interests, and abilities. While interviewing with residents, we ensured that we addressed their unique needs, interests, and abilities to understand them as holistic individuals. With the implementation of our project, residents at the Tasks Unlimited lodge can create more consistent leisure routines that promote relaxation and enjoyment. We hope that this will create a greater sense of fulfillment and increase novel experiences while reducing barriers to engage in leisure, such as limitations in task initiation. Additionally, incorporating more leisure activities will promote socialization and community engagement, management of health conditions, and improved social skills and overall well-being. Overall, we created a unique product for the residents at Tasks Unlimited that addressed social and leisure participation, leadership opportunities, motivation, and community engagement. We hope the product will have a lasting impact on these individuals and make a difference in their lives.

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Chapter 8: Appendices

Appendix A. Brief History of Deinstitutionalization

Prior to the Civil Rights Movement era, many individuals with an SMI were subjugated to mental hospitals and asylums to receive help for their illnesses. The number of patients placed in mental hospitals was increasing exponentially, resulting in deteriorating quality of care (Yohanna, 2013; Mahaffey & Januszewski, 2019). In many institutions, patients were closed off from the outside world and were often treated inhumanely, such as being chained up and beaten. Multiple forces lead to the policy of deinstitutionalization, including the belief that mental hospitals were cruel and inhumane and that the patients would benefit from treatment in the community and in-home care (Yohanna, 2013; Mahaffey & Januszewski, 2019). Thus, many institutions closed their doors, resulting in patients integrating back into society. However, few reaped the benefits of deinstitutionalization. Instead, many patients ended up in nursing homes, intermediate care facilities, jails, and prisons, or even became homeless (Yohanna, 2013).

Appendix B. Activity Resource Binder



Activity Resource Binder for Tasks Unlimited

Created by St. Catherine University Occupational Therapy Students

1

Table of Contents:

Purpose and use of this activity binder.....	Page 2
Activities in the Home.....	Page 3
Food and Drink.....	Page 4
Outdoor Activities.....	Page 5
Local Indoor Community Spaces.....	Page 6
Shopping and Other.....	Page 7

2

Purpose and use of this activity binder:

- Use this binder as a **way to think of activities to do** in or outside of the home, by yourself, or with others in the home!
- Each activity is broken down into **different categories**:
 - Activities in the home
 - Food and drink
 - Outdoor activities
 - Local indoor community spaces
 - Shopping and other
- Each **location of the activity is located in the back** of the binder. Here you will find the address and walking or driving directions to the location
- Use this binder with the **activity leader of the week board**, located below the calendar in the kitchen:
 - Each week, one person in the home will be the activity leader of the week. Their job is to come up with **one activity for the week** that everyone can participate in
- If you think of any more activities that aren't listed in the binder, write them in for everyone to see!

3

Activities in the Home:

- Play the Wii
- Watch a movie
 - The Dark Knight Rises
 - Man of Steel
 - Pacific Rim
 - The Suicide Squad
 - Watchmen
 - I, Frankenstein
 - Iron Man 3
 - The Incredibles
 - & many more!
- Play a game
 - Yahtzee
 - Checkers
 - Winkers
 - Memory Madness
 - Sorry!
 - Cribbage
 - Dominos
 - Bendomino
 - Uno
 - Battleship
 - Phase 10
- Draw/Create art
- Follow one of Michelle's wellness and/or exercise programs

4

Food and Drink:

- Bunny's Bar & Grill
- Hold the Wheat Bakery
- Chipotle
- The Dampfwerk Distillery Cocktail Lounge
- Pannekoeken Huis
- Chick-fil-A
- The Block Food & Drink
- Park Tavern
- Applebee's
- Punch Bowl Social
- Nautical Bowls

5

Outdoor Activities:

- Parks
 - Justad Park
 - Bass Lake Park
 - Lilac Park
 - Wolfe Park
 - Louisiana Oaks Park
- Walking trails
 - Cedar Lake Trail
 - Westwood Hills Nature Center
- Ride a bike
- Play cornhole on the patio
- Grill on the patio
- Play a game outside when the weather is nice!
- St. Louis Park Rec Center

6

Indoor Local Community Spaces:

- Texa-Tonka Lanes Bowling Alley
- St. Louis Park Library
- St. Louis Park Rec Center
 - Figure skating and hockey rink
 - Swimming pool and splash pad
 - Public art displays
 - Recreational outdoor center
- Minnesota Streetcar Museum
 - Collection and exhibit of streetcars that once operated in Minnesota. Take a ride on a streetcar in the Linden hills neighborhood!
- Pavak Museum
 - Acclaimed collection of antique radios, vintage TVs, and broadcasting equipment
- The Bakken Museum
 - Museum and education center offering exhibits on electricity, Ben Franklin, and magnets

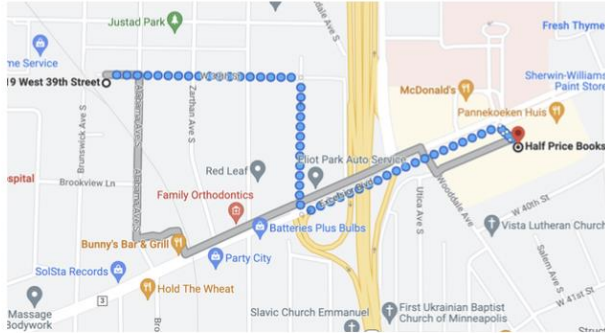
7

Shopping and Other:

- SolSta Records
 - Record store
- Bongo's & Bud's Music Center
 - Musical instrument store
- Half Price Books
- Edina Mann Movie Theatre
- Brookside Barber Shop
- Clothing stores
 - Target
 - TJ Maxx
 - Kohl's
- Convenience Stores/ Drug Stores
 - Walgreens
- ShowPlace ICON Theatre & Kitchen at the West End
- The Shops at West End

Appendix C. Example of Directions Provided

Walking to Half-Price Books:



- ↑ 1. Head east on W 39th St toward Alabama Ave S
_____ 0.3 mi
 - ↪ 2. Turn right onto Xenwood Ave S
_____ 0.2 mi
 - ↶ 3. Turn left onto Excelsior Blvd
_____ 0.3 mi
 - ↪ 4. Turn right at Park Nicollet Blvd
_____ 72 ft
 - ↶ 5. Turn left
_____ 30 ft
 - ↪ 6. Turn right
_____ 59 ft
 - ↶ 7. Turn left
_____ 30 ft
- 📍 Destination will be on the right

Half Price Books

5017 Excelsior Blvd, St Louis Park, MN 55416

Appendix D. Activity Leader Board in the Home

Room # 1
Name: [Redacted]

Room # 2
Name: [Redacted]

Room # 3
Name: [Redacted]

Room # 4
Name: [Redacted]

Room # 5
Name: [Redacted]

Room # 6
Name: [Redacted]

APRIL 2023 Mead®

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
2	3	4 Joe Blood Draw 10:30am	5 Doctor 1:00pm	6	7	8
9	10 Chris leg Doctor 1pm	11 DAN - BLOOD 10:30am	12 M.G. Digestive CHAS 2:15pm	13 Dan P medicine Joe v 1pm aims at the office	14	15
16	17	18 Joe 10:30am Blood Draw	19 DAN - DAN & TRAVIS B. 10:30 LUNCH	20	21	22
23 MAPLE to MIND	24 M.T. 3 LUNCH 10:30am	25 P.T. 3:00 - DAN (BLOOD) 10:30 PRAY	26	27	28	29
30						

Activity:

Activity Leader of the Week:

Appendix E. Evaluation Interview Questions

1. Tell us how you used the binder and board for the past two weeks.
2. What have you liked about using the binder and board?
3. What have you disliked about using the binder and board?
4. Were there any barriers to using the binder?
5. What improvements could be made to the binder or the board?
6. Do you think this binder helped you choose what activities to do? Did it increase your participation in activities?

Appendix F: Final Presentation PowerPoint Slides

Advanced Mental and Behavioral Health: Community-Based Practice

Faculty Advisor: Kristine Haertl, Ph.D., OTR/L, FAOTA

Natalie Cerchio, OTS, (Ret) USAF, Erin Crouch, OTS, Olivia Dains, OTS, Kaitlyn Dittloff, OTS, & Brooke Heaney, OTS

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Project Participants

- Kristine Haertl, Ph.D. OTR/L, FAOTA (Professor)
- Natalie Cerchio, OTS, (Ret) USAF
- Erin Crouch, OTS
- Olivia Dains, OTS
- Kaitlyn Dittloff, OTS
- Brooke Heaney, OTS



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Course Objectives

Overall objectives pertaining to all Masters Projects:

- Development of relationships with community partners; Synthesize literature; Engagement in project and assessment; Relation to occupational therapy.

Additional Objectives for this Project:

- Develop and conduct SWOT analysis and comprehensive needs assessment; implement Patton's Utilization Focused Evaluation (2008) process in developing a site project; Re-evaluation and development of follow up for site.

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Course Components

- Advanced Psychosocial Class Content
- Course Delivery: Online; In Class; In the Community
- Journal Assignments
- Intervention Assignment
- Community Project- Needs Assessment; Project Design; Project Implementation; Evaluation (personal and community)
- Final Product Including Portfolio & Resource Binder

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Patton's Utilization Focused Evaluation (Patton, 2008)

- Evaluations and Project Implementation should be done in collaboration with the stakeholders
- Outcomes of evaluation and projects should be user friendly and designed to improve service delivery over time (e.g., should be able to leave a site and the product of the evaluation and project should have left them with something of lasting benefit)
- Evaluators and stakeholders should work together on the evaluation process
- Meta-evaluation (be accountable; learn; improve)- Important to evaluate how effective the process went
- Using this process helps the students to understand the role of a consultant

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Community Sites

Tasks Unlimited Lodge



On Our Own



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Site Information - Tasks Unlimited

- Tasks Unlimited is a program that provides supported employment, housing and recovery services for people with mental illness
- Tasks provides opportunities for residents to live, work and recover in a safe, supportive community
- There are 21 lodges across the Twin Cities
- Lodges are affordable, inter-dependent living environments operated by the tenants with limited assistance from staff. Lodge members manage their own lives and provide support to each other

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Literature Review

OT services can enable individuals with a serious mental illness (SMI) to:

- **Engage in meaningful occupations** (D'Amico et al., 2018; Griffin Lannigan & Noyes, 2018)
- **Improve their sense of accomplishment, competence, and satisfaction** (Eklund & Leufstadius, 2007; Aubin et al., 1999; Milbourn et al., 2017)
- **Participate in community living** (Griffin Lannigan & Noyes, 2018; Jun & Choi, 2020)

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Literature Review

Facilitation of ADL and IADLs is important for individuals with serious and persistent mental illness (SPMI) in order to:

- **Increase autonomy and fulfillment** (Albanese et al., 2020; D'Amico et al., 2018)
- **Enabling interdependence and community engagement** (Bjerlykhaug, et al., 2021; Haertl, 2007; Xu & Zhang, 2022)
- **Combating a sedentary lifestyle and isolation** (Giebel et al., 2015; Guerra et al., 2021)

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Literature Review

Interdisciplinary healthcare teams can increase quality of life among individuals with serious mental illness by implementing interventions such as:

- **Supported employment training and opportunities** (Areberg & Bejerholm, 2013; Gold, 2013; O'Neill, 2021)
- **Supportive housing** (Haertl, 2005; Haertl, 2007; Weiner et al., 2010)
- **Social skills training** (Gibson et al., 2011; Gold, 2013; Weiner et al., 2010)

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Needs Assessment – Environmental Assessment

- Suburb west of Minneapolis
- Spacious home with communal indoor and outdoor spaces
- 6 bedrooms



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Needs Assessment – Interview with the Lodge Coordinator



Procedure:

- Informal semi-structured interview
- Introduction to the lodge
- Strengths and weaknesses

Findings:

- Enjoys working with the residents
- Lodge is conducive to the resident's needs
- Physical updates to the facility

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Needs Assessment – Interview with the Residents



Procedure:

- Informal semi-structured interview
- Daily life, interests, passions, and improvements

Findings:

- Common interests
- Autonomy
- Nutritious meals, things to do, opportunities for engagement, community outings, and facility updates
- Task initiation

Needs Assessment – SWOT Analysis

- Strengths, Weaknesses, Opportunities, & Threats
- Adapted former SWOT analysis

Transportation	Residents have access to their own van Metro Mobility as an option for transportation Bike	Residents have to initiate transport on their own	Able to schedule individual transport Access to van allows for residents to go on outings together Bike is not being utilized	Availability of transport linked to metro mobility (community system that is utilized by many others besides Tasks)
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Project Description

- Needs Assessment summary and focus:
 - Implementing opportunities for activities
 - Task initiation
- Project:
 - Activity Resource Binder
 - Activity Leader Board



Intervention

Activity Binder

- Home & community based activities to initiate engagement in meaningful activities



Activity Binder Example

"We get stuck on doing the same thing...You want to go out and do something"

Table of Contents:

- Purpose and use of this activity binder.....Page 2
- Activities in the Home.....Page 3
- Food and Drink.....Page 4
- Outdoor Activities.....Page 5
- Local Indoor Community Spaces.....Page 6
- Shopping and Other.....Page 7

- Indoor Local Community Spaces:
- Taste/Talk/Learn Bookish Alley
 - St. Louis Park Library
 - St. Louis Park Res. Center
 - Figure skating and hockey rink
 - Swimming pool and splash pad
 - Public art displays
 - Recreational outdoor center
 - Minnesota State Capitol Museum
 - Collection and exhibit of artifacts that were operated in Minnesota. Take a ride on a trolley in the Linden Hills neighborhood
 - Park Museum
 - Assorted collection of antique radios, vintage TVs, and broadcasting equipment
 - The Ballou Museum
 - Museum and education center offering exhibits on electricity, Ben Franklin, and magnets

Map Directions



- Take Highway 54 N to W 24th St
1. Head east on W 24th St toward Highway 54 N
 2. Turn left at the 1st cross street onto Highway 54 N
 3. Turn right onto W 24th St
 4. Turn right to merge onto MN 100 N
 5. Take the exit toward Cedar Lake Rd
 6. Turn right onto W 24th St
 7. Turn right onto Quince Ave
 8. Turn right onto Cedar Lake Rd & Oakley St
 9. Continue onto Park Pt Blvd
 10. Turn right onto Garden Dr
 11. Turn left onto Wood Dale Blvd

"(The) map is good because no one knows how to use the GPS on a phone..."

Intervention

Activity Leader Board

- Structured leader each week for improved initiation and implementation of weekly activities



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Evaluation and Outcomes



- Evaluation
 - Semi-structured interview with the lodge coordinator
 - Informal interview with clients
- Outcomes
 - Continued use of activity binder and system
 - Resident education and improved engagement in meaningful activities
 - Recommendations to optimize physical environment

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Tie to OT



- Leisure= occupation-based intervention
- Leisure is an integral part of occupational therapy
- Leisure as a means to therapeutic outcomes
- Increased engagement in meaningful activities

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Future Recommendations for Tasks Unlimited

- Utilize & update the physical space
- Diet and nutrition
- Creative engagement with Tasks Unlimited
- Use of the binder and activity leader board



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Key Learning

- OTs impact on individuals with SMI
- Beneficial outcomes from needs assessment and SWOT analysis
- Leisure activities to promote health and wellness
- Consultative approaches in community settings
- Adaptation to the needs of the site

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Site Information – On Our Own (OOO)



On Our Own and Associates, Inc. is a non-profit organization for a community of adults with Intellectual and Developmental Disabilities (IDD)

- Established 40 years ago
- Community of friends who support one another through living arrangements
- Provides supportive care for 30 members

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Literature Review

- People with IDD experience many barriers to occupational participation (Breslin et al., 2020; Carmeli & Iman, 2014)
- They are scrutinized more harshly for lack of social and behavioral skills (Heller, 2010; Hwang & Singh, 2016; Singh et al., 2006; Siberski et al., 2015)
- Meaningful occupations improve physical and mental health (Renwick, 2014; Selanikyo et al., 2017)

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Literature Review

- Evidenced-based interventions facilitate occupational participation for people with IDD (Herge, 2014; Oakes et al., 2019; Waldman-Levi et al., 2019; Washington et al. 2021)
- Mindfulness-based coping strategies increase self-regulation and occupational performance (Hwang & Singh, 2016; Richardson et al., 2020)
- People with IDD thrive when matched with appropriate caregivers and context (Cullen et al., 2017; D'Amico et al., 2018)

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Needs Assessment: Environmental Assessment

- Location: urban neighborhood in St. Paul
- Housing: 3 homes and 2 apartment buildings
- Large gathering space for communal activities



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Needs Assessment: Informal Interviews

Procedure:

- Ongoing consultation with Founder and Executive Director
- We listened, asked questions and participated in social and leisure activities



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Needs Assessment: Informal Interviews



Findings:

- Unique organization with supportive community partnerships
- Strong support for participation in many meaningful activities
- High reliance on caregivers and peers
- Fall risk and end-of-life planning present challenges
- Interest in activities that promote health and wellness

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Needs Assessment: SWOT Analysis



Categories of SWOT Analysis & Findings:

- Strengths - Close-knit community and supportive living environment
- Weakness - Limited organizational resources
- Opportunities - Fostering relationship with community partners
- Threats - Exploitation in outside community and aging

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Project Description

Focus: Increase autonomy and decision-making

- Self-regulation through social participation
- Promote critical thinking through occupation
- Create a resource book for future use



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Intervention: Group Activities

- Ross's 5 Stage Group Model
- Evidenced-based interventions
- Addressed sensory needs



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Intervention: Group Activities

- Structured sessions
- Collaborative resource book



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Intervention: Health and Wellness 'Recipe Book'

- Structured around Ross' 5 Stages
- Occupation-based activities to address psychosocial needs
- Contains BOTH written and visual step by step instructions



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Evaluation and Outcomes

Evaluation

- Informal interviews and occupation-based activities

Outcomes

- Increased conversations and self confidence
- Experienced success during social and occupational engagement
- Identify as part of the larger community

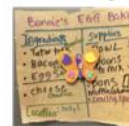


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Tie to OT

Scope of practice includes:

- Qualified to provide mental and behavioral health support
- Engagement through occupation and mindfulness based interventions
- Provide education and resources to increase occupational engagement
- Promote learning opportunities through experience



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Future Recommendations

- Cultivate therapeutic alliances
- Continue to normalize change as a part of life
- Legacy building activities around End of Life Planning
- Caregiver support



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Key Learning

- Trust and flexibility
- Unique needs of Adults with IDD
- Stakeholders' perspective
- Therapeutic use of self
- Community living options



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Collective Learning

- OT's role in mental and behavioral health
- Unique needs of Adults with IDD and SMI
- Impact of Social Determinants of Health on populations
- The importance of a needs assessment, SWOT analysis and Patton's Utilization Evaluation Process
- Consultative approach for OTs in community care

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Thank You!



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