Innovative Practice Projects

Building a Bridge Between the School of Occupational Therapy and School of Professional Psychology Clinic

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Building a Bridge Between the School of Occupational Therapy and School of Professional Psychology Clinic

Description
Under the supervision of Sean Roush, OTD, OTR/L, Assistant Professor at Pacific University (PU), two Master of Occupational Therapy students (MOTs) laid the foundation for a linked program between Pacific University's School of Occupational Therapy and Professional Psychology Clinic (SPPC). The SPPC is staffed by professional and student Psy.D.s and provides mental health services to the community. Throughout the process, the MOTs worked with the director of the clinic, Lisa Christiansen, Psy.D., who had initiated the program with Sean Roush. The long-term goal of the project is the creation of an interdisciplinary clinic, in which psychology and occupational therapy students will collaborate to provide quality care to clients. A literature review revealed limited data or commentary on previous collaboration between psychologists and occupational therapists.

The first step the MOTs took in the process was conducting a broad needs analysis to better understand how OT students could serve potential clients from the local community, the SPPC staff and their current clientele. This information was used to develop two pilot groups at the SPPC, led by the MOTs, and may also be helpful for future students who continue to build this program. The pilot groups, entitled "Making Sense of Stress Management", focused on education about stress symptoms and sensory-based coping strategies to help manage stress. The MOTs used a modified version of the Sensory Profile assessment and a self-rating tool to help clients gain awareness of their sensory needs, and clients practiced using sensory strategies to reduce their stress levels. Recruitment efforts were geared toward SPPC clients only, and the MOTs faced a number of limitations in the process. Three members registered and participated in the groups, and all three reported they would make lifestyle changes after attending the groups. A suggested checklist guide for the next steps in the process of building an interdisciplinary program between Pacific University's SPPC and school of OT was prepared for future OT students.

Disciplines
Occupational Therapy | Rehabilitation and Therapy

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Overview & Introduction
Overview

Under the supervision of Sean Roush, OTD, OTR/L, Assistant Professor at Pacific University (PU), two Master of Occupational Therapy students (MOTs) laid the foundation for a linked program between Pacific University’s School of Occupational Therapy and Professional Psychology Clinic (SPPC). The SPPC is staffed by professional and student Psy.D.s and provides mental health services to the community. Throughout the process, the MOTs worked with the director of the clinic, Lisa Christiansen, Psy.D., who had initiated the program with Sean Roush. The long-term goal of the project is the creation of an interdisciplinary clinic, in which psychology and occupational therapy students will collaborate to provide quality care to clients. A literature review revealed limited data or commentary on previous collaboration between psychologists and occupational therapists.

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In recent years, the collaborative, interdisciplinary approach to American healthcare has been touted as a solution to more traditional fragmented services where individuals would typically see multiple health care professionals, sometimes regarding the same concern, without any of these providers collaborating to support the individual’s needs. In general, the term “interdisciplinary” implies that two or more disciplines come together, sharing their expertise through communication and/or integrated knowledge. Researchers have also recommended the term “interdisciplinary” be used to describe a link between the disciplines, with strong elements of coordination and coherency in providing care (Bernard et al., 2006). Under this model of practice, in a healthcare setting multiple practitioners of varying disciplines (e.g. doctors, nurses, and therapists) would collaborate to develop a plan of care and/or provide joint-service for clients.

Some articles distinguished the term “interprofessional education” when referring to students from two or more professions engaging in mutual learning about each others’ fields (WHO, 2006). Students or professionals may also form an interprofessional healthcare team. This team may opt to use an interdisciplinary collaborative approach, in which each individual is involved in “non-hierarchical sharing of authority with even power distribution among participants” (Garrett, 2005, para. 22). In other words, all professionals on the team view and treat each other as equals when planning and providing care. In addition, team members “attempt to weave together resources, such as tools, methods, and procedures to address common problems or concerns” of their clients (Alberto & Herth, 2009, para. 9). Recently, three faculties from the Canadian Dalhousie University built upon these concepts to create the Seamless Model. Grounded in learning theories, this model was designed to enhance healthcare students’ collaborative care-skills via experiential learning, and it involves formation of student teams to design healthcare plans and provide services to patients (Mann et al., 2009).

Much has been written about the collaboration between healthcare disciplines. Recently, a paper was published that synthesized and critiqued the systematic review of literature on the topic of interprofessional education. The authors confirmed that this type of education is valued by students and enables them to glean collaborative knowledge and skills, and that some evidence exists that this type of education can improve service-delivery and quality of care (Reeves et al., 2010). According to the World Health Organization, the culmination of about fifty years of research indicates that there is enough evidence to show that interprofessional education leads to more effective collaborative practice and that collaborative practice improves healthcare systems as well as health outcomes for those receiving care (WHO, 2010).

Providing collaborative care is the founding principle of this Innovative Practice Project. Sean Roush, OTD, OTR/L, who is an Assistant Professor at Pacific University (PU), honed in on the concept of a collaborative, interdisciplinary mental health team. Roush, in partnership with Lisa Christiansen, Psy.D., Director of PU’s School of Professional Psychology training clinic (SPPC) initiated and promoted the idea for a linked program between PU’s Master of Occupational Therapy program and the SPPC.
The clinic currently provides mental health services to the public, and is staffed mostly by Psy.D. students in PU’s Professional School of Psychology program. Under Roush’s supervision, the MOTs (Master of Occupational Therapy students) began to lay the foundation for this innovative program. To begin, they surveyed the scholarly literature and researched what similar programs had been formed in the past.

Although occupational therapists (OTs) and psychologists often work together in mental health settings, a literary search turned up very few articles about their work together either as students or as professionals. One qualitative study from the late 1990’s, explored the value of clarifying and understanding the roles of each discipline in order to effectively collaborate. In this study, psychologists, OTs and other professionals were interviewed about how they perceived their roles on the team, and then received feedback on those ideas from one another. The OTs who were interviewed reported they found other healthcare professionals lacked knowledge about what OTs do, and that it was important to clarify their scope of practice, responsibilities, and what they have to offer that is unique from other professions. The OTs were very positive about the concept of interdisciplinary collaboration with other professionals. The psychologists in the study responded with positive feedback, noting the strong theoretical basis of OT, and that they shared much in common with OTs, acknowledging OTs have specific skills and should assert these. By the same token, OTs responded to the psychologists’ self-role-perspective that they shared similar therapeutic approaches, and desired a strong working relationship with them. The article highlighted an important issue that continues to be relevant today: the role of OT in mental health is often not understood by other professions (Peck & Norman, 1999).

In their article published for the American Occupational Therapy Association (AOTA), Champagne and Gray (2011) clarify the role of OT in mental health:

Occupational therapy practitioners work collaboratively with a people in a manner that helps foster hope, motivation, and empowerment, as well as system change. Educated in the scientific understanding of neurophysiology, psychosocial development, activity and environmental analysis, and group dynamics, occupational therapy practitioners work to empower each individual to fully participate and be successful and satisfied in his or her self-selected occupations” (p. 1).

Moreover, an OT can take on a range of positions, such as therapist, consultant, educator, manager, or a more policy-oriented position for mental health organizations. In the therapist role, OTs may educate and support clients in an action-based manner, for example, identifying and implementing positive coping strategies, healthier lifestyles, habits, and routines, engaging in meaningful activities, increased awareness and active connection to resources, managing physical health concerns, building awareness and practicing living in sync with personal values (Champagne & Gray, 2011).

A shared knowledge and understanding of the skills, scope of practice, and potential roles of each healthcare discipline, may enable healthcare professionals to have better
working relationships and an increased ability to support their mutual clients. In order for this to occur, communication is crucial. One article explores the role of communication in building a team between a psychologist and occupational therapist. It emphasizes that communication about each professional role may increase understanding and lesson potential for “turf battles”, and that communication should also focus on how they can assist the client. The article examines how collaboration may be built through team member flexibility. In a therapy session, an OT and psychologist could utilize their skills as needed, alternating role of leader for the areas they specialize in. An example given is that in a caregiver support group, psychologists could initially help caregivers identify their risk for high stress and the OT could provide practical solutions to manage it (Keough & Huenbue, 2000). It is important to note that in 2012, a psychologist and OT could take part in both stages of this scenario, but may offer differing theoretical approaches, assessments, and solutions. However, OTs do not diagnose patients and do not perform psychoanalysis. OTs focus more on the problem-solving, action-oriented stage of the therapy process in order to engage in occupation. Keough and Huenbue (2000) point out that OTs and psychologists both provide interventions to improve quality of life and that when working together can provide complementary healthcare that includes psychosocial, behavioral, environmental, sensory, and pragmatic interventions. This type of holistic approach could, for instance, help reduce the use of restraints or medications for individuals with dementia.

A number of programs have implemented the use of collaborative teamwork, particularly educational institutions. For example, a Canadian healthcare team of students from multiple healthcare disciplines participated in a program where they provided services to individuals in remote British Columbia communities. This project allowed students to increase their knowledge of how collaborative team-based practice can benefit clients and increased student hands-on understanding of what each discipline could bring to the table, or how they could work together to support the clients in the communities. The collaboration also led to future opportunities for students to work on interdisciplinary projects. Although no standardized methods were used to show the interdisciplinary team improved care versus the outcomes of using only intradisciplinary care, community care-receivers reported that they benefitted from the project (Bainbridge et al., 2006). A similar program has since been implemented by Pacific University, where a team of students from various health disciplines provide interdisciplinary care to older adults in Nicaragua.

This type of student teamwork is the long-term goal of this project, in which occupational therapy and professional psychology students will be working together to support clients, allowing for more of a “one-stop” healthcare option. This means that clients would receive a holistic healthcare intervention, combining the expertise of psychology and occupational therapy to address mental and physical health needs. At the same time, it presents an opportunity for students to increase client load through referrals between the two disciplines and help prepare them to work together in other healthcare sites and settings.
The Innovative Practice Project program development process began with a discussion between the MOT students and Sean Roush, OTD, OTR/L to clarify project goals. It was determined that the key goals were to: (1) Initiate contact between the school of OT and the SPPC. (2) Assess areas where occupational therapy could benefit clients at the clinic. (3) If time permitted, to lead pilot occupational therapy groups at the clinic. The following is a detailed description of the project development, pilot groups, outcomes, reflections and suggestions for potential growth and next steps in this ongoing process. Completing an IRB exemption was determined to be unnecessary for this project due to it’s program development nature.

Getting Familiarized with the SPPC

The MOTs met with the director of the SPPC to share perspectives on how OTs and psychologists could work together and how this initial program would take shape. Touring the facility, the MOTs found that it has multiple well-designed, comfortable therapy rooms, including a large group room that they would be able to use for their pilot groups. They also learned that the clinic is student-run, offers both individual and group therapy, and does not have translation services available. However, the clinic does have bilingual Psy.D. students who provide therapy, for example, to individuals who speak Spanish. Recently, an ADHD group had been started, and was reported to be quite successful in its continuous turnout of group members. According to staff, extensive advertising to the community played a big role in the group’s turnout rate success. The MOTs realized that reaching out to community members would be important.
Conduct Wide-Scale Needs Assessment
Conduct Wide-Scale Needs Assessment

To begin the outreach process, the MOTS performed a broad needs assessment of the local community. See Appendix A: Needs Assessment. They chose to approach this task from the perspective, “how can we help prepare future students and staff for program development down the line?” It was thought that, in time, recruitment efforts would involve the general Hillsboro and surrounding areas. The students therefore surveyed the local Hillsboro population regarding common trends. These included areas of occupation (work, leisure, education, social participation, transportation), demographic and economic trends, access to health care and substance abuse. It also assessed cultural trends and issues, social, legal, and educational trends, and available resources.

Examples of trends discovered included increased unemployment in the last few years, a large Hispanic community, rise in rates of substance abuse (particularly methamphetamine) and the possibility of free Hillsboro-wide Internet being put into effect. Each of these factors could be used for future group planning. For example, a free or low cost group on adjusting to life changes, goal setting, and strategies for gaining employment could be advertised on the Internet, enticing members of the local population. The site could also provide referrals to substance abuse programs.

The MOTs also surveyed available mental health resources for the Hillsboro population, particularly low or no-cost mental health groups, to discover the nature of those groups and their history. Findings revealed a variety of resources available to local residents for mental health group therapy. Most free and low-cost group therapy available was peer-led (meaning someone who has experienced the group issue, such as depression or drug abuse, but may not have any particular training in the topic). The survey located a number of low-cost, local mental health groups led by healthcare professionals, but none of whom were OTs. In addition, there were no co-led OT/psychologist groups found, indicating that this type of interdisciplinary work is lacking in the community. The analysis also did not turn up any low-cost occupational therapy groups in Hillsboro. Thus, the need is present for OT mental health group services in the local area.

In a similar vein, the analysis sought other occupational therapy programs in the U.S. that may have developed an interdisciplinary program between their school and a graduate psychology program or clinic. Zero out of eleven U.S. schools surveyed had any form of linked program between their graduate school of psychology and/or clinic and school of OT. Most schools reported their occupational therapy students were exposed to psychologists during mental health fieldwork rotations and some schools reported having interdisciplinary conferences. This indicates that Pacific University’s school of OT linking with the SPPC is an innovative project that could become a model to other schools for bridging gaps of understanding and co-leadership opportunities between OTs and psychologists.
Surveys
Staff Survey

After completing the general needs assessment of the local population, the MOTs developed two anonymous surveys to determine the specific needs of SPPC’s clientele, for whom they would be recruiting and developing the groups. The first survey was to the SPPC staff in order to learn about what areas of occupational therapy might benefit the clinic and their clients. The survey asked about current diagnoses of clients the staff worked with, treatment barriers, any service gaps, perceived benefits of OT, client safety concerns, and any pertinent information they wished to add. They were also questioned about prior knowledge or experience with occupational therapy to gain insight on what level of role explanation may be needed in the future when the current or future occupational therapy students work with the staff. SPPC has two clinics – one in Portland, and one in Hillsboro. The MOTs surveyed both sites. As an enticement to complete the survey, free coffee and health bars were offered to the clinic that provided the most responses. In the end, the MOTs decided to provide the treats to both clinics, in gratitude for their helpful responses. Please see Appendix B: Staff Survey Results & Analysis.

Analysis of staff responses revealed that many clients had both mood and anxiety disorders. In Hillsboro, the most commonly reported conditions were Major Depressive Disorder, followed by Post Traumatic Stress Disorder (PTSD). Other common conditions included Bipolar I & II, generalized Obsessive Compulsive Disorder (OCD), Generalized Anxiety Disorder (GAD), Attention Deficit Hyperactive Disorder (ADHD), and relationship problems. In Portland, Major Depressive Disorder was also the most commonly reported condition, followed by GAD and OCD. PTSD was also reported, as well as social phobia, Bipolar I and II, relationship difficulties, ADHD, and panic disorder. Both sites saw clients with substance abuse/dependence.

Clients tended to differ in terms of their physical health concern. Examples of diagnoses included chronic migraines, severe arthritis, lower back degeneration, joint pain, severe headaches associated with TBI, kidney stones, hyperthyroidism, Irritable Bowel Syndrome, asthma, tremor, and being HIV positive. Staff members reported that patients may benefit from assistance, motivation, or education on developing organizational skills, performing the task of cleaning, medication management, help caring for a loved one, dealing with physical limitations, adjusting to the aging process, increasing social participation, locating and acquiring resources outside of therapy, and overall time management. All of these are areas of occupation that OTs are trained to lead therapy groups on (AOTA, 2008).

Areas in which the staff felt they could not address their client’s needs included time constraints and financial concerns, such as lack of insurance for proper medication management or medical treatment. Survey responses also indicated they perceived themselves as limited in ability to help clients with tasks and responsibilities such as organizing, assistance with an autistic child, and daily productivity. Some staff also reported that physical health limitations that affected clients’ performance was an area the staff could not address adequately. All these areas, which appeared to be barriers to the
therapists, are within the scope of practice for occupational therapy, and therefore may be potential topics for OT and Psy.D. students to work together on in assisting clientele.

The staff surveyed identified a number of areas in which they believed an OT could assist their clients. These included anything involving and related to work or activities of daily living and functioning for clients post-injury, weight-loss support, assisting with physical issues, and management of anxiety. One staff member reported they wanted to co-lead groups with student OTs to help clients with mental and physical illness learn how to function better.

Multiple staff expressed desire to use an interdisciplinary approach. One member commented that this should extend beyond OT to other health disciplines such as dental hygiene, physical therapy, and pharmacy: “I would like to see the Pacific University Health Professions programs cooperating to provide all needed services for client, regardless of where they’re first seen”. Yet, the survey revealed that most staff members in both Portland and Hillsboro had no prior experience with OT. One staff member wrote, “I think it foolish to not utilize each other or especially to not understand what each other can do”.

Analysis of the culmination of the SPPC staff survey results revealed three key themes: (1) the staff welcomed interdisciplinary work between Psy.D. and OT, such as co-leading groups; (2) many staff lacked prior experience with OT, and some were curious to learn more about OT practice and roles; and (3) many clients had health conditions that could lead to anxiety and stress.

Client Survey

In order to find out their needs and how occupational therapy could serve them, SPPC clients were anonymously surveyed. See Appendix C: Client Survey Results and Analysis. A rough draft of this questionnaire was designed early in the IPP process and then altered, built upon, and edited as more information about the clinic, clients, and recruitment process became available. Specifically, the MOT students used results from the Staff Survey to shape some questions in the client survey. For example, because time management was a common theme, questions were posed regarding time management needs, healthy eating, and areas related to symptoms of some of the health conditions listed. For instance, depression and feelings of low self-worth (Beck, 1979) or having difficulty with concentrating and memory (Crane, 2007) can be linked. Therefore, questions related to these areas were included. In addition, studies show there is a correlation between some of the disorders noted, such as anxiety, and having sensory processing concerns (Benson & Champagne, 2011). Sensory processing disorder describes a circumstance when an individuals’ nervous system has an abnormal response to sensory input, such as sights, sounds, and/or touch. Sensory input can affect overall wellbeing for any individual. One of the MOTs had prior training in this area so there was a pre-notion that a group could be lead on the topic if the need and interest were indicated. Therefore, questions were added regarding how sensory input affected the clients’ behaviors and emotions. Two questions related to problem-solving ability and
personal safety were included to assess potential benefit of using OT cognitive assessments with clients in the future.

The questionnaire also assessed the type of physical and mental conditions participants were experiencing. A number of common mental health conditions listed in the staff survey responses were included on the form, such as depression, anxiety, and bipolar disorder. There was a space left for “Other” where other conditions, such as PTSD or OCD, could be included. Future students may want to expand this survey to include additional conditions sited by the clinicians in the staff survey.

The survey relied mostly on checkboxes for answers, in order to make it user-friendly to individuals who may become overwhelmed from open-ended questions. The MOT students provided the SPPC with a closed box for clients to complete the survey and drop it in. Separate forms were also provided for clients to leave their contact information if they wanted to learn more information. Five individuals completed the anonymous survey, and two opted to leave their contact information (email). The MOT's later questioned the safety and confidentiality of emailing these clients back about group information. Until the program becomes more official and long-term, it may be more effective to ask clients to leave a phone number only, with a checkmark whether it is okay to contact them on that number and leave a message.

Overall, responders were under 56 years old, mostly female, and lived with family or friends. Three of the responders had depression and/or anxiety. One person listed PTSD under “Other”. Four people surveyed reported having at least one physical health condition in addition to their mental health condition. Two out of five reported having fibromyalgia. Other conditions checked were arthritis, obesity, COPD and diabetes. From this information, it may be inferred that occupational therapy services could be useful for helping these clients or the staff that work with them because OTs are trained to address both mental and physical conditions. A potential group could even be co-led by OT students and Psy.D's on how to manage the dual-diagnosis of mental and physical condition(s).

Most patients answered yes to questions regarding low self-esteem. All responders indicated interest in developing healthier hobbies and interests, improving overall health and wellbeing, regulating their emotions and organizing their thoughts, feeling better about self, increasing relaxation, and reducing stress. “Coping/stress management” was the most commonly checked item under activities they had difficulty performing, with four out of five clients indicating this was an issue. Three out of five responded they had an interest in improving time management skills, and three out of five checked interest in simple meal planning and healthy eating. All of these are areas that potential OT groups could be led about. Survey results also showed that one individual didn’t feel safe alone and sometimes felt confused and disoriented, indicating they might benefit from future OT assessment in these areas. The survey also indicated that one or more responders had difficulty in at least one of the following areas of occupation: leisure, community activities, transportation, sexual activity, budgeting, work, sleeping, sobriety, home maintenance and planning/preparing meals. For questions related to sensory input, all
clients checked at least four out of nine questions indicating that their behavior/emotions were adversely affected by sensory information.

The sum of this data indicated that occupational therapy groups would be appropriate for the clients surveyed and that a number of key areas would be relevant topics for groups. The survey was limited by the areas it covered, but the information provided was useful to the MOTs in designing a group and can be used by future students to plan a group or to create a similar survey. Although five responses cannot be generalized to the entire SPPC client population, the MOTs noted trends amongst those surveyed. Four out of five responders had difficulty with coping and stress management, and all responders had an interest in reducing stress and increasing relaxation. Most responders were interested in creating a personalized kit to help cope with the stress of daily living. Responses to questions about sensory preferences indicated a possible benefit from sensory-related education.
SWOT
SWOT

The MOTs completed a SWOT analysis from the sum of information on the needs analysis, staff surveys, and client surveys (See Appendix D: SWOT Analysis). From the needs analysis, multiple themes were found related to demographics, areas of occupation, culture and values, economic trends, social and virtual trends, and stakeholder competition. These were entered into the chart according to whether they were internal or external strengths or weaknesses. The information gathered indicated there might be multiple barriers to success when recruiting for the occupational therapy pilot groups. For example, many individuals were native Spanish-speakers but the SPPC did not have translators readily available, and the MOTs who would lead the pilot groups were not fluent in Spanish. However, SPPC did have Psy.D. student clinicians who could provide therapy sessions in Spanish. For individuals who were employed, finding time to attend group sessions during weekdays (when the SPPC is open) was difficult. Many individuals also had large families or were single parents, which could have meant less time to attend group therapy sessions. Some individuals didn’t have adequate transportation access to the clinic, and the MOTs did not have capacity to provide those services. One fourth of the population had a high-school level education only, and therefore it is unlikely they had been educated to recognize the potential benefits of seeking therapy. Some individuals’ culture likely influenced them to prefer either individual or no therapy only. Stakeholder data revealed multiple local group therapy sessions were already developed and had a wide client base. This would make it less likely for those clients to seek out newer services, such as OT groups at the SPPC.

Despite these barriers, many opportunities became apparent from the analysis as well. For example, free groups may entice the local individuals who are low-income or in economic crisis at this time. OT students could also provide resources for those in financial struggle and coping strategies to deal with the emotional ramifications of that situation. While the MOTs could not provide groups in Spanish or with translation, they could refer potential clients to the SPPC for individual mental health therapy or to the Virginia Garcia Clinic at PU for healthcare services. The population of single parents could lead to a potential parenting support group theme. The high rate of substance abuse by the local population indicated a need for groups focused on developing healthier coping strategies or referrals to substance abuse programs. Availability of the Internet in Hillsboro indicated a potential to advertise and recruit locals via the web in future years. Although many group therapy sessions were available in the community, they were mostly peer led and lacked professional training that OT students or psychology students could offer. Some groups were led by healthcare professionals other than OTs, and therefore lacked the OT perspective. This could be an opportunity for OT students to bring the OT perspective. In addition, potential exists to collaborate with these agencies in the future.

Analysis of the Staff and Client Surveys revealed further opportunities. For example, many potential group themes, such as time, home, or medication management; increasing social participation; and adjusting to and working around physical and mental health conditions, were recognized based on the feedback from the surveys. Potential
collaboration between MOTs and psychology students in leading these groups, and openness to do this by some of the staff surveyed was also evident. It was also clear that SPPC clients surveyed were experiencing stress and having difficulty coping. All the clients surveyed checked four or more out of the nine sensory-related questions, and it appeared that sensory input had a profound effect on their behaviors and emotions. This could lead to increased stress and decrease the client’s occupational performance or prevent them from participating in activities they wished to do.

The MOTs took all this data into consideration and honed in on the trends that could lead the local population to experience high stress. These trends included the economic downturn and the increase of substance abuse in the population. It was also noted that certain types of medical conditions staff commonly reported in clients, such as depression and anxiety, often go hand in hand with stress. With this information, the MOTs decided to lead a pilot group on stress management. They believed the topic was broad enough that it could draw a number of individuals. Because many of the clients indicated sensory needs, and because sensory input may have a strong influence on clients’ stress levels, the MOTs decided it would be appropriate to lead a stress management group with a particular focus on how individuals can use sensory strategies to relieve or cope with stress (Kinnealey & Fuiek, 1999). The group name would be “Making Sense of Stress Management”.

Planning & Implementation
Models Used

Two basic theories, or models of practice, were used to frame the pilot group design: Dunn’s Model of Sensory Processing and the Transtheoretical Model of Change.

Dunn’s Model of Sensory Processing was developed by Winnie Dunn, PhD, OTR (Dunn, 2001). This theory considers sensory processing patterns that arise from differences in an individual’s neurological thresholds which may affect how he or she responds to sensory information. Sensory information can be anything that involves the use of the five basic senses, proprioception, and the vestibular system (balance). According to this model, every person’s sensory preferences are unique and specific to that individual. For example, one person may find that he or she is less stressed when they work in a quiet setting, whereas another individual may find it less stressful to work in a noisy environment. The model emphasizes that some people can have extreme sensory preferences. For example, a speaker’s voice may sound extremely loud or irritating to one individual, while most others find it to be comfortable. The individual negatively affected by the sound may be less likely to interact with the speaker. Similar extreme sensory preferences may facilitate or pose barriers for participation in certain meaningful activities.

Dunn’s model pictorially depicts individuals’ sensory preferences into four categorical quadrants, “Low Registration”, “Sensation Seeking”, “Sensation Avoiding” and “Sensory Sensitivity” for the sensory areas of taste/smell, hearing, vision, movement, activity level and touch. According to the model, individuals with high scores in the “Low Registration” category tend to miss sensory information or process it at a slower rate than the average individual. These individuals may benefit from an increase in sensory input. Some examples of increasing sensory input are to turn up the volume, increase tactile input and provide visual cues. Another category that may benefit from an increase in sensory input is “Sensory Seeking”. Individuals who have high scores in this category make the connection that they need more sensory input but it is not uncommon for them to seek it out in a distracting or mal-adaptive manner. For example, an individual might cross societally accepted boundaries of touching someone they don’t know or getting into their personal space. Some intervention strategies for these individuals are to find adaptive ways of increasing sensory input prior to tasks or, if appropriate, during tasks. Individuals who have high scores in the “Sensation Avoiding” category tend to be overwhelmed by sensory information at a faster rate than the average individual. Their bodies are aware that the sensory information is making them feel overwhelmed so they tend to use avoidance strategies that may prevent them from doing the things they want to do. It is important to problem solve ways to modify these individuals’ environment and activities to decrease sensory input to enable participation. Examples include use of headphones, ear plugs, and rest breaks. Individuals who have high scores in the “Sensory Sensitivity” category may have difficulty filtering sensory information, and as a result, their attention is drawn to the slightest sensory input. These individuals may benefit from calming strategies, which are strategies that help mitigate sensory input.
The second model used was the Transtheoretical Model of Change, created by James Prochaska and Carlo DiClemente (1984, 1986). Originally designed to address addictive behaviors like smoking, the model posits that behavioral change comes in motivation stages. The first stage is precontemplation, where individuals are not aware that they have an issue or are not ready to change their behaviors and habits in the near future. At this stage, one may be resistant or unmotivated to change. This is comparable to a scenario where an individual has been told that her or she has an issue, but does not recognize it or does not think it is worth changing. The next stage is contemplation, in which individuals become aware of their issue, and of how making changes may benefit them. At this point one may begin to grow awareness and understanding of his or her behaviors, such as acknowledging a high stress load and its negative impact on personal interactions with others. The individual may contemplate methods to help make beneficial changes.

Preparation is the third stage. Here, individuals are motivated to begin making changes in the near future and have often begun taking some of the steps toward this. At this stage, individuals begin a plan of action. For example, the person may sign up to attend a group therapy session, gain further understanding of self, and create a plan of action to incur positive life changes. The fourth stage is the action stage. The individual is following through on the plan, making behavioral or lifestyle changes, testing out strategies, and then revising as necessary until the right fit is settled upon and becomes ingrained into daily routine. Maintenance is the fifth stage, in which the individual continues the actions as part of his or her routine over time, and takes measures to prevent relapse. The authors estimated this period could take six months to five years. Originally, the authors included a sixth stage, Termination, which many researchers now forgo when referring to this model. This is most likely because the term implies that humans can have 100% follow-through in their healthier behavior and lifestyle modifications, without ever relapsing or being tempted to revert to an earlier, less healthy mechanism, regardless of life circumstances. For many people, this is not a realistic goal, as the process of choosing to enact healthy behaviors and lifestyles is continuous.

**Group Design**

Two pilot group sessions were planned. The MOTs would lead them under the supervision of Sean Roush, OTD, OTR/L, for clients at the SPPC who signed up ahead of time.

In applying the theory to the groups design, Dunn’s Model of Sensory Processing would be incorporated into the group by identifying and describing self-regulation sensory strategies to match individual group member’s sensory needs. The group would use a modified version of the Adult/Adolescent Sensory Profile, made into a game, to help group members identify their specific sensory scores and coinciding preferences. The Adult/Adolescent Sensory Profile assessment (Brown & Dunn, 2002) is based on Dunn’s sensory processing model. It assesses sensory processing patterns based on the four quadrants described above. If an individual scores “similar to most” in one of the four categories, such as low registration, this means that they process sensory information
in a manner that is consistent with the majority of individuals in the same age-range for
the category. If they score “more than most” for their preferences within that category, it
means that they have a stronger tendency towards the traits of that quadrant (i.e., low
registration, sensory sensitivity, sensory avoiding, sensation seeking) than the majority of
their peers. This information could be used to help individuals identify environmental or
activity modifications to address their specific sensory needs. The modified version of
the sensory profile game was created by one of the MOTs, Ingrid Borland, OTS. It
allows the Sensory Profile assessment to be administered in a group setting to gather
information about each client’s sensory preferences for touch, smell, taste, activity level,
hearing, sight, and movement.

Group design was also strongly rooted in the Transtheoretical Model of Change.
The pilot groups focused on the preparation stage, in which clients would reflect on self
and plan new ways to manage their stress, and the action stage, in which clients would
actively practice the new coping strategies and begin to incorporate them into their daily
routines. The MOTs formulated the group purpose, goals and outcome measures,
logistics, referral criteria, program sequence, and identified potential risks and plan of
action. See Appendix E: Program Plan. Group sessions were scheduled for 90 minutes
one day a week, for two consecutive weeks.

**Promotion and Advertisement**

It was determined that the MOT students may only recruit clients from the SPPC,
due to the clinic’s current capacity and focus. For example, although Spanish is the
native language for many locals in Hillsboro, the clinic did not have readily available
interpreters for the student pilot groups. At time of writing, the clinic was not set up with
resources to deal with particular crisis situations, such as an individual experiencing an
acute psychotic episode. Due to client-safety concerns, and because a thorough screening
process for groups was not possible at this time, the MOTs therefore focused recruitment
efforts on SPPC’s current client-base only. The MOTs determined they would have a
maximum of eight clients in a group, in order to keep it manageable and catered to
individual needs within the space available and time allotted. To maintain these limits,
the MOTs began small-scale recruitment efforts at the SPPC Hillsboro campus. They
provided a box with copies of the ad on the SPPC front desk, for interested clientele to
take. They also put up small signs in the area to grab clients’ attention.

The ad included information about the group time, place, and topics covered. It also
clarified that signup must take place on site and that attendees needed to already be SPPC
clients. See Appendix F: Making Sense of Stress Management Group Ads. Front desk
employees at SPPC reported that many clients were interested in the ad and took a form
but did not send it back in. Lisa Christiansen, Psy.D., director of SPPC, also informed
staff members about the group and promoted it.

Following a small turnout of the first pilot group, the MOTs branched out and
advertised to clients of the Portland SPPC for the second group. The Portland ad
contained a map in hopes that Portland residents would not be too discouraged by the
commute because it’s easy to access the clinic from the MAX train line. The ad also included the phone number to an OT message line so that individuals could now call to obtain information earlier on and have the option of signing up prior to completing forms.

**Registration Process**

In an effort to minimize any burden on the front desk staff at the SPPC, the MOTs attempted to make the registration process simple. They provided SPPS staff with two folders – one with blank registration forms and consent forms for group signup, and one to place completed forms in. See *Appendix G: Registration Form*. Clients were to sign up by completing both forms on site, rather than calling in information. The form asked for the client’s phone number and permission to contact them at that number. The MOTs later set up a phone number to contact clients in order to confirm their appointments and provide any additional information that could help participants attend the group. They believed this was necessary to increase participant attendance.

**Pilot Groups**

Two pilot groups were led by the MOTs under the supervision of Sean Roush, who participated in parts of each group. Both pilot groups began with a warm-up activity to help the new members feel more comfortable. The sequence mostly followed the group design, and was carried out as follows:

**Week 1:**
1. Group leaders educated about the flight or fight response and gaining awareness of stress symptoms in order to manage stress early on, before it becomes overwhelming.
2. Group discussion regarding coping strategies members currently used to manage stress.
3. Group leaders educated about how sensory input can impact one’s behavior, performance, or stress levels, and use of sensory strategies to reduce stress.
4. Group members participated in game format of the modified sensory profile for auditory sense, then discussed whether they had learned or discovered anything about themselves after completing it.
5. Group members practiced using a self-rating stress scale as a reflection tool (See *Appendix H: Self-Rating Tool*). Each member used the tool to rate and reflect upon whether a piece of music, Marconi Union’s ‘Weightless’, increased or decreased their stress levels. A group of UK scientists monitored listeners’ heart rates, blood pressure, and stress hormone levels and clinically determined that ‘Weightless’ is the most relaxing song ever made (Giles, 2011). This tool was re-introduced later in the group as part of the take-home activity.
6. Group members’ modified sensory profile scores for auditory sense were tallied, and each member was handed their score on a written note.
7. Group leaders explained the four types of sensory profile categories: sensory avoiding, sensory sensitivity, low registration, and sensory seeking. In order to clarify implications of each category, a radio analogy with visual demonstration was used. In this analogy, individuals in each sensory profile category may prefer to have a radio adjusted up or
down to meet their sensory needs, and may or may not act upon that need (See Appendix I: Basic Explanation Sensory Profile Scores). Group discussion followed.

8. Group leaders provided information on use of calming and alerting strategies to manage stress, and corresponding list of options for the sense of hearing (See Appendix J Take-home Activity I). Group members were asked to identify a stressful situation in their lives and pick one hearing strategy from the list, according to their modified sensory profile score, that they would use that coming week. Members were asked to describe how they would use the strategy to manage stress and identify how they would get around barriers that might prevent them from using it.

Week 2:
1. Group leaders and members reviewed and discussed use of coping strategies for stress management, including examples of how to substitute healthier strategies for harmful ones.
2. Group leaders provided review about sensory coping strategies, and educated members about calming and alerting self-regulation strategies.
3. Group members participated in the game format of the modified sensory profile for vision and movement senses.
4. Group reviewed take-home activity, including whether there was follow-through or any barriers toward achievement, and whether the activity was helpful for reducing stress.
5. Group members practiced using the self-reflection tool for three calming movement exercises, including deep breathing, to develop practical understanding how the tool may assist in self-reflection for stress-management, and possibly develop new relaxation techniques (See Appendix K: Relaxation Exercise Packet). Members rated their stress levels after performing each exercise.
6. Group members received their modified sensory profile scores for vision and movement, and group leaders explained the meaning of the sensory profile scores. Emphasis was placed on how the scores are neither good nor bad; each person has unique sensory needs, and the scores are intended to help individuals make life adjustments that can help them function better. It was also emphasized that while calming strategies are generally safe for anyone, alerting strategies should only be used if a member’s score indicated it was appropriate. Group leaders educated about use of activity and environment modifications according to the tendencies in each of the four sensory categories and group members followed with examples of adjustments they could make for themselves (See Appendix L: Sensory Score Activity/Environment Modifications).
7. Group leaders provided a list of calming and alerting visual and movement strategies to use for stress reduction (See Appendix M: Take-home Activity II). Group leaders explained how one exercise might be performed in a calming vs. alerting manner. Group leaders recommended using strategies in accordance with sensory scores for calming or alerting and using the self-assessment tool until it became part of everyday mental practice. A card with a stress bio-dot was also provided, and members wrote on it, “Do I need to use a coping strategy now”, as a cue to remind them when to start using a coping strategy.

At the close of each session, members completed a survey to provide feedback to the group leaders (See Appendix N: Client Satisfaction Survey).
Group Outcomes

The first pilot group had a total of two participating members. One individual who had registered cancelled. One member registered after the session had started and entered the group at point of discussion about coping strategies. The MOTs and Sean Roush OTD, OTR/L, reflected that both members appeared comfortable, were motivated to participate, and demonstrated high levels of personal awareness and insight. Upon reflection, they noted that in the first week, the member who was present during the discussion of effects of stress on body appeared to have had prior knowledge about this topic. Both members provided examples of coping strategies they used. The members willingly participated in the modified version of the sensory profile game. Both members practiced using the self-rating tool and rated the piece of music ‘Weightless’ as increasing their stress levels. This was interesting considering that research shows this piece helps people to relax. Group leaders used this outcome to emphasize that each person has unique sensory needs. The MOTs perceived that the members were eager to learn more about the meaning and implications of their sensory scores. Therefore, for the second pilot group, they increased the level of depth regarding sensory category implications and related sensory strategies.

The verbal and written feedback from the first week’s members was also useful for preparing the second pilot group. In addition, this data may be helpful for future students who work on this project to refer back to. On a four-point Likert-type scale, from not useful to very useful, one member reported the group was “somewhat useful” and the other reported it was “quite useful”. Both members verbally expressed that they enjoyed playing the game (modified version of the sensory profile). One member reported that she wanted to play more of the game. The other member reported wanting the group to cover more emotional and physical ways to cope. Both members listed strategies that they planned to use after attending the group, including listening to their sensory needs and use of music while engaged in stressful tasks. A rating scale asked members to rank in order the usefulness of six topics covered during the group session. One member ranked the group discussion about symptoms and coping strategies as most useful, playing the game second, and group discussion about barriers as third. The other member appeared to interpret the instructions on the form to mean usefulness of each topic, and did not rank by order. Therefore, it was difficult to accurately assess this section of feedback but it appeared as though the member found the sections on effects of stress on the body and the group discussion on barriers most useful. Because the ranking system may not have been clear or was difficult for a member to use, the MOTs altered the form to use a Likert-scale system instead of the ranking system. Members would have used it to rate the usefulness of the topics covered in the second group session. However, in order to maintain the validity of the outcomes with comparisons for the two weeks, it was decided not to use the new form for the second pilot group. Future OT students who take this project on may wish to take this into consideration when designing feedback forms.

Both members from the first pilot group registered to return for the second session. Two members attended the second pilot group. However, one of them was the member
who had cancelled from the previous week, and one member from the previous week did not return. One member from the previous week called to say that she would come late. Because the group leaders wanted her to be able to participate in the game section and the pertinent information that followed, they prolonged the section about coping strategies. As a result, the group session altered somewhat from the original plan. There was not enough time in the end to cover the planned section on overcoming barriers to using coping strategies.

During the take-home activity review section, the member who had continued from the previous week reported that she was able to use the strategy she had chosen, that it was helpful for her, and she did not have difficulty getting around the associated barriers. Both members and the supervising OT participated in doing the calming exercise movement techniques. Members were given the option of performing them while sitting or standing and to be cognizant of any injury or pain, upon which they were to stop or re-adjust. Self-ratings on the scale were left private but members were asked to share if they wished to do so. The member from the previous week reported that the exercises increasingly helped reduce her stress as she moved from one exercise to the next. The other member appeared increasingly anxious by the end of the sequence but she reported that she felt the exercises made her feel more “focused” and ready to take care of matters that were important to her. As in the prior week, group leaders used this information to illustrate that everyone has unique sensory needs and that the self-rating tool may be useful for determining which strategies help relieve stress. It was emphasized that the tool could become part of a mental practice over time if members found it helpful. Further on, group leaders referred back to the exercises from this section to segue into an explanation of calming versus alerting strategies in that the exercises could become more alerting if done at a quicker pace.

Both members willingly participated in playing the game (modified version of the sensory profile) for visual and movement senses. When it was over, both members verbally reported they enjoyed playing the game. Reflections on the game immediately following were minimal, but after receiving explanation of their scores and corresponding categories group members were actively engaged in discussion and reflection about personal sensory needs and implications. Each member provided examples of how they could make environmental or lifestyle modifications according to their sensory category/needs. In retrospect, the MOTs recognized that it might have been helpful to provide more information to link how these modifications could be used to reduce stress levels. Following this activity, each member picked a visual and movement strategy from the list provided, to use in the coming week as a coping strategy for a stressful situation, according to whether their score indicated a benefit from using either a calming or alerting strategy.

Due to time constraints, members did not complete the section on the back of the take-home activity regarding specifics on how they would use the strategy to cope with stress and overcome barriers. Instead, group leaders concluded with emphasis on carrying a cue card that would remind members to use a coping strategy when they begin to feel stressed, and using the self-rating scale to develop a toolbox of stress management
strategies over time. Each member completed the client satisfaction feedback form. The ratings for this week improved from the previous week, with members rating the group as “quite useful” and “very useful”. Both members listed a change they would make in their lives after attending the session; one member listed a strategy from the list and the other member generalized how she would now “re-eval” her stressors and methods to calm herself. This member added that she was interested in the sensory profile. One member indicated that at times during the session multiple people were talking at once, which then made it hard for her to answer questions. This may have been particularly relevant toward the end of the group, when some information was being conveyed while members were still filling out client satisfaction surveys. Had there been follow-up groups, the MOTs could have been more cognizant of this need, and guided groups accordingly. In addition, the member noted that it was difficult to use the ranking system. The other member also had difficulty with this system, as evidenced by her not ranking in order, but by giving each topic a number according to usefulness. This indicates that for future groups a Likert-type scale rating system may be easier for clients to use. From the ranking provided, it is inferred that that both members enjoyed playing the game and learning about calming and alerting coping strategies. Both members rated the final activity and barrier discussion last, which may reflect that much of this activity was excluded from the session.

Upon further reflection, and based on feedback from their supervisor, the MOTs recognized that the modified sensory profile score could have been provided openly rather than on individual pieces of paper so that it would not give the possible impression that individual sensory needs are something to hide or keep private. The results of the assessment were neutral; there was no right or wrong, better or worse scores, and the idea was to convey respect for individual needs. In addition, the MOTs reflected that it would have been ideal if the members could have completed all sections of the sensory profile. An extra group session would have made this possible. For example, the first week was used to identify interest levels in the modified sensory profile and sensory strategies for stress management, and whether it would be appropriate for the attending members. Since interest and appropriateness was established, the full sensory profile assessment could have been provided as a take-home activity for members in week two to complete and review at a third session. Alternatively, all sections of the game could have been covered over the course of a few weekly sessions. This would have enabled the MOTs to provide further depth and more specific guidelines for members to use when developing coping strategies based on their scores. A more individualized list of coping strategies related to members’ sensory needs could have been provided, and members would also have been able to practice using them over time until they became part of their daily routine. Therefore, one of the greatest improvements that could be made is running additional group sessions. This additional time would allow group leaders to continue to fine-tune the topic and course according to each member’s specific needs, as well as their feedback. Furthermore, allowing members to enter the group after it had started affected the flow of each session. With increased member registration and attendance, it may be easier to have a time-policy, where the doors to the group session are closed at a certain point. However, for the pilot groups, it was more helpful to allow members to come late, in order to increase participation.
Considerations & Future Recommendations
Considerations & Future Recommendations:

There were a number of limitations that affected the outcome of the group and overall project. Some of these have been listed in previous sections. In regard to recruitment, the MOTs found that it was difficult to recruit members given their framework. First, they had limited time to set up recruitment and this also corresponded with a time when the SPPC was implementing a new electronic records system. As a result, the staff was incredibly busy, and steps to establish registration and recruitment took longer than they might have otherwise. This was especially pertinent to establishing the registration process and getting all staff on board with the process, including the location of registration forms at the front desk. Because the staff at the SPPC sees the clients and could refer them to the OT groups, they are an important part of the recruitment process. Perhaps future students could lead a presentation to the SPPC staff as part of their recruitment efforts in order to promote their groups and increase potential member signup. This may also be an important tool for developing a stronger bond between the OT program and the SPPC.

As discussed in the “Promotion and Advertisement” section, due to potential safety concerns, the MOTs only recruited clients from within the SPPC. This greatly limited the number of individuals that could attend. As the program develops, if a solid screening process is set up, it may become possible to recruit local community members, as the clinic does for its ADHD group. The MOTs perceived that, as students leading pilot groups in another disciplines’ clinic, it was important to be as safe as possible. The results of the Needs Analysis indicated a large Hispanic population is located near the SPPC but translation services were unavailable to the students. If these services become available, or future students who lead groups are fluent in Spanish, this could widen the potential pool of clientele. Alternatively, future students may be able to co-lead with Psy.D. students who are fluent in Spanish, as the clinic does advertise that some of their students offer these services for individual therapy sessions.

One of the most important factors for developing this program may be leading more OT groups over time in order to narrow in on clients’ needs and produce outcomes that show client satisfaction with OT services. Moreover, it will be helpful to increase rapport with the SPPC and involve the staff more in the process so that the program can become what it is designed to be: interdisciplinary. One way to do this would be to invite SPPC Psy.D. supervisors or students to sit in on OT group sessions and for MOT students to sit in on Psy.D. led group sessions (e.g. the ADHD group). In addition, based on data from the staff surveys, many Psy.D. professionals and students may lack knowledge about or experience with OTs. It may be helpful for future OT students to provide the staff with information on OT roles in mental health, ideally via an in-person presentation so there could be an active discussion and question/answer session. This could lead to further discussions on how OTs and psychologists can work together to provide intervention for clientele, in order to better assist clients in meeting their specific therapy needs.

Teamwork could include co-leading group sessions, or it could involve one-on-one client interventions in which the Psy.D. student provides typical therapy and the OT
student then helps the client develop the plans and skills identified in therapy into their daily routine. The OT student may be able to help the clients overcome some of the barriers they note in therapy, such as transportation, time management, or organization that were listed in the staff survey. Ideally the OT student would work with the client to address these areas in the actual setting where they arise, or by problem solving, role-playing, or performing activities to improve performance. The staff surveys indicated that many of their clients had physical health concerns. Another potential path of teamwork is that the OT students could address certain physical health concerns of the clients that may hinder both mental and physical function. Given the high level of client and staff interest in the sensory profile perspective and information, OT students could administer the sensory profile assessment to appropriate clients, provide education on associated lifestyle modifications, and have clients practice sensory-related strategies that could help with overall function.

Long-term goals of this project may include the formation of increased interdisciplinary teamwork between OT and Psy.D. students. Further down the road, there is also the potential for opening a multidisciplinary clinic to meet multiple healthcare needs of clients in one location, from a team of healthcare professionals that work together. In their recruitment efforts, students may ultimately wish to set up a website for advertising and signup for group sessions. Another recruitment method could be to hold a fair where students provide information about services and screen potential clients at no cost. Setting up a screening process will be essential for recruitment outside of the SPPC.

Over the next year, other MOT students will take over this project and continue with its development. There are a number of steps that will help with this process. The MOTs have outlined suggestions for students in a checklist format (See Appendix O: Future Student Checklist). One suggestion is that it may be helpful to expand the SPPC staff and client surveys to learn more about how MOTs can better serve both the clinic and the SPPC clients. These surveys can also be used to further assess interdisciplinary possibilities. Second, it will be helpful to design and lead additional OT groups over a longer period of time, as well as record and analyze the outcomes to present to staff. Leaving ample time for recruitment and improving the registration process is highly recommended so that member attendance will increase. Third, developing increased rapport with the SPPC is essential. Future OT students may have the opportunity to present to the SPPC Psy.D. students and create a space for discussion, observe Psy.D. students’ groups and/or invite them to their own groups, and/or trial work as a team. Based on their experience, the MOTs suggest that it is important to start early and set aside time for each stage of the process.

In conclusion, a survey of literature reveals that, while interdisciplinary teamwork may benefit clients, there is limited data on OTs and psychologists working together in a mental health setting. A number of universities have begun implementing interprofessional education, but no university surveyed was found to have their OT students working with Psy.D. students in a university-based clinic for patient intervention. Students who participate in this type of program may develop greater
appreciation of each other’s roles and be more inclined to work together when they encounter each other’s professions in other settings. The MOTs who worked on this project hope that the development of an interdisciplinary clinic will lead to an increasingly holistic patient care model that other programs can learn from and pave the way for better quality of healthcare services offered to the public.
References
References


Appendices
### Needs Assessment Phase 1 (Hillsboro, Oregon)

#### Areas of Occupation (Demographics of Roles, Lifestyles & Habits)

<table>
<thead>
<tr>
<th>Type of Work</th>
<th>Most common types of Work:</th>
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<tbody>
<tr>
<td></td>
<td>- Manufacturing and Related Work (24%)</td>
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<tr>
<td></td>
<td>- Health Care, Education &amp; Social Services (15%)</td>
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<tr>
<td></td>
<td>- Retail Employment (12%)</td>
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<tr>
<td></td>
<td>- Construction (7%)</td>
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<tr>
<td></td>
<td>- Administrative, scientific, professional, or waste management industries (13%)</td>
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<tr>
<th>Most common specific Occupations:</th>
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<tbody>
<tr>
<td>- Computer Specialists (6%)</td>
</tr>
<tr>
<td>- Engineers (5.3%)</td>
</tr>
<tr>
<td>- Management occupations (4.2%)</td>
</tr>
<tr>
<td>- Building and grounds cleaning and maintenance (4.0%)</td>
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<thead>
<tr>
<th>Play / Leisure</th>
<th>Fitness/Play:</th>
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<tbody>
<tr>
<td></td>
<td>Shute Park Aquatic and Recreation Center for swimming and racquet sports, soccer clubs, football teams and other sports. There are 23 parks and 2 sports complexes.</td>
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<tr>
<th>Leisure:</th>
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<tbody>
<tr>
<td>- Two large libraries offer books, movies and computer terminals.</td>
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<tr>
<td>- Glenn &amp; Viola Walters Cultural Arts Center: Offers a wide variety of enrichment experiences to the Hillsboro community through art exhibits, concerts, classes, informal lectures and other presentations.</td>
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<tr>
<th>Shopping Areas:</th>
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<tbody>
<tr>
<td>The Streets of Tanasbourne, The Sunset Esplanade and Costco (Uptake Networks, 2006).</td>
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<tr>
<th>Education</th>
<th>Education Opportunities:</th>
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<tbody>
<tr>
<td></td>
<td>- Elementary Schools: 23, Middle Schools: 4, High Schools 4, an Alternative School, a Charter School, Private/Religious Schools: 5 and Colleges: 3</td>
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<tr>
<th>Level of Education:</th>
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<tbody>
<tr>
<td>- Below 9th grade: 8%</td>
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<tr>
<td>- 9th to 12th grade: 5%</td>
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<tr>
<td>- High School diploma: 25%</td>
</tr>
<tr>
<td>- Some college: 24%</td>
</tr>
<tr>
<td>- Associate's degree: 7%</td>
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<tr>
<td>- Bachelor's degree: 21%</td>
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<tr>
<td>- Graduate degree 9%</td>
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<tr>
<th>Social Participation</th>
<th>Annual Events:</th>
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<tbody>
<tr>
<td></td>
<td>The 4th of July parade is the second largest in Oregon, Oregon's largest air show is held at the Hillsboro Airport, Washington County Fair.</td>
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<thead>
<tr>
<th>Ongoing Events:</th>
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<tbody>
<tr>
<td>- Fee concerts at Shute Park, Washington County Fair, two separate farmers' markets as well as the Hillsboro markets for crafts, art, etc. (Uptake Networks, 2006).</td>
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<thead>
<tr>
<th>Transportation</th>
<th>Mode of work Transportation:</th>
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<tbody>
<tr>
<td></td>
<td>- 68% percent of workers drive to the workplace alone</td>
</tr>
<tr>
<td></td>
<td>- 8% use public transportation (Hillsboro snapshot, 2007)</td>
</tr>
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<tr>
<th>Transportation facts:</th>
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<tbody>
<tr>
<td>- Tri-met has accessibility options for seniors and individuals with disabilities for areas related to limited mobility, blind or low vision and deaf or hard of hearing.</td>
</tr>
<tr>
<td>- Lift Rider: Uses a fleet of small buses, sedans or taxi cabs to provide transportation only to those who have a physical or mental disability that prevents from independently riding a normal Tri-Met or MAX bus however, after certification, choosing bus or MAX for some trips does not affect eligibility. Prior to scheduling their trip, individuals must apply and be certified as eligible. This option is offered between 4:30 am and 2:30 am 7 days a week and covers all locations within 3/4 of a mile of the normal bus or MAX route. Assistance is also offered to non-English speaking customers as well.</td>
</tr>
<tr>
<td>- Motor vehicle injuries are the leading cause of injury-related deaths among 65 – 74-year-olds, and are the second leading cause (after falls) among 75 – 84 year-olds, according to the AMA.</td>
</tr>
<tr>
<td>- The average one-way commute time is about 24 minutes (“Tri-Met: Accessibility ”, 2012).</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Demographics (Contexts)</th>
<th>The population for Hillsboro:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- 91,611 in 2010</td>
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</tbody>
</table>

<table>
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<tr>
<th>Growth statistics:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 30.5% increase since 2000. This growth has continued over the past few years and is expected to continue for the next 20 - 30 years (US Census Bureau, 2011).</td>
</tr>
</tbody>
</table>
Household Status

- Total # of households in (2010):
  - 25,079
- Have children under 18 living with them (37.9%)
- Married couples (54.7%)
- Over 65 living alone (5.3%)
- Average family size:
  - 3.3 persons
- Average household size:
  - 2.8 persons
- Single parent households:
  - 1,081 single-parent households
  - (304 men, 777 women)
- 32% of youth under 18 live in single parent households (Washington County Commission on Children & Families, 2007).
- Housing data:
  - Owner: 7,146; Renter: 7,273; Vacant: 1,331
  - (US Census Bureau, 2011)

Religion

- Catholic (25.1%)
- Mormon (14.5%)
- Foursquare Gospel (8.9%)
- Evangelical Lutheran (4.8%)
- Assemblies of God (4.4%)
- Christian & Churches of Christ (4.2%)
- Lutheran (4.1%)
- Conservative Baptist (3.7%)
- United Methodist (3.5%)
- Other churches (26.7%)
  - (US Census Bureau, 2011)

Ethnicity

- White (76.9%)
- Asian (9.0%)
- African American (2.1%)
- Native American (1.1%)
- Pacific Islander (0.5%)
- Two or more races (5.9%)
- Hispanic or Latino (23.7%)
  - (US Census Bureau, 2011)

Income Distribution or Differences

- The median household income:
  - $55,051 in 1999.
- Estimated per capita income in 2009:
  - $24,414.
- Unemployment:
  - The unemployment rate in Hillsboro is 8.40 percent (U.S. avg. is 9.10%). Recent job growth is positive.
  - Hillsboro jobs have increased by 1.51 percent. Food Banks: 5 (Hotpads, 2009)
  - Unemployment rates have risen in the last couple of years. The pacific NW has a higher unemployment rate as compared to the rest of the US (US Bureau of Labor Statistics, 2011)
- The Job outlook:
  - Washington County, which includes Hillsboro, is often called the "economic engine" of the state. Between 2009 and 2010 the county generated 17% of the new jobs in Oregon (Duyck, 2012).

Health Insurance (Mental Health)

- Oregon Health Plan Plus:
  - Provides health care coverage to low-income Oregonians through programs administered by the Division of Medical Assistance Programs (DMAP)
  - Eligibility Requirements: Under the age of 19, receiving SSI, receiving Temporary Assistance to Needy Families (TANF) or Extended Medical Assistance (EMA), age 65 or older, blind or disabled with income at or below the SSI standard or receiving state-paid long-term care services.
  - Services Covered: Covers medical, dental, mental health and chemical dependency
- Oregon Health Plan (Standard)
  - If not eligible for OHP plus but income bracket fits in the Standard OHP range, there are other options that require monthly premiums (Pear, 1993).

Trends in Health Care, Access To Health Care

- Local Hospitals:
  - 3
- Hospitals within 30 Miles:
  - 9
- Examples of access to health care:
  - Trains, buses and other public transportation make health care transportation accessible to every resident.
  - Health and wellness programs: Intel offers employees fitness, smoking cessation and weight management programs, often referred to as EAP programs.

Weather Trend

- Annual Precipitation:
  - 38.19 Inches
- Average Daily Temperature:
  - 40.5 F in January and 67.6 F in July (Dexknows, 2010)
**Crime Trend**

**Violent Crimes:**
- 192 violent crimes reported to law enforcement. The violent crime rate was 224 per 100,000 people compared to a national average of 474.

**Property Crimes:**
- 2,752 reports of property crimes. According to the crime rate index of national average, Hillsboro falls in the "low" range (2/5) (Area Connect, 2006).

**Suicide Trend**

**State of Oregon Suicide rate:**
- 35% higher than the national average.
- Suicide rates are rising: 670 suicides in 2010 as compared to 566 in 2009.
- Number of calls to Oregon Partnership Suicide Lifeline: Risen from 11,303 in 2008 to 19,016 in 2010 (Bernstein, 2011).

**Trends in Substance Abuse**

**Most Popular Drugs used:**
- Heroin, methamphetamine, cocaine, nicotine and marijuana. Besides these drugs, alcohol is a widely used drug. The easy availability and accessibility of drugs and alcohol has made the younger generation more vulnerable to trafficking gangs, who target them easily and supply them drugs.

**Prescription Drugs:**
- Have become very popular in the city. OxyContin, MDMA, and oxycodone are some of the illegal use of prescription drugs being abused in Hillsboro (SoberPursuit, 2007).

**Drug use is on the rise:**
- Methamphetamine: Have risen in one year from 353 to 584.
- Marijuana: In 2009, police seized nearly 43 marijuana plants illegally planted in a home.

**Increase in the number of drug-related crime incidents:**
- Points to the fact that not only drug traffickers, but also several citizens of the city, including teens, are indirectly helping drug peddlers spread the poison of drugs throughout the city (SoberPursuit, 2007).
- Statistics have shown that there are approximately 3,148 marijuana users, 1,483 people abusing prescription drugs, 555 cocaine addicts, 251 people using hallucinogens, 144 people that use inhalants and 31 heroin addicts who live in Hillsboro, Oregon (SoberPursuit, 2007).

**Addressing substance addictions - 8 local Drug Treatment and Alcohol Rehab Facilities:**
- BI Community Corrections Services
- CODA Inc.
- DePaul Treatment Services Inc.
- Inner Journey Healing Arts
- LifeWorks NW
- Network Behavioral Healthcare

**Cultural/Values**

**Spiritual Values, Meaning and Inspirations**

Glenn & Viola Walters Cultural Arts Center
- Opened in 2004, we have offered a wide variety of enrichment experiences to the Hillsboro community. Thousands of visitors have attended art exhibits, concerts, classes, informal lectures and other presentations (Walters & Walters, 2008).

**Mainstream American Values/Culture**

**Individualism:**
- One of the most dominant values operating in mainstream U.S. culture. There is a focus on becoming more independent in rehabilitation counseling and the work of independent living centers. (Leung, 1993)

**Low Context:**
- Instead of singling out one individual, mainstream American culture tends to use words that generalize and apply to an entire population. This is especially the case in terms of laws, policies, procedures and application criteria (Schurich & Young, 1997).

**Valuing reason, science, and technology:**
- There is a strong emphasis on rationality, and pursuit of scientific "truths" (Haynes, 1995).

**Attitudes regarding disability:**
- Strongly influenced by beliefs in individualism, rationality, and science. The medical model, "which is structured to identify 'disease' and treat it largely in isolation from other aspects of a patient's life, permeates mainstream perspectives regarding disability" (Harry, 1992).

**Non-Mainstream American Values/Culture**

**Collectivism:**
- Decisions may be based on the needs of the family group rather than the individual. (Gudykunst & Ting-Toomey, 1988, p. 40). In Asian Pacific cultures, this is also known as "familism" (Hong, 1995).

**High Context:**
- Latino, African, and Asian cultures tend to have a higher context than mainstream America. This indicates that there is much more reliance on personal delivery, which may include affective as well as factual information, thus making meaning dependent on personal interaction.

**Attitudes regarding disability:**
- In Western European countries, the Medical Model is, "mixed with and sometimes superseded by a Public Health Model with more focus on groups and communities and much less on individuals" (Conner, 1988, p. 182).

**Language Barriers**

- Hillsboro elementary schools have the highest percentage of students who do not speak English as a second language (Hillsboro school district, 2012).

**Steps to Overcoming the Latino Language Barrier:**
- Hillsboro school district purchased a translation system, in which an interpreter speaks into a master transmitter, and parents listen through headsets (Beck, 2008).
- Hillsboro elementary schools was given a grant by Nike for 245,000,000 to support English language learners and mathematics (Hillsboro school district, 2012).
### SWOT: Education, Employment and Economic Support

**Opportunity for Education:**
- Education from elementary to high schools, college programs, graduate programs, job-specific training programs, employee programs, and state and federal student loan and grant programs are all in place. (Dexknows, 2010)

**Access to Technology:**
- Public libraries, college programs, health care facilities, and private practice professionals are available in the local area.

**Social Trends:**
- People are using telephones or text messages, Internet via email or instant messaging.
- Downtown Hillsboro is moving toward a free-local Internet trend. Multiple Hillsboro restaurants are already offering free Internet services as well as the Hillsboro library. (Nelson, 2008)

### SWOT: ADA approved Access To Private and Public Buildings

**ADA approved:**
- Tuality Community Hospital, Providence St. Vincent Medical Center, OHSU Hospital and Clinics, Legacy Good Samaritan Medical Center, Portland Community College, Pacific University, Hillsboro Public Library, Washington County Cooperative Library Services, Shute Park Aquatic Center, Hillsboro County City Building, Criminal Justice Center, Hillsboro Airport, schools, private schools, Intel Corporation, Banks, hotels & motels, restaurants, office buildings, (AM, FM, and Television Broadcasting), retail businesses, markets, etc.

### SWOT: Access to Resources

**Food, Clothing, and Material Items (clothes, heat, transportation):**
- State assistance programs, food programs, the Salvation Army, Goodwill, MAX, Trimet, Taxi Service, Community Centers.
- Housing: Low income housing, specific shelters: Family Bridge Day Shelter, Good Neighbor Center, and Community Action Family Shelter.

### Economic/Political/Legal

**Economic Trends That Affect/Influence This Population:**
- **Tech Stocks:** When Tech Stocks (Intel) fall, the economy is affected. In an effort to keep stocks from going down, there has been a decrease in earnings and the company has been forced to downsize, shutdown plants, and delay startup of other plants around the world (Shevory, 2011).
- Retail price index on items such as Nike, Adidas, etc. (Shevory, 2011).
- Tuition costs for local professional college programs have gone up.

**Laws That Affect/Influence This Population:**
- **Labor Laws:** Companies are cutting down on full-time employees and replacing them with part-time employees due to minimum wage, insurance and benefit requirements (Theft, Assault & Traffic).
- **Immigration Laws:** Changes in immigration laws, support and control have made it difficult to predict the amount of immigrants in the workforce in Hillsboro for the next year. Due to state and national changes in how immigrants can be utilized in the workforce, a greater number has become seasonal and migratory workers.
- **Basic Laws:** (Theft, Assault & Traffic)

**Poverty:**
- **Poverty Level:** The per capita income for the city was $21,680. About 6.0% of families and 9.2% of the population were below the poverty line, including 10.9% of those under age 18 and 7.2% of those age 65 or over (US Census Bureau, 2011).

### Stakeholders/Competitors (Hillsboro OT and Mental Health related at no cost)

**Mental Health Groups**
- NAMI, DBSA, and Meet-Ups (For details, refer to below)

### NAMI

**Cost and Insurance Coverage:**
- Groups are free of charge. NAMI is a non-profit, volunteer group. Supported by donors, memberships donations, county contract funding, volunteers lead group, add 3 paid positions. It is a "small budget".

**Mental Health OTs:**
- No OTs:
  - One group leader has a PhD, but groups are led by "peers" (who have been through a mental illness) or family member.

**OT and Psychology Collaboration:**
- None:
  - It is run by peer-survivors/volunteers.
Who and What Regarding Groups

Who:
- NAMI of Washington County (Oregon) is a non-profit and volunteer-based service organization.
- NAMI offers multiple groups to people with mental health issues: on managing finances, walking groups, art and craft-making groups, writing, writing for advocacy, music lessons, support groups for schizophrenia, depression, and bipolar, family support groups, youth support groups, “clutterers & hoarders”, peer advocacy and building social networks, and a group for family and friends of youth with mental illness.

What:
- S.M.A.R.T. group:
  - Led and run by Pacific University students 2x wk for individuals with addictive behaviors (substances or activities).
  - Covers coping strategies, problem-solving, lifestyle balance, and motivation.
  - All groups are led by volunteers.
  - Community garden, newsletters, open 9-3 M-F

Success Rate of Groups

High Success Rate:
- 10-20 people in bipolar groups
- 5-10 in fam support groups
- 12-25 people in family groups

Marketing Barriers and Strategies

Marketing Barriers:
- Lack budget for big advertising; they use a website

Marketing Strategies:
- They market themselves at St. Vincent’s, health fairs, tables at farmers markets

Group Barriers

None reported, besides tight budget.

Citation/Source

(Nami, 2012) & Phone Interview with Staff Member (Feb, 2012).

Meet-Ups

Cost and Insurance Coverage

- Groups costs can range from free-$35.00

Mental Health OTs

- None noted

OT and Psychology Collaboration

- None noted

Who and What Regarding Groups

Who:
- Anybody can start up a “meetup” group.

What:
- A group website where individuals can sign up for like-minded groups. There are a few available in Hillsboro that offer mental health related topics. Some examples of specific groups in Hillsboro:

  **Take the First Step:**
  - Professionals specializing in hypnotherapy, drug and alcohol counseling, intimacy counseling, parenting and family counseling, behavioral coaching, and spiritual direction.
  - Shyness & social anxiety, mental Illness, depression & anxiety, overcoming stress, life transformation, personal growth, psychology, self-help, self-improvement, counseling. (Elaine, 2008)
  - Cost: free
  
  **Art For Healing and Hope:** This group engage in one-day “Playshops” and ongoing art-based support groups to, “enhance intuition & self-discovery and promote centering & healing.” Most of the groups and playshops are geared towards women.
  - Cost: $35.00

Citation/Source

(Carpentier, 2010) & (Elaine, 2008)

Depression and Bipolar Support Alliance (DBSA)

Cost and Insurance Coverage

- Free

Mental Health OTs

- No: It is run by peer-survivors/volunteers

OT and Psychology Collaboration

- No: It is run by peer-survivors/volunteers

Who, What and Where Regarding Groups

Who:
- Astoria groups have a speaker 1st before group time.

What:
- Mental health groups for depression, bipolar, and also anxiety.

Where:
- Branches in Hillsboro and Forest Grove, and Astoria. Show up, no sign up required.

Success Rate of Groups

Very successful.
- Multiple branches. In Forest Grove 5 - 35 ppl show up to mtgs. They divide the groups up in two if too big.
<table>
<thead>
<tr>
<th>Marketing Barriers and Strategies</th>
<th>Marketing Barriers:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None noted</td>
</tr>
<tr>
<td></td>
<td>Marketing Strategies:</td>
</tr>
<tr>
<td></td>
<td>One peer started their own groups, after DBSA sent her some materials to help. They put an ad in the Forest Grove News and 20 ppl showed up. Nowadays, they advertise via Tuality Newsletter, and also group members distribute flyers e.g. to their doctor's offices.</td>
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<thead>
<tr>
<th>Group Barriers</th>
<th>Group Barriers:</th>
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<tbody>
<tr>
<td></td>
<td>People are sometimes afraid to run into others they know at group because of it being a small town (especially Forest Grove), so they go to Pdx to avoid this.</td>
</tr>
</tbody>
</table>

| Citation/Source | (NAMI, 2010): Phone interview with Group Organizer (Feb, 2012). http://www.namiwash.org/othersupport.htm |

| Stakeholders/Competitors (Hillsboro OT and Mental Health related that do cost) | SWOT |

<table>
<thead>
<tr>
<th>Inner Journey Healing Arts</th>
<th>Who</th>
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<tbody>
<tr>
<td></td>
<td>Non-profit, community-based prevention, mental health and addiction agency committed to supporting a healthy community. (Inner Journey Healing, 2004)</td>
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<th>Where</th>
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<tr>
<td>A smaller company in St. Helens and a larger one in Hillsboro</td>
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<tr>
<th>Services Offered</th>
<th>Addiction Recovery (Outpatient):</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>For Individuals and families who need chemical dependency treatment</td>
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<tr>
<td></td>
<td>General Recovery:</td>
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<tr>
<td></td>
<td>Individuals, families, and children who want to work on health issues, past abuse, post traumatic stress, grief and loss issues, including divorce.</td>
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<tr>
<td></td>
<td>Individuals actively seeking help to recover from chronic stress and depression.</td>
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<td></td>
<td>Specific Groups Include:</td>
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<td></td>
<td>Alcohol and drug treatment, grief and loss feelings process group, 16 steps recovery group, parenting class, relationship class, career and life skills class, spirituality and healing, expressive art therapy class, children's addiction recovery group, children's groups (ages 5-9 with a focus on coping, self esteem, feelings, conflict resolution, using creative art techniques.) There are usually 4 groups a week and they are separated according to gender.</td>
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<table>
<thead>
<tr>
<th>OT and Psychology Collaboration</th>
<th>NO:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Certified Chemical Dependency Counselors, Naturopathic Physician, Medical Doctor, Certified Expressive Art Therapist, Licensed Acupuncturist, Licensed Massage Therapist, Licensed Mental Health professional, Other healing health professionals but no Occupational Therapists.</td>
</tr>
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<tr>
<th>Success Rate of Groups</th>
<th>Court Ordered Clients: (Example: DUIs, domestic violence)</th>
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<tbody>
<tr>
<td></td>
<td>There are a lot of court-ordered clients who have to show up so the success rate is high for them and between 5-10 people show up per group .</td>
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<tr>
<td></td>
<td>Self-Referral Clients:</td>
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<tr>
<td></td>
<td>Those who are not court-ordered, referred to as &quot;self-referral&quot;. The facility did attempt to have groups for self-referral in the past but found that they usually prefer to meet on an individual basis as opposed to group.</td>
</tr>
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<table>
<thead>
<tr>
<th>Marketing Barriers and Strategies</th>
<th>Marketing Barriers:</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Financial</td>
</tr>
<tr>
<td></td>
<td>Marketing Strategies:</td>
</tr>
<tr>
<td></td>
<td>Website, Agency that gives court referrals and word of mouth.</td>
</tr>
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<tr>
<th>Group Barriers</th>
<th>Barriers:</th>
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<tbody>
<tr>
<td></td>
<td>Work schedule, child care, transportation although they are on the max line.</td>
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<tr>
<th>Cost and Insurance Coverage</th>
<th>Sliding scale:</th>
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<tbody>
<tr>
<td></td>
<td>Fee as low as $20.00 low income (including discount if attending 2 groups a week)</td>
</tr>
<tr>
<td></td>
<td>General Fee:</td>
</tr>
<tr>
<td></td>
<td>Between $30.00-$45.00 a group</td>
</tr>
<tr>
<td>Do take insurance</td>
<td>Self referred fees:</td>
</tr>
<tr>
<td></td>
<td>Individual sessions: $45.00-$65.00</td>
</tr>
</tbody>
</table>

| Citation/Source | (Inner Journey Healing, 2004) and telephone call with Staff Member on March 5th, 2012 |

<table>
<thead>
<tr>
<th>Veterans of America Mental Health Outpatient Center</th>
<th>Who</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>A &quot;patient-centered integrated health care organization for veterans providing excellent health care, research, and education; an organization where people choose to work; an active community partner; and a back-up for National emergencies.&quot;</td>
</tr>
</tbody>
</table>

| Where | Hillsboro Community Based Outpatient Clinic, but they are located all over the United States |
| Services Offered | Mental Health and Neuroscience  
- Hepatitis C Treatment  
- Homeless Veterans Program  
- Multiple Sclerosis Center of Excellence  
- Opioid Substitution  
- Parkinson's Disease Research, Education & Clinical Center (PADRECC)  
- Psychiatry  
- Psychology  
- PTSD  
- Substance Abuse | E/O |
| OT and Psychology Collaboration | No OT available in the community clinic. |
| Success Rate of Groups | It varies between groups. |
| Barriers to OT/Psych Groups Working | None noted |
| Does Insurance Cover These? | Eligibility:  
- Most, "VA benefits are based on discharge from active military service under other than dishonorable conditions. Active service means full-time service as a member of the Army, Navy, Air Force, Marine Corps, Coast Guard, or as a commissioned officer of the Public Health Service, the Environmental Services Administration or the National Oceanic and Atmospheric Administration." |
| Citation/Source | (United States Department of Veterans Affairs, 2012) & Phone call with Staff Member. |

### Depaul (Washington County)

| Who | Nonprofit |
| Where | Hillsboro |
| Services Offered | Level 1 Outpatient Treatment (1-2x/wk), Level II Outpatient Treatment (3 or more x/wk)  
Groups:  
- Recovery Mindset (addresses needs of individuals involved in criminal justice system)  
- DBT Mindfulness groups  
- Pain Management with Cognitive Behavioral Therapy curriculum  
- DUI provides education with psychoeducation approach  
- Get it Together for younger adults  
- Seeking Safety: an evidence-based curriculum for women, addressing interactions between trauma and substance use disorders.  
- Co-Dependency group teaches the signs of codependency and skills to address it.  
- Recovery Wellness is a 'core' group that allows room to address the many issues that arise when a person starts to become sober and enter a recovery process.  
- Continuing Care serves those who are preparing to leave residential and those who have completed residential or intensive outpatient treatment at De Paul.  
- About 12 ppl per group |
| OT and Psychology Collaboration | Led by Masters-level counselors (MHPS), no OTs. |
| Success Rate of Groups | About 70% of their clients complete the program successfully. In addition, 95% of their clients would recommend the program to a family member or friend. |
| Marketing Barriers and Strategies | Marketing Barriers:  
- Financial  
Marketing Strategies:  
- Website, community connections, referrals, word of mouth. |
| Barriers to OT/Psych Groups Working | None noted |
| Does Insurance Cover These? | Yes, they take several types. They also offer services on a sliding scale and other funding for those who qualify. |
| Citation/Source | Phone conversation with Staff Member; http://depaultreatmentcenters.org/ |

### Sequoia (Washington County)

| Who | Nonprofit |
| Where | Hillsboro |
| Services Offered | • Adult Individual Therapy  
• Child and Adolescent Therapy  
• Play Therapy  
• Marital / Couples Therapy  
• Family Therapy  
• Group Therapy  
• Medication Evaluation and Management  
• Psychological Testing and Evaluations  
• Drug and Alcohol Assessment / Treatment  
• DUI Assessment  
Groups are offered on different months |
| OT and Psychology Collaboration | • No OTs; They have Psy.D.s, social workers, and mental health practitioners |
| Success Rate of Groups | • Many times hard for ppl to be motivated come out. |
| Marketing Barriers and Strategies | Marketing Barriers:  
• Financial: especially because how difficult it is to get on OR Health plan.  
Marketing Strategies:  
• Website, Referrals through WA County mental health. |
| Barriers to OT/Psych Groups Working | • No OTs |
| Does Insurance Cover These? | • OR Health Plan, with some exceptions; some individuals at high risk can get services without insurance |
| Citation/Source | Phone conversation with Staff Member; http://sequoiamhs.org/home.php |

Western Psychological & Counseling Services, P.C. (Washington County)

| Who | Nonprofit |
| Where | Hillsboro |
| Services Offered | • Adult Individual Therapy  
• Child and Adolescent Therapy  
• Play Therapy  
• Marital / Couples Therapy  
• Family Therapy  
• Group Therapy  
• Medication Evaluation and Management  
• Psychological Testing and Evaluations  
• Drug and Alcohol Assessment / Treatment  
• DUI Assessment  
Groups are offered on different months |
| OT and Psychology Collaboration | • No OTs; They have Psy.D.s, social workers, and mental health practitioners |
| Marketing Barriers and Strategies | Marketing Strategies:  
• Website, Referrals through WA County mental health and from hospitals. |
| Success Rate of Groups | • Depends on the group. The drug/alcohol groups have wide success, 10-20 ppl come to these. |
| Barriers to OT/Psych Groups Working | • None noted |
| Does Insurance Cover These? | • Yes, they take most insurance and have low income options as well. |
| Citation/Source | Phone call with Staff Member; http://www.westernpsych.com/ |

LifeWorks NW 503-645-3581 (Washington County)

| Who | "Non profit working to promote a healthy community by providing quality and culturally responsive mental health and addiction services across the lifespan." |
| Where | Multiple-service locations around the Portland Metro area as well as the Oregon Northern coast. |
## Services Offered

| Children, Teens and their families | Prevention, mental health or drug and alcohol counseling. Challenges during adolescence, school success, juvenile crime prevention, life skills development and mental health. After-school programs, in-home parent training and education, culturally responsive education and outreach services. |
| Adults: | Addiction or mental health issues. Anxiety, depression, past trauma, family relationship issues, healthy parenting and gambling. |
| Older Adults: | And their caregivers Day services: Alzheimer’s disease and related disorders- innovative day services that provide therapeutic environment for adults as well as relief for caregivers. Mental Illness: for older adults with acute emotional disturbance or chronic mental disorder- Provides both individual and group therapies, medication management, activity therapy and daily living skills training. Supportive Counseling and Treatment Services: for older adults and their caregivers. Class topics include: Coping with problem behaviors in older adults, recognizing and treating pain, medication management, activities for older adults and caring for individuals with Alzheimer's disease and other dementias. |

### OT and Psychology Collaboration

- None noted

### Barriers to OT/Psych Groups Working

- None Noted

### Does Insurance Cover These?

- LifeWorks NW is funded by government programs, foundations and the generous contributions of corporations and individuals.

### School of Professional Psychology Clinic (Pacific University, 2012)

#### Therapists on Staff

- Advanced doctoral psychology students
- Licensed psychologists.

#### Services Offered

- Counseling and therapy for depression, anxiety, relationship problems, PTSD, self-esteem, grief and loss, stress, trauma and other concerns.
- Testing for learning disabilities, ADHD, and diagnostic clarification. Offered an ADHD group.

#### Cost and Insurance Coverage

**Cost:**
- $50 for 2hr intake; sliding scale fee based on monthly take home household income and # of dependents. Session fees range from $20 - $85.
- Discount session fees for full-time students and veterans = $20 per session.
- All group therapy sessions are offered for $10 per session.
- $50 for cognitive and personality assessment services (e.g. for ADHD) or learning disorder (LD).

**Insurance Coverage:**
- They do not bill insurance; insurance doesn't cover it usually because therapists in clinic aren't licensed.

#### Types of Clients

- Adults, children, adolescents, college and grad students, couples, families, and groups.

#### Length of Treatment Sessions

- Weekly, 1 Hour typically

#### Hours of Operation

- 8 AM until 8 PM

#### Contracts with Community Partners

- With student services of various educational institutions
- Multnomah County Sexual Assault Response Team referrals
- WA County agency referrals
- WA County Juvenile Justice Dept.
- WA County Disability, Aging, and Veteran Services
- Treatment to Spanish-speaking juvenile offenders and veterans.

#### Getting In

- There is an initial phone screen, then an intake assessment which assesses reasons to seek tx, therapy goals, and diagnoses, as well as questionnaires for nature and severity of issue at start of therapy.

### Occupational Therapy Schools With OT Clinics

#### Idaho State University

#### Who is Offering the Services

- Operated by the Universities' Department of Physical and Occupational Therapy, is full service therapy clinic providing treatment for the ISU and Pocatello communities.
<table>
<thead>
<tr>
<th>Who is Offering the Services</th>
<th>Children will be treated by students in the Master of Occupational Therapy Program, whose work is overseen by four registered occupational therapists.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost of Services</td>
<td>Free</td>
</tr>
<tr>
<td>What OT Services are Offered</td>
<td>Pediatric and Adult</td>
</tr>
<tr>
<td>Other Disciplines Involved in OT Clinic</td>
<td>None noted</td>
</tr>
<tr>
<td>Other Clinics</td>
<td>Physical Therapy</td>
</tr>
<tr>
<td>Citation/Source</td>
<td>(Samuel Merritt University, 2012)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What OT Services are Offered</th>
<th>Pediatric therapy, hand therapy, lymphedema, mental health, neurological therapy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Disciplines Involved in OT Clinic</td>
<td>Physical therapy work together.</td>
</tr>
<tr>
<td>Costs</td>
<td>Blue Cross of Idaho insurance:</td>
</tr>
<tr>
<td></td>
<td>- Initial evaluation cost: ($78.00)</td>
</tr>
<tr>
<td></td>
<td>ISU student insurance:</td>
</tr>
<tr>
<td></td>
<td>- Initial evaluation: ($44.50)</td>
</tr>
<tr>
<td></td>
<td>A sliding fee scale for those patients who are financially limited:</td>
</tr>
<tr>
<td></td>
<td>- Fee per treatment is ($20.00)</td>
</tr>
<tr>
<td></td>
<td>The clinic does not treat patients with Medicare or Medicaid patients.</td>
</tr>
<tr>
<td>Other Clinics</td>
<td>Physical therapy and Occupational therapy work together.</td>
</tr>
<tr>
<td>Citation/Source</td>
<td>(Idaho State University)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>University of New England (Maine)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who</td>
</tr>
<tr>
<td>Costs</td>
</tr>
<tr>
<td>What OT Services are Offered</td>
</tr>
<tr>
<td>Other Disciplines Involved in OT Clinic</td>
</tr>
<tr>
<td>Other Clinics</td>
</tr>
<tr>
<td>Citation/Source</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Samuel Merritt University</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who</td>
</tr>
<tr>
<td>Cost of Services</td>
</tr>
<tr>
<td>What OT Services are Offered</td>
</tr>
<tr>
<td>Other Disciplines Involved in OT Clinic</td>
</tr>
<tr>
<td>Other Clinics</td>
</tr>
<tr>
<td>Citation/Source</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Western Michigan University</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who</td>
</tr>
<tr>
<td>Cost of Services</td>
</tr>
<tr>
<td>What OT Services are Offered</td>
</tr>
<tr>
<td>Other Disciplines Involved in OT Clinic</td>
</tr>
<tr>
<td>Other Clinics</td>
</tr>
<tr>
<td>Citation/Source</td>
</tr>
<tr>
<td>Other Clinics Offered at the University</td>
</tr>
<tr>
<td>----------------------------------------</td>
</tr>
<tr>
<td>Citation/Source</td>
</tr>
</tbody>
</table>

**Missouri University**

<table>
<thead>
<tr>
<th>Who is Offering the Services</th>
<th>The Department of Occupational Therapy and Occupational Science Pediatric Clinic is a student-administered service provided under the direct supervision of a licensed occupational therapist. The clinic is designed to provide consultation, evaluation, individual treatment and/or specialized group treatment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost of Services</td>
<td>Free</td>
</tr>
<tr>
<td>What OT Services are Offered</td>
<td>Pediatric and Adult</td>
</tr>
<tr>
<td>Other Disciplines Involved in OT Clinic</td>
<td>Speech, Hearing, Adult and Children Neuropsychology Clinic</td>
</tr>
<tr>
<td>Other Clinics Offered at the University</td>
<td>Physical Therapy, Behavioral Health, Language, Speech, Hearing, and Vision</td>
</tr>
<tr>
<td>Citation/Source</td>
<td>(MU School of Professions, 2008)</td>
</tr>
</tbody>
</table>

**Survey of Occupational Therapy Schools about Mental Health Exposure and Preparation**

<table>
<thead>
<tr>
<th>How the School Prepares it's Students to Work in Mental Health</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Idaho State University</strong></td>
<td></td>
</tr>
<tr>
<td>• They do not require a Mental Health Fieldwork rotation but it is an option.</td>
<td></td>
</tr>
<tr>
<td>• There is a grad level Psychology program and they do have a Mental Health Clinic.</td>
<td></td>
</tr>
<tr>
<td>• OT does not work with Psychology Program.</td>
<td></td>
</tr>
<tr>
<td>Citation/Source</td>
<td>(Idaho State University)</td>
</tr>
<tr>
<td><strong>Colorado State University</strong></td>
<td></td>
</tr>
<tr>
<td>• They do not require a Mental Health fieldwork rotation but it is an option although they are limited in CO in amount of Mental Health facilities for OT.</td>
<td></td>
</tr>
<tr>
<td>• There is a grad level Psychology program that has a Mental Health Clinic.</td>
<td></td>
</tr>
<tr>
<td>• OT does not work with psychology students in the Clinic.</td>
<td></td>
</tr>
<tr>
<td>Citation/Source</td>
<td>(Colorado State University, 2009)</td>
</tr>
</tbody>
</table>

**Eastern Washington University**

<table>
<thead>
<tr>
<th>How the School Prepares it's Students to Work in Mental Health</th>
<th>Informal opportunities for psychology students and OT to work together. Mental health fieldwork rotations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citation/Source</td>
<td>Phone call with Staff Member at Eastern WA University</td>
</tr>
</tbody>
</table>

**Temple University**

<table>
<thead>
<tr>
<th>How the School Prepares it's Students to Work in Mental Health</th>
<th>Mental health FW rotation - is the OTS student's only exposure to work with psychologists.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citation/Source</td>
<td>Phone call with Staff Member at Temple University</td>
</tr>
</tbody>
</table>

**Loma Linda University**

<table>
<thead>
<tr>
<th>How the School Prepares it's Students to Work in Mental Health</th>
<th>IF OT students choose to do mental health rotations, they are exposed there. No Prof. Psychology program offered at this time.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citation/Source</td>
<td>Phone call with Staff Member at Loma Linda</td>
</tr>
<tr>
<td><strong>University of Puget Sound</strong></td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>How the School Prepares it's Students to Work in Mental Health</strong></td>
<td></td>
</tr>
<tr>
<td>Mental health fieldwork rotations. They have an OT clinic that offers free mental health services to the adults and is led by faculty. At this time, the clinic is not interdisciplinary with psychology students.</td>
<td></td>
</tr>
<tr>
<td><strong>Citation/Source</strong></td>
<td></td>
</tr>
<tr>
<td>Phone call with Staff Member at UPS</td>
<td></td>
</tr>
</tbody>
</table>
References


Bernstein, M. (2011, October 12). Alarming increase in suicides has portland's first responders calling for help. The Oregonian. Retrieved from Alarming increase in suicides has Portland's first responders calling for help


Hillsboro snapshot. (2007, October 28). *The Oregonian*

Hillsboro school district. (2012, February 3). Hillsboro school district receives 245,800 from the nike school innovation fund to support teacher training. *The Oregonian*. Retrieved from


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## Diagnosis

<table>
<thead>
<tr>
<th>Mood Disorders</th>
<th>Major Depressive Disorder (x5), Depression, Bipolar I (x2), Bipolar II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety Disorders</td>
<td>Post traumatic Stress Disorder (PTSD) (x4), Social Phobia, Generalized Obsessive Compulsive Disorder (x2), Hoarding (under OCD), Generalized Anxiety Disorder (x2), Panic Disorder w/Agoraphobia</td>
</tr>
<tr>
<td>Personality Disorders</td>
<td>Narcissistic Personality Disorder</td>
</tr>
<tr>
<td>Impulse Disorders</td>
<td>Addictions, Alcohol Dependence</td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>Binge Eating</td>
</tr>
<tr>
<td>Psychotic Disorders</td>
<td>N/A</td>
</tr>
<tr>
<td>Mental Health Other</td>
<td>Anger management, Stuttering, Adjustment Disorder (x1), Relational problems (x2), Attention Deficit Hyperactive Disorder (ADHD) (x2)</td>
</tr>
<tr>
<td>Physical</td>
<td>Chronic Migraines, HIV Positive, Severe Arthritis, Degeneration of lower back, Joint pain and problems, Severe Headaches (associated with Traumatic brain Injury)</td>
</tr>
</tbody>
</table>

## Services Desired

- "Speech therapy for stuttering job/occupational training organizing skills etc."
- "Referrals to any other needed health care services - medication management (this is available, but only on a very limited basis), dental health services, OT services, pharmacy services, etc. - in other words, I would like to see the Pacific University Health Professions programs cooperating to provide all needed services for clients, regardless of where they're first seen"
- "In home help with tasks such as organization, cleaning and schedule building."

## Treatment Barriers

- "Hoarding clients, time constraints (x2), financial, etc." Time constraints in general"
- "Lack of insurance for med management, lack of insurance for proper medical tx for chronic migraines"
- "Clients who need social services, i.e., meal support, in-home training, transportation, help with autistic child"
- "Most anything related to physical health issues, physical limitations, and similar, whether on-going or acquired due to age or injury"
- "In home tasks such as decision making regarding throwing old stuff out to get new stuff in. Daily scheduling and ways to increase productivity around the home. Becoming active in social activities."
<table>
<thead>
<tr>
<th>Perceived Benefits of OT (Areas of Occupation)</th>
<th>Work:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Activities of Daily Living (ADLs):</td>
<td>• Transportation, Social Participation (x2), Help attending medical appointments, Caring for children - for autistic child, Help with finances</td>
</tr>
<tr>
<td>Instrumental Activities of Daily Living (IADLs):</td>
<td>Other:</td>
</tr>
<tr>
<td>• Weight loss support</td>
<td>• &quot;Helping veterans who are coping with limitations related to traumatic brain injury, helping someone recovering from depression to get neglected areas of their life back in order&quot;</td>
</tr>
<tr>
<td>• &quot;Helping older adults adjust to physical decline&quot;</td>
<td>• For ppl with Anxiety - all the stated examples (that we listed).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clients Safety Concerns</th>
<th>• Unsafe living conditions (hoarding, keeping apartment clean and uncluttered (x2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Lack of insurance for med management, lack of insurance for proper medical tx for chronic migraines</td>
<td>• Client who is physically disabled and uses a walker to get around, lives in a two-story townhouse</td>
</tr>
<tr>
<td>• Problem-solving difficult</td>
<td>• Little independence in current living situation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prior OT experience</th>
<th>• None (x2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• &quot;None -- I don't really know what OT has to offer.</td>
<td></td>
</tr>
<tr>
<td>• &quot;Personal Experience&quot;</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Information</th>
<th>• &quot;I know I would love to some how get affiliated with what you all do and how we can work together with the patients I see. I think it foolish to not utilize each other or especially to not understand what each other can do.&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>• None (x3)</td>
<td></td>
</tr>
</tbody>
</table>
**Diagnosis**

**Mood Disorders**: Major Depressive Disorder (x5), Bipolar I, Bipolar II, Dysthymic, Cyclothymic Disorder Disorder

**Anxiety Disorders**: Post traumatic Stress Disorder (PTSD) (x2), Social Phobia (x2), Generalized Obsessive Compulsive Disorder (x3), Hoarding (under OCD), Generalized Anxiety Disorder (x3), Panic Disorder w/Agoraphobia, Anxiety Disorder NOS, Specific Phobia, animal type

**Personality Disorders**: Narcissistic Personality Disorder

**Impulse Disorders**: Addictions, Alcohol Dependence

**Eating Disorders**: N/A

**Psychotic Disorders**: Bipolar I (x2) w/psychotic features

**Mental Health Other**: Phase of life Problems, Cognitive Disorder NO’S, Anger management, Stuttering, Adjustment Disorder (x1), Relational problems (x2), Attention Deficit Hyperactive Disorder (ADHD)

**Physical**: Hyperthyroidism; kidney stones, Kidney Infection, Urinary Tract Infection, Bilateral Essential Tremor, asthma, Migraines, endometriosis, irritable bowel syndrome, Ehler-Danlos Syndrome

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**Services Desired**

- "I don't have any clients with current physical ailments, but I think it would be great to have collaboration with the OT program so I can refer clients and visa versa and we can work together on their care."
- "Clear resources for support groups outside of therapy."
- "Financial issues, demanding caretaking schedule"
- "Speech therapy for stuttering job/occupational training organizing skills etc."
- "More medication services"
- "More groups offered. More information/options for clients suffering from physical and mental health issues."
- "We frequently refer to cognitive rehabilitation with speech-language pathologists."

---

**Treatment Barriers**

- "Hoarding clients, time constraints, financial, etc."
- "Time constraints in general (x2)"
- "Lack of medication services/management; Financial constraints"
- "Providing more support for physical (e.g., know how to help a client who is in physical pain during a session) have due to a physical illness/disability."
- "mostly deficits outside of scope of psychology"
### Perceived Benefits of OT (Areas of Occupation)

<table>
<thead>
<tr>
<th>Instrumental Activities of Daily Living (IADLs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Transportation, Meal Prep/Cleanup, Caring for mother with Cancer (for example: Shopping Trips, Home Maintenance and meal prep), Mobility, Health</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Adjustment to work after an injury</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activities of Daily Living (ADLs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Adjustment to Bathing, Eating, Grooming after an injury</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sleep</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Adjusting to sleep after an injury</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other</th>
</tr>
</thead>
</table>
| • "For ppl with Anxiety - all the stated examples (that we listed), Weight loss support"
| • "Co-lead groups with student therapists to help clients learn how to better function who struggle with mental and physical illness."
| • "I want to work with older adults and adults with degenerative disorders and I plan on working very closely with OTs in the future."

---

### Perceived Areas of OT Services

<table>
<thead>
<tr>
<th>Transportation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Caring for mother with cancer: shopping trips, meal prep, home maintenance</td>
</tr>
<tr>
<td>• Adjust to Work and home, school, and social environment's post injury/illness same: includes sleeping, bathing, cooking, eating, moving around</td>
</tr>
<tr>
<td>• For anxiety - all the stated examples we used</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IADLs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Health maintenance</td>
</tr>
<tr>
<td>• Home maintenance</td>
</tr>
<tr>
<td>• Meal prep/cleanup</td>
</tr>
<tr>
<td>• Grooming</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Co-lead groups with student therapists to help clients learn how to better function who struggle with mental and physical illness&quot;.</td>
</tr>
<tr>
<td>&quot;I want to work with older adults and adults with degenerative disorders and I plan on working very closely with OTs in the future.&quot;</td>
</tr>
</tbody>
</table>

---

### Clients Safety Concerns

| • Unsafe living conditions (hoarding, keeping apartment clean and uncluttered) |
| • Visual and auditory hallucinations may interfere with safety |
| • Problem-solving difficult |
| • Executive function issues |
**Prior OT Experience**
- Staff's mother IS an OT (but staff member has never seen OT at work)
- Encountered One occupational therapist in the interdisciplinary class first semester- very nice and helpful in finding ways to make goals happen thorough everyday living
- At Stroke Camp
- Volunteering at nursing homes
- "Research"
- None(x3)

**Additional Information**
- "I don't have any clients that I can see how collaboration would be helpful with ot, but I can definitely see how it would be awesome to have that collaboration with clients that aren't on my caseload but may be in the future"
- "Sometimes clients need extra help but aren't willing to accept it, or are not at a stage of change in which they are motivated enough to accept outside support"
- "I know I would love to somehow get affiliated with what you all do and how we can work together with the patients I see. I think it foolish not to utilize each other or especially to not understand what each other can do."
- None (x3)

---

### Native American Rehabilitation Association

<table>
<thead>
<tr>
<th><strong>Diagnosis</strong></th>
<th>PTSD, ADHD, Generalized Anxiety Disorder, Adjustment Disorder, Substance Use Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Perceived areas of OT services</strong></td>
<td>Financial help for shelter, food, and clothing, and educational opportunities.</td>
</tr>
<tr>
<td><strong>Treatment Barriers</strong></td>
<td>Limited financial resources to take care of their basic needs (food, shelter, clothing, etc.) and resources to address educational deficits.</td>
</tr>
<tr>
<td><strong>Perceived Benefits of OT (Areas of Occupation)</strong></td>
<td>My clients would benefit greatly from opportunities to become trained or educational opportunities to develop a skill set.</td>
</tr>
<tr>
<td></td>
<td>Caring for children in a supportive and authoritative style, instead of through harsh punishment.</td>
</tr>
<tr>
<td></td>
<td>Finding resources to address shelter and food needs</td>
</tr>
<tr>
<td><strong>Clients Safety Concerns</strong></td>
<td>Problems related to being homeless and dangers of being exposed to violence and drug use.</td>
</tr>
<tr>
<td></td>
<td>Poor decision making</td>
</tr>
<tr>
<td><strong>Prior OT experience</strong></td>
<td>I worked with OTs in the public school system.</td>
</tr>
<tr>
<td><strong>Additional Information</strong></td>
<td>Not that I'm aware of</td>
</tr>
</tbody>
</table>
1. Please list all the diagnoses (Mental Health & Co-occurring Physical Health) of clients in your current caseload. ***If you are a supervisor, please skip this question.

I only conduct assessments.

2. What site location do you currently provide services?

Portland

3. What services would you like to see offered to your clients that you haven't been able to offer?

We frequently refer to cognitive rehabilitation with speech-language pathologists.

4. Please list the deficits you may see in your clients that you are not able to address due to any reason (i.e. time constraints, difficulty doing home visits, financial constraints, deficits that are outside of your scope of practice, etc.)

mostly deficits outside of scope of psychology

5. Please list specific areas of occupation you think an OT will be able to assist your clients?

Examples—Education, Work, Play, Leisure, Social Participation, Activities of Daily Living (ADLs) (hygiene, grooming, toileting, dressing, eating, functional mobility, sexual activity, sleep, etc.), and Instrumental Activities of Daily Living (IADLs) (caring for children or pets, communication device use, finances, community mobility, health and home maintenance, meal preparation/cleanup, safety procedures, shopping, etc.)

I don't see this as relevant for client population I am working with now, but I want to work with older adults and adults with degenerative disorders and I plan on working very closely with OTs in the future.

6. Please identify safety concerns that you have about your clients. (i.e. recent falls, unsafe living on their own, inability to problem solve, not adhering to medical treatment, etc.).

inability to problem solve, executive function issues

7. Please describe any prior experience have you had working with an Occupational Therapist.

Stroke Camp NW, volunteering in nursing homes, research

8. Is there anything that we may have missed in this questionnaire that would be helpful for us to know?

no
Examples—Education, Work, Play, Leisure, Social Participation, Activities of Daily Living (ADLs) (hygiene, grooming, toileting, dressing, eating, functional mobility, sexual activity, sleep, etc.), and Instrumental Activities of Daily Living (IADLs) (caring for children or pets, communication device use, finances, community mobility, health and home maintenance, meal preparation/cleanup, safety procedures, shopping, etc.)

Maybe co-lead groups with student therapists to help clients learn how to better function who struggle with mental and physical illness.

6. Please identify safety concerns that you have about your clients. (i.e. recent falls, unsafe living on their own, inability to problem solve, not adhering to medical treatment, etc.).

None

7. Please describe any prior experience have you had working with an Occupational Therapist.

None

8. Is there anything that we may have missed in this questionnaire that would be helpful for us to know?

No.

Displaying 3 of 11 respondents

1. Please list all the diagnoses (Mental Health & Co-occurring Physical Health) of clients in your current caseload. ***If you are a supervisor, please skip this question.

Attention Deficit/Hyperactivity Disorder, Major Depressive Disorder

2. What site location do you currently provide services?

Hillsboro

3. What services would you like to see offered to your clients that you haven't been able to offer?

In home help with tasks such as organization, cleaning and schedule building.

4. Please list the deficits you may see in your clients that you are not able to address due to any reason (i.e. time constraints, difficulty doing home visits, financial constraints, deficits that are outside of your scope of practice, etc.)

In home tasks such as decision making regarding throwing old stuff out to get new stuff in. Daily scheduling and ways to increase productivity around the home. Becoming active in social activities.

5. Please list specific areas of occupation you think an OT will be able to assist your clients?

Examples—Education, Work, Play, Leisure, Social Participation, Activities of Daily Living (ADLs) (hygiene, grooming, toileting, dressing, eating, functional mobility, sexual activity, sleep, etc.), and Instrumental Activities of Daily Living (IADLs) (caring for children or pets, communication device use, finances, community mobility, health and home maintenance, meal preparation/cleanup, safety procedures, shopping, etc.)

Social participation, Instrumental Activities of Daily Living

6. Please identify safety concerns that you have about your clients. (i.e. recent falls, unsafe living on their own, inability to problem solve, not adhering to medical treatment, etc.).

problems (but not an inability) to problem solve, little independence in current living situation.

7. Please describe any prior experience have you had working with an Occupational Therapist.

None.

8. Is there anything that we may have missed in this questionnaire that would be helpful for us to know?

Not that I can think of.

Displaying 4 of 11 respondents
1. Please list all the diagnoses (Mental Health & Co-occurring Physical Health) of clients in your current caseload. ***If you are a supervisor, please skip this question.

Major Depressive Disorder, Recurrent, Moderate, with Melancholic Features, in Partial Remission Asthma Major Depressive Disorder, Single Episode, Severe Without Psychotic Features; Generalized Anxiety Disorder Kidney infections and urinary tract infections Dysthymic Disorder, Late Onset Bipolar Disorder I, Most Recent Episode Depressed, Severe With Psychotic Features; PTSD Migraines, endometriosis, irritable bowel syndrome

2. What site location do you currently provide services?

PCC Portland

3. What services would you like to see offered to your clients that you haven't been able to offer?

More medication services

4. Please list the deficits you may see in your clients that you are not able to address due to any reason (i.e. time constraints, difficulty doing home visits, financial constraints, deficits that are outside of your scope of practice, etc.)

Lack of medication services/management; Financial constraints

5. Please list specific areas of occupation you think an OT will be able to assist your clients?

Examples—Education, Work, Play, Leisure, Social Participation, Activities of Daily Living (ADLs) (hygiene, grooming, toileting, dressing, eating, functional mobility, sexual activity, sleep, etc.), and Instrumental Activities of Daily Living (IADLs) (caring for children or pets, communication device use, finances, community mobility, health and home maintenance, meal preparation/cleanup, safety procedures, shopping, etc.)

IADLS such as health and home maintenance, meal prep/cleanup, grooming

6. Please identify safety concerns that you have about your clients. (i.e. recent falls, unsafe living on their own, inability to problem solve, not adhering to medical treatment, etc.).

Visual and auditory hallucinations may interfere with safety

7. Please describe any prior experience have you had working with an Occupational Therapist.

None

8. Is there anything that we may have missed in this questionnaire that would be helpful for us to know?

Displaying 5 of 11 respondents
most anything related to physical health issues, physical limitations, and similar, whether on-going or acquired due to age or injury

5. Please list specific areas of occupation you think an OT will be able to assist your clients?
Examples—Education, Work, Play, Leisure, Social Participation, Activities of Daily Living (ADLs) (hygiene, grooming, toileting, dressing, eating, functional mobility, sexual activity, sleep, etc.), and Instrumental Activities of Daily Living (IADLs) (caring for children or pets, communication device use, finances, community mobility, health and home maintenance, meal preparation/cleanup, safety procedures, shopping, etc.)

helping veterans who are coping with limitations related to traumatic brain injury, helping someone recovering from depression to get neglected areas of their life back in order, helping older adults adjust to physical decline

6. Please identify safety concerns that you have about your clients. (i.e. recent falls, unsafe living on their own, inability to problem solve, not adhering to medical treatment, etc.).

client who is physically disabled and uses a walker to get around, lives in a two-story townhouse; client who has difficulty keeping her apartment clean and uncluttered due to physical and mental limitations

7. Please describe any prior experience have you had working with an Occupational Therapist.

none

8. Is there anything that we may have missed in this questionnaire that would be helpful for us to know?

none
1. Please list all the diagnoses (Mental Health & Co-occurring Physical Health) of clients in your current caseload. ***If you are a supervisor, please skip this question.

PTSD, ADHD, Generalized Anxiety Disorder, Adjustment Disorder, Substance Use Disorders

2. What site location do you currently provide services?

Native American Rehabilitation Association

3. What services would you like to see offered to your clients that you haven't been able to offer?

Financial help for shelter, food, and clothing, and educational opportunities.

4. Please list the deficits you may see in your clients that you are not able to address due to any reason (i.e. time constraints, difficulty doing home visits, financial constraints, deficits that are outside of your scope of practice, etc.)

Limited financial resources to take care of their basic needs (food, shelter, clothing, etc) and resources to address educational deficits.

5. Please list specific areas of occupation you think an OT will be able to assist your clients?

Examples—Education, Work, Play, Leisure, Social Participation, Activities of Daily Living (ADLs) (hygiene, grooming, toileting, dressing, eating, functional mobility, sexual activity, sleep, etc.), and Instrumental Activities of Daily Living (IADLs) (caring for children or pets, communication device use, finances, community mobility, health and home maintenance, meal preparation/cleanup, safety procedures, shopping, etc.)

My clients would benefit greatly from opportunities to become trained or educational opportunities to develop a skill set. Caring for children in a supportive and authoritative style, instead of through harsh punishment. Finding resources to address shelter and food needs.

6. Please identify safety concerns that you have about your clients. (i.e. recent falls, unsafe living on their own, inability to problem solve, not adhering to medical treatment, etc.).

Problems related to being homeless and dangers of being exposed to violence and drug use. Poor decision-making.

7. Please describe any prior experience have you had working with an Occupational Therapist.

I worked with OT's in the public school system.

8. Is there anything that we may have missed in this questionnaire that would be helpful for us to know?
5. Please list specific areas of occupation you think an OT will be able to assist your clients?
Examples—Education, Work, Play, Leisure, Social Participation, Activities of Daily Living (ADLs) (hygiene, grooming, toileting, dressing, eating, functional mobility, sexual activity, sleep, etc.), and Instrumental Activities of Daily Living (IADLs) (caring for children or pets, communication device use, finances, community mobility, health and home maintenance, meal preparation/cleanup, safety procedures, shopping, etc.)

ADLs, Work, Social participation

6. Please identify safety concerns that you have about your clients. (i.e. recent falls, unsafe living on their own, inability to problem solve, not adhering to medical treatment, etc.).

lack of insurance for med management, lack of insurance for proper medical tx for chronic migraines

7. Please describe any prior experience have you had working with an Occupational Therapist.

only personal experience

8. Is there anything that we may have missed in this questionnaire that would be helpful for us to know?

I am on the anxiety team and I could benefit from nearly all the stated examples.

6. Please identify safety concerns that you have about your clients. (i.e. recent falls, unsafe living on their own, inability to problem solve, not adhering to medical treatment, etc.).

unsafe living conditions (hoarding) Problem solving deficits insurance for medical treatment (needed)

7. Please describe any prior experience have you had working with an Occupational Therapist.

None

8. Is there anything that we may have missed in this questionnaire that would be helpful for us to know?

I know I would love to some how get affiliated with what you all do and how we can work together with the patients I see. I think it foolish to not utilize each other or especially to not understand what each other can do.
1. Please list all the diagnoses (Mental Health & Co-occurring Physical Health) of clients in your current caseload. ***If you are a supervisor, please skip this question.

Major Depressive Disorder, Recurrent, Moderate; Generalized Anxiety Disorder; Specific Phobia, Animal Type; Hyperthyroidism; Kidney stones; Cognitive Disorder NOS; Bilateral Essential Tremor; Attention Deficit Hyperactivity Disorder

2. What site location do you currently provide services?

Pacific Psychology Clinic Portland

3. What services would you like to see offered to your clients that you haven't been able to offer?

Clear resources for support groups outside of therapy

4. Please list the deficits you may see in your clients that you are not able to address due to any reason (i.e. time constraints, difficulty doing home visits, financial constraints, deficits that are outside of your scope of practice, etc.)

Financial issues, demanding caretaking schedule

5. Please list specific areas of occupation you think an OT will be able to assist your clients?

Examples—Education, Work, Play, Leisure, Social Participation, Activities of Daily Living (ADLs) (hygiene, grooming, toileting, dressing, eating, functional mobility, sexual activity, sleep, etc.), and Instrumental Activities of Daily Living (IADLs) (caring for children or pets, communication device use, finances, community mobility, health and home maintenance, meal preparation/cleanup, safety procedures, shopping, etc.)

help for client caring for mother with cancer- shopping trips, meal prep, home maintenance

6. Please identify safety concerns that you have about your clients. (i.e. recent falls, unsafe living on their own, inability to problem solve, not adhering to medical treatment, etc.)

None

7. Please describe any prior experience have you had working with an Occupational Therapist.

One occupational therapist in the interdisciplinary class first semester- very nice and helpful in finding ways to make goals happen thorough everyday living

8. Is there anything that we may have missed in this questionnaire that would be helpful for us to know?

Sometimes clients need extra help but aren't willing to accept it, or are not at a stage of change in which they are motivated enough to accept outside support

Displaying 11 of 11 respondents

1. Please list all the diagnoses (Mental Health & Co-occurring Physical Health) of clients in your current caseload. ***If you are a supervisor, please skip this question.

Major Depressive Disorder, Social Phobia, Generalized Anxiety Disorder, Phase of Life Problem, Obsessive Compulsive Disorder, Anxiety Disorder NOS

2. What site location do you currently provide services?

Portland

3. What services would you like to see offered to your clients that you haven't been able to offer?

I don't have any clients with current physical ailments, but I think it would be great to have collaboration with the OT program so I can refer clients and visa versa and we can work together on their care.
4. Please list the deficits you may see in your clients that you are not able to address due to any reason (i.e. time constraints, difficulty doing home visits, financial constraints, deficits that are outside of your scope of practice, etc.)

Can't think of any...

5. Please list specific areas of occupation you think an OT will be able to assist your clients?
Examples—Education, Work, Play, Leisure, Social Participation, Activities of Daily Living (ADLs) (hygiene, grooming, toileting, dressing, eating, functional mobility, sexual activity, sleep, etc.), and Instrumental Activities of Daily Living (IADLs) (caring for children or pets, communication device use, finances, community mobility, health and home maintenance, meal preparation/cleanup, safety procedures, shopping, etc.)

help with adjusting to work and home environment after injury/illness and they can no longer operate as they did prior to the injury/illness; same with school and social environment; adjustment includes sleeping, bathing, cooking, eating, moving around, transportation

6. Please identify safety concerns that you have about your clients. (i.e. recent falls, unsafe living on their own, inability to problem solve, not adhering to medical treatment, etc.)

doesn't pertain to any of my clients

7. Please describe any prior experience have you had working with an Occupational Therapist.

my mother is an ot, so I am somewhat familiar with the work she used to do. i have never seen an ot.

8. Is there anything that we may have missed in this questionnaire that would be helpful for us to know?
don't think so. i don't have any clients that i can see how collaboration would be helpful with ot, but I can definitely see how it would be awesome to have that collaboration with clients that aren't on my caseload but may be in the future.
Appendix C
Client Survey Results and Analysis

Welcome, and thank you for participating in this anonymous survey!
This survey will help determine if you may benefit from Occupational Therapy (OT) Services. The person who may benefit from OT could be anyone who, for whatever reason, can't do the things in life they want need or are expected to do. An OT can help an individual regain or achieve a high level of independence, feel socially included, build healthy relationships with family and friends, promote recovery and live a fulfilling life.

Please do not identify any of your personal details (i.e., name, number, address etc.).

Circle the age group that applies to you: 18-25 26-35 36-45 46-55 56-65 66-75 76-85 86-95 96+

Gender: Female

Which of the following apply to you?
- I live alone
- I live with family or friends
- I live with a caretaker
- I live in Supported Housing
- I live in a group home

Please check any diagnoses you have been given:
- Depression
- Bipolar Disorder
- Schizophrenia
- ADHD
- Parkinson's
- Diabetes
- Spinal Cord Injury
- COPD
- Multiple Sclerosis
- Anxiety
- Fibromyalgia
- Autism
- Cancer
- Traumatic Brain Injury
- Psychosis NOS
- Other

Do you have difficulty performing any of the following activities with or without assistance? (Please check all that apply to you)
- Grooming
- Bathing/Showering
- Transportation
- Child or Pet Care
- Sexual Activity
- Participation
- Leisure
- Shopping
- Budgeting
- Toileting
- Work
- Play
- Eating
- Sleeping
- Dressing
- Home Maintenance
- Communication Device Use
- Coping/Stress Management
- Planning/Preparing Meals
- Community Activities
- Community Mobility

Please check all that apply to you:
- I seek out physical contact (hugging, touching, etc.).
- I want to exercise, but am having a hard time because of (circle those that apply): motivating myself to do it / don’t have time / don’t know where to start.
- I have a hard time sitting still and I tend to be fidgety.
- I become bothered when I see lots of movement around me (for example, at a busy store).
- I seem slower than others when trying to follow an activity or task.
- I avoid situations where unexpected things might happen.
- I am having a difficult time facing the changes in my life and body as I get older.
It bothers me to be hugged or held.
I do not feel good about myself.
I find it difficult to eat healthy.
I tend to compare myself with others and feel others are better than me.
I have a difficult time completing tasks that I started.
I tend to get motion sickness.
I feel I am not safe living on my own.
I tend to have a difficult time concentrating.
I find that I am always taking care of everyone else around me, with little time left to care for myself.
I have a difficult time relaxing.
I have difficulty maintaining employment.
I sometimes feel confused or disoriented.

Please check the following that you are interested in:

- Developing healthy hobbies and interests.
- Improving your overall health and well being.
- Time management.
- Creating a personalized kit that will help you cope with the stress of daily living.
- Regulating your emotions and organizing your thoughts.
- Simple meal planning and healthy eating.
- Reducing stress and increasing relaxation.
- Feeling better about yourself.

****Please return this completed survey to the front desk****

If you would like an Occupational Therapy student to contact you to answer questions, or for more information, please ask the front desk for a "Contact Form".

Thank you for your time!

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Please do not identify any of your personal details (i.e., name, number, address etc.).

Circle the age group that applies to you:  18-25  26-35  36-45  46-55  56-65  66-75  76-85  86-95  96+

Gender:  ☑  ☐

Which of the following apply to you?

- I live alone  ☐  I live with family or friends  ☑  I live with a caretaker  ☐
- I live in Supported Housing  ☐  I live in a group home  ☐

Please check any diagnoses you have been given:

- Depression  ☑  Bipolar Disorder  ☐  Obesity  ☐  Heart Disease  ☐  Arthritis  ☐
- ADHD  ☐  Schizophrenia  ☐  Parkinson's  ☐  Chronic Fatigue  ☐  Stroke  ☐
- Diabetes  ☐  Spinal Cord Injury  ☐  COPD  ☐  Fibromyalgia  ☐  HIV  ☐
- Anxiety  ☐  Multiple Sclerosis  ☐  Cancer  ☐  Traumatic Brain Injury  ☐
- Autism  ☐  Psychosis NOS  ☐  Other  ☐  Substance Dependence/Abuse  ☐

Do you have difficulty performing any of the following activities with or without assistance? (Please check all that apply)

- Grooming  ☐  Leisure  ☐  Eating  ☐  Communication Device Use  ☐
- Bathing/Showering  ☐  Shopping  ☐  Sleeping  ☐  Coping/Stress Management  ☐
- Transportation  ☑  Budgeting  ☐  Dressing  ☐  Planning/Preparing Meals  ☐
- Child or Pet Care  ☐  Toileting  ☐  Sobriety  ☐  Health Maintenance  ☐
- Sexual Activity  ☑  Work  ☐  Home Maintenance  ☐  Home Mobility  ☐
- Participation  ☐  Play  ☐  Community Activities  ☑  Community Mobility  ☐

Please check all that apply:

- I seek out physical contact (hugging, touching, etc.).
- I want to exercise, but am having a hard time because of (circle those that apply): motivating myself to do it / don't have time / don't know where to start.
- I have a hard time sitting still and I tend to be fidgety.
- I become bothered when I see lots of movement around me (for example, at a busy store).
- I seem slower than others when trying to follow an activity or task.
- I avoid situations where unexpected things might happen.
- I am having a difficult time facing the changes in my life and body as I get older.
It bothers me to be hugged or held.

I do not feel good about myself.

I find it difficult to eat healthy.

I tend to compare myself with others and feel others are better than me.

I have a difficult time completing tasks that I started.

I tend to get motion sickness.

I feel I am not safe living on my own.

I tend to have a difficult time concentrating.

I find that I am always taking care of everyone else around me, with little time left to care for myself.

I have a difficult time relaxing.

I have difficulty maintaining employment.

I sometimes feel confused or disoriented.

Please check the following that you are interested in:

Developing healthy hobbies and interests.

Improving your overall health and well being.

Time management.

Creating a personalized kit that will help you cope with the stress of daily living.

Regulating your emotions and organizing your thoughts.

Simple meal planning and healthy eating.

Reducing stress and increasing relaxation.

Feeling better about yourself.

****Please return this completed survey to the front desk****

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Please do not identify any of your personal details (i.e., name, number, address etc.).

Circle the age group that applies to you: 18-25 26-35 36-45 46-55 56-65 66-75 76-85 86-95 96+

Gender: ☑️

Which of the following apply to you?

- I live alone
- I live with family or friends
- I live with a caretaker
- I live in Supported Housing
- I live in a group home

Please check any diagnoses you have been given:

- Depression
- Bipolar Disorder
- Obesity
- Heart Disease
- Arthritis
- ADHD
- Schizophrenia
- Parkinson’s
- Chronic Fatigue
- Stroke
- Diabetes
- Spinal Cord Injury
- COPD
- Fibromyalgia
- HIV
- Anxiety
- Multiple Sclerosis
- Cancer
- Traumatic Brain Injury
- Autism
- Psychosis NOS
- Other
- Substance Dependence/Abuse

Do you have difficulty performing any of the following activities with or without assistance? (Please check all that apply to you)

- Grooming
- Leisure
- Eating
- Communication Device Use
- Bathing/Showering
- Shopping
- Sleeping
- Coping/Stress Management
- Transportation
- Budgeting
- Dressing
- Planning/Preparing Meals
- Child or Pet Care
- Toileting
- Sobriety
- Health Maintenance
- Sexual Activity
- Work
- Home Maintenance
- Home Mobility
- Participation
- Play
- Community Activities
- Community Mobility

Please check all that apply to you:

☑️ I seek out physical contact (hugging, touching, etc.).
☑️ I want to exercise, but am having a hard time because of (circle those that apply): motivating myself to do it / don’t have time/don’t know where to start.
☑️ I have a hard time sitting still and I tend to be fidgety.
☑️ I become bothered when I see lots of movement around me (for example, at a busy store).
☑️ I seem slower than others when trying to follow an activity or task.
☑️ I avoid situations where unexpected things might happen.

☑️ I am having a difficult time facing the changes in my life and body as I get older.
It bothers me to be hugged or held.
I do not feel good about myself.
I find it difficult to eat healthy.
I tend to compare myself with others and feel others are better than me.
I have a difficult time completing tasks that I started.
I tend to get motion sickness.
I feel I am not safe living on my own.
I tend to have a difficult time concentrating.
I find that I am always taking care of everyone else around me, with little time left to care for myself.
I have a difficult time relaxing.
I have difficulty maintaining employment.
I sometimes feel confused or disoriented.

Please check the following that you are interested in:

- Developing healthy hobbies and interests.
- Improving your overall health and well being.
- Time management.
- Creating a personalized kit that will help you cope with the stress of daily living.
- Regulating your emotions and organizing your thoughts.
- Simple meal planning and healthy eating.
- Reducing stress and increasing relaxation.
- Feeling better about yourself.

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Please do not identify any of your personal details (i.e., name, number, address etc.).

Circle the age group that applies to you: 18-25 26-35 36-45 46-55 56-65 66-75 76-85 86-95 96+

Gender: 

Which of the following apply to you?

- I live alone
- I live with family or friends
- I live in Supported Housing
- I live in a group home
- I live with a caretaker

Please check any diagnoses you have been given:

- Depression
- Bipolar Disorder
- Obesity
- Heart Disease
- Arthritis
- ADHD
- Schizophrenia
- Parkinson's
- Chronic Fatigue
- Stroke
- Diabetes
- Spinal Cord Injury
- COPD
- Fibromyalgia
- HIV
- Anxiety
- Multiple Sclerosis
- Cancer
- Traumatic Brain Injury
- Autism
- Psychosis NOS
- Other
- Substance Dependence/Abuse

Do you have difficulty performing any of the following activities with or without assistance? (Please check all that apply to you)

- Grooming
- Leisure
- Eating
- Communication Device Use
- Bathing/Showering
- Shopping
- Sleeping
- Coping/Stress Management
- Transportation
- Budgeting
- Dressing
- Planning/Preparing Meals
- Child or Pet Care
- Toileting
- Sobriety
- Health Maintenance
- Sexual Activity
- Work
- Home Maintenance
- Home Mobility
- Participation
- Play
- Community Activities
- Community Mobility

Please check all that apply to you:

- I seek out physical contact (hugging, touching, etc.).
- I want to exercise, but am having a hard time because of (circle those that apply): motivating myself to do it. I don't have time! (don't know where to start)
- I have a hard time sitting still and I tend to be fidgety.
- I become bothered when I see lots of movement around me (for example, at a busy store).
- I seem slower than others when trying to follow an activity or task.
- I avoid situations where unexpected things might happen.
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I tend to have a difficult time concentrating.
I find that I am always taking care of everyone else around me, with little time left to care for myself.
I have a difficult time relaxing.
I have difficulty maintaining employment.
I sometimes feel confused or disoriented.

Please check the following that you are interested in:

- Developing healthy hobbies and interests.
- Improving your overall health and well being.
- Time management.
- Creating a personalized kit that will help you cope with the stress of daily living.
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Please do not identify any of your personal details (i.e., name, number, address etc.).

Circle the age group that applies to you: [6-23] 24-35 36-45 46-55 56-65 66-75 76-85 86-95 96+

Gender: [Female]

Which of the following apply to you?
- I live alone
- I live with family or friends [X]
- I live with a caretaker
- I live in Supported Housing
- I live in a group home

Please check any diagnoses you have been given:
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- Bipolar Disorder
- Obesity
- Heart Disease
- Arthritis
- ADHD
- Schizophrenia
- Parkinson's
- Chronic Fatigue
- Stroke
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- Multiple Sclerosis
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- Autism
- Psychosis NOS
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Do you have difficulty performing any of the following activities with or without assistance?
(Please check all that apply to you)
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- Shopping
- Sleeping
- Coping/Stress Management
- Transportation
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- Dressing
- Planning/Preparing Meals
- Child or Pet Care
- Toilet
- Sobriety
- Health Maintenance
- Sexual Activity
- Work
- Home Maintenance
- Home Mobility
- Participation
- Play
- Community Activities
- Community Mobility

Please check all that apply to you:
- I seek out physical contact (hugging, touching, etc.).
- I want to exercise, but I am having a hard time because of (circle those that apply): motivating myself to do it, I don't have time, don't know where to start.
- I have a hard time sitting still and I tend to be fidgety.
- I become bothered when I see lots of movement around me (for example, at a busy store).
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I have a difficult time relaxing.
I have difficulty maintaining employment.
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Please check the following that you are interested in:

- Developing healthy hobbies and interests.
- Improving your overall health and well-being.
- Time management.
- Creating a personalized kit that will help you cope with the stress of daily living.
- Regulating your emotions and organizing your thoughts.
- Simple meal planning and healthy eating.
- Reducing stress and increasing relaxation.
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# SPPC Client Survey Analysis

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<td>I live alone</td>
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<td>I live with friends or family</td>
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<td>I live in supported housing</td>
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<td>I live with a caretaker</td>
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<td>I live in a group home</td>
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<td>Diagnosis</td>
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<td>Bipolar Disorder</td>
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<td>Schizophrenia</td>
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<td>Spinal Cord injury</td>
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<td>Multiple Sclerosis</td>
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<td>Psychosis NOS</td>
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<td>Parkinson's</td>
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<td>Chronic Fatigue</td>
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<tr>
<td>Fibromyalgia</td>
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<tr>
<td>Stroke</td>
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<td>HIV</td>
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<td>Traumatic Brain Injury</td>
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<tr>
<td>Substance Dependence/Abuse</td>
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</tbody>
</table>

## Activities of Daily Living

<p>| Grooming                       |   |   |   |   |   |               |
| Bathing/Showering              |   |   |   |   |   |               |
| Transportation                |   |   |   |   |   | 1 1           |
| Child or pet care              |   |   |   |   |   |               |</p>
<table>
<thead>
<tr>
<th>Category</th>
<th>1</th>
<th>2</th>
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<tr>
<td>Sexual Activity</td>
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<tr>
<td>Participation</td>
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<tr>
<td>Leisure</td>
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<tr>
<td>Shopping</td>
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<tr>
<td>Budgeting</td>
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<td>Toileting</td>
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<tr>
<td>Work</td>
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<tr>
<td>Play</td>
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<tr>
<td>Eating</td>
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<tr>
<td>Sleeping</td>
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<tr>
<td>Dressing</td>
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<tr>
<td>Sobriety</td>
<td>1</td>
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<tr>
<td>Home Maintenance</td>
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<tr>
<td>Community Activities</td>
<td>1</td>
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<tr>
<td>Communication Device Use</td>
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<tr>
<td>Coping/Stress Management</td>
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<tr>
<td>Planning/Preparing Meals</td>
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<tr>
<td>Health Maintenance</td>
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<tr>
<td>Home Mobility</td>
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<tr>
<td>Community Mobility</td>
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<tr>
<td><strong>Questions</strong></td>
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<tr>
<td><strong>Health &amp; Wellness</strong></td>
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<tr>
<td>2 I want to exercise but am having a</td>
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<tr>
<td>difficult time of motivating myself,</td>
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<tr>
<td>don’t have time, don’t know where to</td>
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<tr>
<td>start</td>
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<tr>
<td>18 I have difficulty maintaining</td>
<td>1</td>
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<tr>
<td>employment</td>
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<tr>
<td><strong>Allen Cognitive Level</strong></td>
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<tr>
<td>14 I feel I am not safe living on my</td>
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<tr>
<td>own</td>
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<tr>
<td>19 I sometimes feel confused or</td>
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<tr>
<td>disoriented</td>
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<tr>
<td><strong>Self Esteem</strong></td>
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<tr>
<td>9 I do not feel good about myself</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>11 I tend to compare myself with</td>
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<tr>
<td>others and feel others are better</td>
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<tr>
<td>than me</td>
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<tr>
<td><strong>Sensory</strong></td>
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<tr>
<td>12 I have a difficult time completing</td>
<td></td>
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<tr>
<td>tasks that I started. (stress/anxiety)</td>
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<tr>
<td>4 I become bothered when I see lots</td>
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<tr>
<td>of movement around me (for example,</td>
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<td>at a busy mall, parade, or carnival)</td>
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<tr>
<td>(Sensory Sensitivity)</td>
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<tr>
<td>5 I seem slower than others when</td>
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<tr>
<td>trying to follow an activity or task</td>
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<tr>
<td>(Low Registration)</td>
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<tr>
<td></td>
<td>Description</td>
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<tr>
<td>6</td>
<td>I avoid situations where unexpected things might happen (Sensation Avoiding)</td>
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<tr>
<td>1</td>
<td>I seek out physical contact (holding hands, hugging, touching the person I’m talking to, etc.) (Sensation Seeking)</td>
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<tr>
<td>8</td>
<td>It bothers me to be hugged or held (Sensory Sensitivity)</td>
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<td>3</td>
<td>I have a hard time sitting still and I tend to be fidgety (Sensation Seeking)</td>
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<tr>
<td>13</td>
<td>I tend to get motion sickness (Sensory Sensitivity)</td>
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<tr>
<td>15</td>
<td>I tend to have a difficult time concentrating</td>
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**Stress & Coping**

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<tbody>
<tr>
<td>17</td>
<td>I have a difficult time relaxing.</td>
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<tr>
<td>7</td>
<td>I am having a difficult time facing the changes in my life as my body gets older</td>
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<tr>
<td>16</td>
<td>I find that I am always taking care of everyone else around me, with little time left to care for myself</td>
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**Nutrition**

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<tbody>
<tr>
<td>10</td>
<td>I find it difficult to eat healthy</td>
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**Groups**

| Description                                                                 | 1 | 1 | 1 | 1 | 5 |
|---|------------------------------------------------------------------------------|---|---|---|---|---|
| Developing healthy hobbies and interests                                    |   |   |   |   |   |
| Improving your overall health and wellbeing                                |   |   |   |   |   |
| Time Management                                                             |   |   |   |   |   |
| Creating a personalized kit that will help you cope with the stress of daily living |   |   |   |   |   |
| Regulating your emotions and organizing your thoughts                        |   |   |   |   |   |
| Simple meal planning and healthy eating                                     |   |   |   |   |   |
| Reducing stress and increasing relaxation                                   |   |   |   |   |   |
| Feeling better about yourself                                               |   |   |   |   |   |
**SWOT Analysis Grid Sheet**

<table>
<thead>
<tr>
<th><strong>Strengths</strong></th>
<th><strong>Weaknesses</strong></th>
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</thead>
<tbody>
<tr>
<td>Current capabilities of the organization that are superior to competition and that help meet customer needs or give a significant advantage.</td>
<td>Barriers to success. Areas that might prevent your OT service or organization from achieving advantage or meeting customer needs or strategic objectives.</td>
</tr>
<tr>
<td>Demographics (Contexts)</td>
<td><strong>Areas of Occupation</strong></td>
</tr>
<tr>
<td>- Our Mental Health OT sessions could serve those who do not fall under the Oregon Health Plan (OHP) eligibility requirements.</td>
<td>- Working individuals have limited time, which may be needed to attend OT therapy group sessions.</td>
</tr>
<tr>
<td>- Work related stress may indicate clients could benefit from group or individual education on stress management and coping skills. (Applies to Mental Health)</td>
<td>- Unable to provide transportation to attend therapy sessions, for those individuals who are unable to independently use public transportation system.</td>
</tr>
<tr>
<td>- No insurance is needed in order to receive our services. This means low-income clients can now access Mental Health services.</td>
<td>- Although we possess some cultural awareness, we recognize that there are some cultures we lack familiarity or expertise with. This could be a potential barrier.</td>
</tr>
<tr>
<td>- We can refer clients to drug and alcohol rehab programs in the local area.</td>
<td>- Lack of interpreting services could limit options for individuals who do not speak English.</td>
</tr>
<tr>
<td>- We can refer individuals to other mental health programs in the area, such as Washington County services, and receive referrals from them.</td>
<td><strong>Economic</strong></td>
</tr>
<tr>
<td>Cultural/Values</td>
<td>- Decreased support for immigrants in the workforce is leading to increased need for services. Although our facility is not set up to work with non-native speakers, they could be referred to Virginia Garcia.</td>
</tr>
<tr>
<td>- The diverse cultural values presents an opportunity for OT’s to advocate for cultural awareness in the mental health setting.</td>
<td><strong>Low to No Cost Stakeholder Competitors</strong></td>
</tr>
<tr>
<td>Economic</td>
<td>- Based on information provided from other agencies' reported experience, recruiting individuals from a small local community may be a weakness because some individuals may be afraid to run into each other after seeing one another in a mental health group setting.</td>
</tr>
<tr>
<td>- Our knowledge about available resources may benefit clients during economic crisis.</td>
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</tr>
<tr>
<td>Lack professional training that we could offer. Groups led by other professionals lack the OT perspective.</td>
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</tr>
<tr>
<td>Knowledge of other organizations that provide care will allow us to provide additional resources to clients.</td>
<td></td>
</tr>
<tr>
<td>Potential to collaborate with these agencies to discuss strengths, barriers and strategies in order to build collective solutions to these issues.</td>
<td></td>
</tr>
<tr>
<td>Possess skills to adapt and grade therapy in order to enable increased participation in meaningful activities.</td>
<td></td>
</tr>
</tbody>
</table>

**Other Strengths**

| Potential to collaborate with these agencies to discuss strengths, barriers and strategies in order to build collective solutions to these issues. |
| Possess skills to adapt and grade therapy in order to enable increased participation in meaningful activities. |

### Opportunities

**What opportunities exist that you could take advantage?**

#### Areas of Occupation

- Since a quarter of individuals have a high-school diploma only, this is an opportunity for work-training and goal-setting groups.
- The high percentage of manufacturing, computer specialists and administrative may be associated with repetitive motion and back pain. This can lead to a clinical possibility for ergonomic assessments and training. (Applies to Physical Health)
- The play/leisure, cultural opportunities and social participation options in Hillsboro enables patients to occupy their time in meaningful activities that can be incorporated into therapy options, or used as resources for clients.
- The extensive transportation system with accessibility in Hillsboro and surrounding areas may make it easier for clients to attend therapy sessions as compared with other locations. Also an opportunity to lead groups on how to access transportation and navigate the routes.

### Threats

**What are the possible events outside of your control that you will need to plan for or help mitigate?**

#### Areas of Occupation

- Lack of education about usefulness of therapy may decrease likelihood of patients seeking out therapy services.

#### Demographics (Contexts)

- Unemployment and financial strain could result in lack of funds and resources to cover transportation, costs of therapy and/or physical health care. This could decrease therapy attendance.
- The North West weather trend may discourage potential clients from leaving house.
- Higher suicide rate could create a higher risk profile of clientele.
- Competition exists via other agencies that provide similar services to insured individuals. This could deter these individuals from seeking out our OT services.

#### Cultural/Values

- Clients, who come from a culture that has “individualism”
Demographics (Contexts)

- As population increases, the need for more OT services increase as well.

- As population grows, there may be an increase in competition for resources (i.e., employment opportunities and natural resources), which could lead to a need for stress management and coping groups.

- Large population of parents creates possible need for healthy parenting groups. In particular, the significant percentage of single parents may indicate need for parenting support groups from an OT focus.

- Large amount of religious affiliation indicates opportunity to motivate social participation through spiritually related activities.

- The rise in unemployment and economic decline could result in a greater need for free to low cost Occupational Therapy services.

- Compared to the national average, there is a low crime rate. This indicates fewer barriers to individuals seeking help.

- Higher suicide rate provides opportunity to lead groups that focus on healthy coping strategies and providing resources.

- Increase in substance abuse by local population indicates need for groups on healthier coping strategies.

Cultural/Values

- Clients, who come from a culture that has “collectivism” values, may prefer one-on-one therapy, which is less common with OT services.

Low to No Cost Stakeholder Competitors *

- NAMI is a source of competition for free mental health services, particularly for individuals who desire peer-led groups and family focus. Some of the topics covered are similar to the types we may offer, such as problem solving and coping strategies, managing finances and household, motivation and life-skills.

- Meet-Ups is a group website where individuals can sign up for like-minded groups. There are a few mental health related groups available that could deter individuals from seeking our OT services. The costs range from free-$35.00.

- Washington County services is a well-established organization and has a number of branches that offer outpatient groups led by healthcare professionals (who are not OTs) for free or at a low-cost.

*Note – These organizations are more of an opportunity for referrals for clients, than a “threat”, but they would be our “stakeholder competitors”, whom we can learn from when building a program or developing groups.

Economic

- The trend of replacing full-time with part-time employment...
may lead to more available time in worker’s day and increased need for free mental health services.

Social/Virtual
- The increasing availability of Internet in Hillsboro is an opportunity for easier access to public, via web advertising and information offerings.

Low to No Cost Stakeholder Competitors
- Potential opportunity to collaborate with other agencies in the future. For example, outside agencies could refer clients to our services when they are unable to meet needs, such as appropriately grading and adapting therapeutic interventions.
- Similar to above, we can refer to outside competitors that offer services we can’t provide such as peer-led and larger-scale activity groups for clients with mental health concerns, and for family-based therapy.

OT Schools with Clinics
- Provides future students and faculty who are interested in creating an OT clinic with resources, experiences and ideas on marketing, collaboration experiences and overall process of creating an OT clinic within a University.
- OT clinics surveyed do not do interdisciplinary work with psychology staff or students, indicating that this concept is unique and innovative.

SPPC Staff Survey
- The staff survey of SPPC’s revealed that many clients are experiencing stress and/or anxiety. Therefore a stress management and coping group may be useful for this population.
- Possible future groups revealed through the staff survey include motivation and education on organization, cleaning,
medication management, time management, help caring for loved ones, physical limitations, adjusting to the aging process and increasing social participation. These are also areas in which patients could benefit from occupational therapy.

**SPPC Client Questionnaire**

- Potential future groups revealed through clients’ reports of having difficulty with many areas of occupation including leisure, community activities, transportation, sexual activity, budgeting, time management, work, sleeping, sobriety, home maintenance, planning/preparing meals, managing stress and relaxing. These are all areas that OTs can address.

- Client questionnaire responses indicate clients may benefit from a Sensory Profile Assessment as well as sensory modulation strategies.

**LEGEND**

- Current group
- Resources for future groups
- Financial concerns
- Future group
- Other Barriers or potential problems
External Environmental Trends:

Current group “Making Sense of Stress Management”

- Many factors including a thorough analysis of demographics, SWOT and surveys of SPPC staff and clients revealed that clients might benefit from intervention designed for individuals experiencing stress and/or anxiety. The staff survey of SPPC revealed that many clients are experiencing stress and/or anxiety. The demographics revealed that there is growing population with a high percentage of work related stress, a higher suicide rate as well as an increase in substance abuse in the local population, providing an opportunity to lead groups that focus on healthy coping strategies and providing resources. The client questionnaire also revealed clients may benefit from a sensory profile assessment as well as sensory modulation strategies.

Future groups:

- After a thorough analysis of demographics and the SWOT it is apparent that the Hillsboro community can benefit greatly from both physical and mental occupational therapy services. The demographics reveal that the population is growing and as population increases, the need for more OT services increase as well. The play/leisure, cultural opportunities and social participation options in Hillsboro enables patients to occupy their time in meaningful activities that can be incorporated into therapy options, or used as resources for clients. Large amount of religious affiliation indicates opportunity to motivate social participation through spiritually related activities. The extensive transportation system with accessibility in Hillsboro and surrounding areas may make it easier for clients to attend therapy sessions as compared with other locations. There is also an opportunity to lead groups on how to access transportation and navigate the routes. Considering the fact that only a quarter of the population has a high-school diploma, this is an opportunity for work training and goal setting. The large population of parents also creates possible need for healthy parenting groups. In particular, the significant percentage of single parents may indicate need for parenting support groups from an OT focus. Physical OT services may also be indicated due to the high percentage of manufacturing, computer specialists and administrative which may be associated with repetitive motion and back pain. This can lead to a clinical possibility for future ergonomic assessments and training.

- The specific SPPC clinics’ needs were also determined through a staff and client survey. The staff survey indicated that patients could use motivation and education on organization, cleaning, medication management, time management, help caring for loved ones, physical limitations, adjusting to the aging process and increasing social participation. These are also areas in which patients could benefit from occupational therapy. The client survey revealed that SPPC patients reported having difficulty in areas of occupation of coping and stress management, leisure, community activities, transportation, sexual activity, budgeting, work, sleeping, sobriety, home maintenance and planning/preparing meals. Although there were no common themes under the physical health category, staff members had a patient in each category of having chronic migraines, being HIV positive, severe arthritis, degeneration of the lower back, joint pain and severe headaches associated with traumatic brain injury.
Resources for future groups:

- This needs analysis provides a thorough overview of mental health competitors that can also provide resources for future groups. It is important to build connections with these organizations in the future to discuss strengths, barriers and strategies in order to build collective solutions to these issues. For example, based on information provided from other organizations’ reported experience, recruiting individuals from a small local community may be a weakness because some individuals may be afraid to run into each other after seeing one another in a mental health group setting. This is something to keep in mind when planning groups. There is also a potential opportunity to collaborate with other agencies in the future. For example, outside agencies could refer clients to our services when they are unable to meet needs, such as appropriately grading and adapting therapeutic interventions. In the same way, we can refer to outside competitors that offer services we can’t provide such as peer-led and larger-scale activity groups for clients with mental health concerns, and for family-based therapy. One such resource for peer-led therapy is “Depression and Bi-Polar Support Alliance” (DBSA). Groups in DBSA are typically led by peers who have been through a mental illness themselves. However, these group leaders often lack professional training that we could offer. Other resources are the companies that provide drug and alcohol rehab programs such as “Inner Journey Healing Arts” in local area and “Life Works”, which provide mental health as well as court appointed DUII services. Another potentially helpful resource is “Meet-Ups” which is a group website where individuals can sign up for like-minded groups. There are a few mental health related groups available that could deter individuals from seeking our OT services. The costs range from free-$35.00+. This is a free site that can be used to market potential groups in the SPPC clinic as well. The demographics illustrated a potential increase access to Internet services, which could lead to improved methods of advertising to the wider population.

Also provided in this needs analysis are OT schools whom already have gone through the process of creating an OT clinic. This will hopefully provides future students and faculty who are interested in creating an OT clinic with resources, experiences and ideas on marketing, collaboration experiences and overall process of creating an OT clinic within a University.

- Financial concerns are present with the high unemployment and economic decrease, which could result in a greater need for free to low cost Occupational Therapy services. Pacific Universities’ OT clinic can meet that need because there is no insurance needed to receive services. Further to that, low-income clients can now access mental health services and sessions could serve those who do not fall under the Oregon Health Plan (OHP) eligibility requirements.

Our extensive knowledge about available resources may also benefit clients during economic crisis.

Other Barriers or potential problems:

The demographics revealed many potential barriers including weather, lack of education, time, transportation, high-risk profile or potential patients, mainstream American values regarding individualism and cultural barriers. The North West weather trend may discourage potential clients from leaving house during the colder climates. There is also a lack of education about usefulness of therapy, which may decrease...
likelihood of patients seeking out therapy services. There are a number of working individuals, which means they may have limited time, which may be needed to attend OT therapy group sessions. At this time the clinic is unable to provide transportation to attend therapy sessions, for those individuals who are unable to independently use public transportation system. However, Tri-Met can provide something called the “Lift Rider” which uses a fleet of small buses, sedans or taxi cabs to provide transportation only to those who have a physical or mental disability that prevents them from independently riding a normal Tri-Met or MAX bus. Hillsboro statistics indicate a higher suicide rate in the area. Therefore, it is important that OT’s working with this population are trained in dealing with suicide prevention. There is a high percentage of Caucasians who come from a culture who has “individualism” values, which may mean that they prefer one-on-one therapy, which is less common with OT services. “Life works”, a mental health facility that provides mental health as well as court appointed DUII’ services, reported their patients only showed up to group therapy if they are court appointed otherwise they prefer one on one. Demographics showed there is also a high number of Hispanic or Latino as compared to the rest of the US, in addition there is decreased support for immigrants in the workforce, which could lead to an increased need health for services. The SPPC is not set up to work with non-English speakers in group sessions, but Spanish-speaking clients could be seen for individual therapy by Psy.D. students at the clinic who are fluent in Spanish. Although occupational therapy students at Pacific University are trained to possess some cultural awareness, it is important to recognize there are some cultures we lack familiarity or expertise with, causing a potential barrier. The diverse cultural values present(nos) an opportunity for OT’s to advocate for cultural awareness in the mental health setting.
Occupational Therapy Program Plan for SPPC

“Making Sense of Stress Management”

**Purpose:** To provide motivational, educational and interactive activities that will increase clients’ awareness of the effect stress has on our bodies, and how to use sensory input to manage everyday stress.

**Goals of Group:**
- Learn about the flight or fight response and how mental stress affects our bodies.
- Build awareness of your stress symptoms.
- Develop healthy coping and stress management alternatives.
- Participate in an assessment/intervention using a modified version of the Adolescent/Adult Sensory Profile.
- Practice using the 7 types of sensory input (touch, taste, vision, movement, auditory and activity level), with emphasis on auditory and visual, to decrease symptoms.
- Gain practical understanding on how to use sensory input in everyday activities (with take-home activities to build skills).

**Outcome Measures:**
- Group notes will be recorded for each meeting for 2 weeks and will convey client’s progress, and level of interaction.
- 2 sections (auditory and visual) of an individual’s Sensory Profile assessment score will be tracked for two weeks.
- Benefit of group will be determined through a client satisfaction survey that will be administered.
- A future group interest list will also be administered.

**Identified Need:** A thorough analysis of demographics, SWOT and surveys of SPPC staff and clients revealed that clients may benefit from intervention designed for individuals experiencing stress and/or anxiety. Research shows that prolonged stress and traumatic experiences can drastically affect our ability to notice and respond to sensory stimuli in our environment (Champagne, 2008). Therefore, the clients may benefit from education in the use of sensory input as a healthy alternative coping strategy.

**Logistics:** Group will ideally meet in SPPC clinic for 90 minutes 1 x/week for 2 weeks. Group will be led by 2 OT students under supervision of Sean Roush, OTR/L, Assistant Professor at Pacific University, in a room large enough to fit tables, chairs and various sensory items and assessment tools. Equipment needed for group sessions are whiteboard and markers, TV w/ video (optional), music (relaxation/white noise), sensory assessment game, and visual/art such as magazines, pictures, etc.

**Referral Criteria:** Any individual who has an interest in developing and learning about sensory strategies to cope and function in everyday life.
**Sequence of Program:**

1**nd** week:
- Complete registration form if not done previously (5 min)
- Get to know you activity (5 min)
- Intro about group, topics covered (5 min)
- Education on stress and our bodies, symptom awareness, and discussion about what clients currently do to decrease stress (20 min)
- Auditory part of modified version of sensory profile game (20 min)
- Group reflections (15 min)
- Summary (5 min)
- Worksheet/homework (5 min)
- Questionnaire and/or satisfaction surveys (10 min)

2**nd** week*:
- Complete registration form if not done previously (5 min)
- Get to know you activity (5 min)
- Intro about group, topics covered (5 min)
- Additional info on stress and our bodies, and discussion about what clients have been doing since last session to decrease stress (20 min)
- Visual part of modified version of sensory profile game (20 min)
- Group reflections (15 min)
- Summary (5 min)
- Worksheet/homework (5 min)
- Fill out questionnaire and/or satisfaction survey (10 min)

*Tentative schedule; may be altered according to feedback and analysis of first session.

**Identified Risks and Risk Management Plan:** Prior to group, a form will be completed by patients that will identify their case manager and any mental or physical diagnoses. In the event of an emergency, the case manager will be notified, and if necessary, emergency response will be alerted. Before the group begins the Leader will remind clients about group ground rules of respecting others, no aggression, no disputes and using active listening skills during discussions. Group leaders will be responsible for setting up the room and clearing it of potentially hazardous items.

**Literature Review and Evidence Base:**

**References**


Appendix F
Making Sense of Stress Management Group Ads

ARE YOU STRESSED OUT?

Is stress getting in the way of your life, preventing you from doing the things you want to do?

Come to our FREE Group Session, and learn how you can make simple adjustments in your daily routine to reduce your stress.

**When:**
Wednesday nights 5:30 pm to 7:00 pm
April 4th & April 11th

**Where:**
Pacific Psychology Clinic - Hillsboro
222 SE 8th Ave, Suite 212
Hillsboro, OR 97123
503-352-7333

Led by 2 Master of Occupational Therapy students under direct supervision of Licensed Occupational Therapist

- Gain awareness of your symptoms and how stress affects your body
- Learn how to use your 7 senses to control your stress (that’s right...7!)
- Create a realistic plan for reducing your stress
- Develop and practice using healthier coping strategies

To sign up, please stop by the Pacific Psychology Clinic – Hillsboro and ask to be registered

➢ To be eligible, you must be a current patient at the Pacific Psychology Clinic - Hillsboro

THE GROUP IS FILLING UP FAST
PLEASE SIGN UP NOW
ARE YOU STRESSED OUT?

Is stress getting in the way of your life, preventing you from doing the things you want to do?

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Pacific Psychology Clinic - Hillsboro
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Hillsboro, OR 97123
503-352-7333
Max Blue Line Eastbound Stop ID 9844 - Hillsboro

*Led by 2 Master of Occupational Therapy students under direct supervision of a Licensed Occupational Therapist*

- Learn how to use your 7 senses to control your stress (that’s right...7!)
- Create a realistic plan for reducing your stress
- Develop and practice using healthier coping strategies

To sign up, please stop by the Pacific Psychology Clinic and ask to be registered

**FOR MORE INFORMATION PLEASE CALL 503-352-7346**

➢ To be eligible, you must be a current patient at the Pacific Psychology Clinic

**THE GROUP IS FILLING UP FAST**
**PLEASE SIGN UP NOW**
Appendix G
Registration Form

Registration Form:

Welcome to our “Making Sense of Stress Management” occupational therapy (OT) group. Please complete the following form and return to the front desk.

Name: ____________________________________________

Phone: _________________________ May we leave a message for you here? Y__ N__

Emergency Contact: ____________________________________________________________

Your Case Manager at SPPC: ____________________________________________________

Please list any current and past diagnoses you have been given (mental and physical):_______________________________________________________________

What do you hope to get out of this group? _______________________________________

Have you had any prior experience with occupational therapy? If yes, please describe:

____________________________________________________________________________

Please check your current coping strategies to deal with stress (positive and negative):

<table>
<thead>
<tr>
<th>Exercise</th>
<th>Cry</th>
<th>Eat more/less</th>
<th>Engage in risky behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hobby</td>
<td>Sleep</td>
<td>Professional help</td>
<td>Spend time w/ your pet</td>
</tr>
<tr>
<td>Self-talk</td>
<td>Drugs</td>
<td>Deep breathing</td>
<td>Light scented candles</td>
</tr>
<tr>
<td>Meditation</td>
<td>Alcohol</td>
<td>bath/shower</td>
<td>Watch TV/Movies</td>
</tr>
<tr>
<td>Chew gum</td>
<td>Humor</td>
<td>Clean the house</td>
<td>Talk with a friend</td>
</tr>
<tr>
<td>Draw/Paint</td>
<td>Journal</td>
<td>Count to 10</td>
<td>Other ____________</td>
</tr>
<tr>
<td>Alone time</td>
<td>Music</td>
<td>Scream/Yell</td>
<td>Other ____________</td>
</tr>
</tbody>
</table>

Thank you. We look forward to having you in our group!
Self-rating Tool

Name: __________________________________________

Date, Time and Location: __________________________________________

Before Session:

0 1 2 3 4 5 6 7 8 9 10

No Stress

High Stress

After Session:

0 1 2 3 4 5 6 7 8 9 10

No Stress

High Stress

What was used: __________________________________________

How was it used: __________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Reflections: __________________________________________

________________________________________________________________________

________________________________________________________________________

### Appendix I
**Basic Explanation Sensory Profile Scores**

<table>
<thead>
<tr>
<th>Sensation Avoiding</th>
<th>Sensation Sensitivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overwhelmed by sensory information and actively tries to reduce it.</td>
<td>Easily distracted or overwhelmed by sensory information.</td>
</tr>
<tr>
<td><strong>Radio Example:</strong> Average volume is 5, they will turn the volume down.</td>
<td><strong>Radio Example:</strong> Average volume is 5 and although they may feel less stressed by noise, they do not actively turn volume down.</td>
</tr>
<tr>
<td>Needs <strong>calming</strong> sensory activity to feel balanced or less stressed.</td>
<td>Needs <strong>calming</strong> sensory activity to feel balanced or less stressed.</td>
</tr>
<tr>
<td><strong>Example:</strong> A person wears ear plugs to reduce sensory information in environment.</td>
<td><strong>Example:</strong> A person who can not concentrate with noise around.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Low Registration</th>
<th>Sensation Seeking</th>
</tr>
</thead>
<tbody>
<tr>
<td>It takes a lot of stimulation to get them activated.</td>
<td>Actively seeks out sensory information.</td>
</tr>
<tr>
<td><strong>Radio Example:</strong> Average volume is 5, they may not hear or register the volume and although they would benefit form turning the volume up, they most likely will not turn it up.</td>
<td><strong>Radio Example:</strong> Average volume is at level 5, they will most likely want to turn volume up.</td>
</tr>
<tr>
<td>Needs more <strong>alerting</strong> sensory activity to feel balanced or less stressed.</td>
<td>Needs more <strong>alerting</strong> sensory activity to feel balanced or less stressed.</td>
</tr>
<tr>
<td><strong>Example:</strong> A person who has a difficult time staying alert during tasks.</td>
<td><strong>Example:</strong> A person who needs to have noise during tasks.</td>
</tr>
</tbody>
</table>

### Self Regulation Strategies

Our focus today is on using your sense of hearing to reduce stress. Under the "Calming" category are self-regulation strategies that may be used to help calm yourself during times of stress. The strategies under the "Alerting" category should only be used if recommendations are made based on your Sensory Profile score.

<table>
<thead>
<tr>
<th>Stress Signs</th>
<th>Sensory Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Need: Calming (to calm down)</strong></td>
<td><strong>Sensory Strategies</strong></td>
</tr>
<tr>
<td>- Emotional Signs: Outbursts (screaming, cursing, clenching fists, hitting, kicking), anxious, agitated, fearful, panic or overwhelmed</td>
<td>- Relaxing Sounds: Ambient and repetitive noises, natural sounds (ocean waves or rain), white noise (the sound of a fan), water flowing (sink or fountain), humming, cat purring, wildlife sounds (frogs, birds, crickets)</td>
</tr>
<tr>
<td>- Physical Signs: Tense, fidgety, hyperactive, difficulty sleeping or emotional &quot;shutdown&quot;</td>
<td>- Music Type: Soft and slow with repetitive, predictable, familiar rhythm (classical, new age, soft jazz), relaxation/meditation CDs</td>
</tr>
<tr>
<td>- Behavioral Signs: Intrusive, noisy, disruptive, overactive, distractible, no self control or hyper-vigilant</td>
<td>- Quiet: Wearing earplugs, go somewhere quiet</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Need: Alerting (to wake up)</strong></th>
<th><strong>Sensory Strategies</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Emotional: Sadness, feeling suicidal, having flashbacks or dissociation</td>
<td>- Music Type: Offbeat, quick paced music (rock music or drumming)</td>
</tr>
<tr>
<td>- Physical Signs: Low energy, lethargy, sleepiness and losing touch with reality</td>
<td>- Participation Music: Singing, whistling, playing musical instruments</td>
</tr>
<tr>
<td>- Behavioral Signs: Unusual quietness, lack of interest, distorted thinking and self-harming behaviors</td>
<td>- Uncontrolled Noise: Socializing, radio/tv, live concerts, comedy shows, musicals/plays/theater</td>
</tr>
</tbody>
</table>

From the list above, choose one calming or alerting strategy (based on your sensory score) to practice during this week. Then complete the “Self-Rating Tool” on next page.


Appendix K  
Relaxation Exercise Packet

MOVEMENT EXERCISES FOR STRESS (CALMING)

Deep Breathing

By allowing your lungs to breathe in as much oxygen as possible, you can help relieve tension that leads to stress. Try to practice for a few minutes whenever you begin to feel tense.

1. Sit or stand (with upright posture) and place your hands on your stomach.  
2. Inhale slowly and deeply through your nose.  
3. Let your stomach expand as you breathe (your hands are on stomach to help you feel it go out, so you know you are breathing properly).  
4. Hold your breath a few seconds.  
5. Keeping hands on your stomach, exhale through your mouth, pursing your lips as if you were going to whistle. (Pursing your lips helps you control how fast you exhale and keep your airways open longer).  
6. As you exhale, your stomach deflates and the large muscle under your lungs (your diaphragm) expands.  
7. Repeat this cycle 3-4 times.

Qui Gong Mind-Body Exercise (as demonstrated in group):

*This should be performed slowly (as if you are moving in very slow motion).

1. Sit or stand comfortably.  
2. Slowly reach your arms down as if they were to scoop up sand. If standing, bend your knees as you reach arms down.  
3. Begin to scoop up an imaginary weight with your hands (it could be something that has been causing you stress).  
4. Lift the weight up slowly until it reaches chest level.  
5. Begin to form the weight into a ball with your hands. Feel the weight of it. Begin to feel your own control over what you are moving in your hands.  
6. Move the ball of this “burden” back and forth, holding it, bringing your right hand up on top of it, then left hand up and repeating this motion.  
7. When you are ready, slowly push the weight up, holding it outward with both hands, with fingers pointing toward sky and palms toward earth. (your index fingers and thumbs form a triangle shape together.)  
8. Breathing in, push the weight up toward the sky.  
9. Breathing out, begin to release the weight, pushing it away, letting your hands and arms move outward. Imagine you are releasing this burden.  
10. Slowly let your arms move down to your sides again and repeat 2-3 times.

Tai Chi:

Refer to the picture examples on next few pages.  
Also recommended: 5-minute Tai Chi for Health and Relaxation, on youtube:  
http://www.youtube.com/watch?v=TiYFzh0olI4
## Appendix L

### Sensory Score Activity/Environment Modifications

#### RECOMMENDATIONS FOR HIGH SCORES (SIGHT)

<table>
<thead>
<tr>
<th>Sensation Avoiding</th>
<th>Sensory Sensitivity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Living Environment:</strong></td>
<td><strong>Living Environment:</strong></td>
</tr>
<tr>
<td>• Eliminate clutter</td>
<td>• Organize drawers, closets, etc., to prevent overstimulation</td>
</tr>
<tr>
<td>• Use dim, natural or dark lighting</td>
<td>• Place objects in one layer (do not fan out objects or photos, magazines, etc.)</td>
</tr>
<tr>
<td><strong>During Activities:</strong></td>
<td><strong>During Activities:</strong></td>
</tr>
<tr>
<td>• Take “visual” breaks (close your eyes to decrease stimulation for 1 min.)</td>
<td>• Use visual scanning method (left to right, top to bottom)</td>
</tr>
<tr>
<td>• Sit in an area that is the least visually overwhelming</td>
<td>• Cover or block out non-important information while viewing objects/documents</td>
</tr>
<tr>
<td>• Cover or block out non-important information while viewing objects/documents</td>
<td>• Small groups are recommended (3-4 people max)</td>
</tr>
<tr>
<td>• Wear sunglasses (if allowed/possible)</td>
<td>• Use calming strategies (see Self-Regulation Chart for more strategies)</td>
</tr>
<tr>
<td>• Small groups are recommended (3-4 people max)</td>
<td></td>
</tr>
<tr>
<td>• Use calming strategies (see Self-Regulation Chart for more strategies)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Low Registration</th>
<th>Sensation Seeking</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Living Environment:</strong></td>
<td><strong>Living Environment:</strong></td>
</tr>
<tr>
<td>• Use adequate or bright lighting</td>
<td>• Use objects with bright contrasting colors</td>
</tr>
<tr>
<td>• Place important objects in an easy to find location</td>
<td>• Use bright lighting</td>
</tr>
<tr>
<td>• Label drawers/cabinets</td>
<td><strong>During Activities:</strong></td>
</tr>
<tr>
<td>• Use mirrors to check personal appearance</td>
<td>• Sit where you can easily change your perspective</td>
</tr>
<tr>
<td>• Put different colors of food on plate</td>
<td>• Use/Request bright and &quot;alerting&quot; visual aids</td>
</tr>
<tr>
<td>• Place food in different dishes</td>
<td>• Larger groups are recommended (4 or more)</td>
</tr>
<tr>
<td><strong>During Activities:</strong></td>
<td><strong>During Activities:</strong></td>
</tr>
<tr>
<td>• Use visual cues (underline, bold, highlight, etc.)</td>
<td>• Change seats and decor often</td>
</tr>
<tr>
<td>• Use/Request bright and &quot;alerting&quot; visual aids</td>
<td>• Look for interesting and active environments</td>
</tr>
<tr>
<td>• Take notes/to-do lists</td>
<td>• Use alerting strategies (see Self-Regulation Chart for more strategies)</td>
</tr>
<tr>
<td>• Larger groups are recommended (4 or more)</td>
<td></td>
</tr>
<tr>
<td>• Use alerting strategies (see Self-Regulation Chart for more strategies)</td>
<td></td>
</tr>
</tbody>
</table>

---


## RECOMMENDATIONS FOR HIGH SCORES (MOVEMENT)

<table>
<thead>
<tr>
<th>Sensation Avoiding</th>
<th>Sensory Sensitivity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Living Environment:</strong></td>
<td><strong>Living Environment:</strong></td>
</tr>
<tr>
<td>• Situate often used objects above waist level (avoid bending)</td>
<td>• Arrange rooms for specific uses</td>
</tr>
<tr>
<td>• Use stairs (elevators &amp; escalators may be uncomfortable)</td>
<td>• Use chairs that can rock or glide</td>
</tr>
<tr>
<td><strong>During Activities:</strong></td>
<td><strong>During Activities:</strong></td>
</tr>
<tr>
<td>• Arrange to take sit-down breaks often (during physical activities)</td>
<td>• Situate often used objects above waist level (avoid bending/reaching)</td>
</tr>
<tr>
<td>• Incorporate repetitive and/or routine activities</td>
<td>• Breakdown difficult movement tasks into steps</td>
</tr>
<tr>
<td>• Use calming strategies (see Self-Regulation Chart for more strategies)</td>
<td>• Use calming strategies (see Self-Regulation Chart for more strategies)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Low Registration</th>
<th>Sensation Seeking</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Living Environment:</strong></td>
<td><strong>Living Environment:</strong></td>
</tr>
<tr>
<td>• Use non-slip tub/shower mats</td>
<td>• Arrange objects to incorporate bending/reaching</td>
</tr>
<tr>
<td>• Use non-skid shoes/soles</td>
<td><strong>During Activities:</strong></td>
</tr>
<tr>
<td>• Clear pathways of objects</td>
<td>• Volunteer to be the helper (pass out things, put chairs away, etc.)</td>
</tr>
<tr>
<td>• Use stair rails, bars and other visual cues to mark steps</td>
<td>• Sit on therapy ball/inflatable cushion</td>
</tr>
<tr>
<td>• Encourage self-serving while dining</td>
<td>• Engage in physical activities prior to performing thinking activities (prior to meeting)</td>
</tr>
<tr>
<td>• Have meals with courses</td>
<td>• Alter speeds (various types of tasks that keep you moving)</td>
</tr>
<tr>
<td><strong>During Activities:</strong></td>
<td>• Use alerting strategies (see Self-Regulation Chart for more strategies)</td>
</tr>
<tr>
<td>• Take breaks often</td>
<td><strong>During Activities:</strong></td>
</tr>
<tr>
<td>• Incorporate movement into routine</td>
<td>• Use alerting strategies (see Self-Regulation Chart for more strategies)</td>
</tr>
<tr>
<td>• Use alerting strategies (see Self-Regulation Chart for more strategies)</td>
<td><strong>During Activities:</strong></td>
</tr>
</tbody>
</table>


### SELF-REGULATION STRATEGIES

Our focus today is on using your senses of sight and movement to reduce stress. Under the "Calming" category are self-regulation strategies that may be used to help calm yourself during times of stress. The strategies under the "Alerting" category should only be used if recommendations are made based on your Sensory Profile score.

<table>
<thead>
<tr>
<th>STRESS SIGNS</th>
<th>SIGHT</th>
<th>MOVEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Need: CALMING (to calm down)</strong></td>
<td><strong>SENSORY STRATEGIES</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Emotional Signs:</strong></td>
<td>- Outbursts (screaming, cursing, clenching fists, hitting, kicking), anxious, agitated, fearful, panic or overwhelmed</td>
<td>- Observe Peaceful Features:</td>
</tr>
<tr>
<td><strong>Physical Signs:</strong></td>
<td>- Tense, fidgety, hyperactive, difficulty sleeping or emotional &quot;shutdown&quot;</td>
<td>- The less clutter the better</td>
</tr>
<tr>
<td><strong>Behavioral Signs:</strong></td>
<td>- Intrusive, noisy, disruptive, overactive, distractible, no self control or hyper-vigilant</td>
<td>- The sky (clouds, stars, etc.)</td>
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<td></td>
<td></td>
<td>- Nature (rain showers, snow falling, waterfalls, ocean waves, sunrise/sunset)</td>
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<td></td>
<td></td>
<td>- Wildlife watching (birding, whales, etc.)</td>
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<td></td>
<td></td>
<td>- Look at Familiar Objects:</td>
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<tr>
<td></td>
<td></td>
<td>- Photos</td>
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<tr>
<td></td>
<td></td>
<td>- Fireplace or campfire</td>
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<tr>
<td></td>
<td></td>
<td>- Bubble/Lava lamps</td>
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<td></td>
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<td>- Fish in a fish tank</td>
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<td></td>
<td></td>
<td>- Decrease Stimulation:</td>
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<td></td>
<td></td>
<td>- Sunglasses</td>
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<td></td>
<td></td>
<td>- Low lighting</td>
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<td></td>
<td></td>
<td>- Activities:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Photography</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Reading</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Visit a museum</td>
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<td></td>
<td></td>
<td>- Other;</td>
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<tr>
<td><strong>Deep Muscle Pressure:</strong></td>
<td>- Resistance exercises (walking in sand, water exercises, etc.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Pushing hands together</td>
<td></td>
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<tr>
<td></td>
<td>- Chewing large piece(s) of gum</td>
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<tr>
<td></td>
<td>- Desk/Wall push-ups</td>
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<td>- Lifting, carrying, pushing objects</td>
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<td></td>
<td>- Theraband exercises</td>
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<td></td>
<td>- Yoga/Tai Chi/Pilates</td>
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<tr>
<td><strong>Deep Breathing:</strong></td>
<td>- Abdominal breathing</td>
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<tr>
<td></td>
<td>- Blowing (pinwheel, bubbles, balloons, etc.)</td>
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<tr>
<td></td>
<td>- Whistling</td>
<td></td>
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<tr>
<td></td>
<td>- Drinking thick liquid through a straw</td>
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<tr>
<td><strong>Activities:</strong></td>
<td>- Swimming</td>
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<td></td>
<td>- Golf</td>
<td></td>
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<tr>
<td></td>
<td>- Hiking</td>
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<td></td>
<td>- Sightseeing</td>
<td></td>
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<tr>
<td></td>
<td>- Mind-Body exercises</td>
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<tr>
<td></td>
<td>- Other;</td>
<td></td>
</tr>
</tbody>
</table>

**Need: ALERTING (to wake up)**

<table>
<thead>
<tr>
<th><strong>SENSORY STRATEGIES</strong></th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Look at Eye-popping Features:</strong></td>
<td>- Objects with bright colors</td>
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<tr>
<td></td>
<td>- Complex visual images</td>
</tr>
<tr>
<td></td>
<td>- Multiple light patterns</td>
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<tr>
<td><strong>Look at New Things:</strong></td>
<td>- Unfamiliar toys, gadgets and games</td>
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<td></td>
<td>- Unfamiliar people (people watching)</td>
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<td></td>
<td>- Unfamiliar places</td>
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<tr>
<td><strong>Activities:</strong></td>
<td>- Watching Sports</td>
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<td></td>
<td>- Observe Children playing</td>
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<td></td>
<td>- Watch TV/Movies</td>
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<tr>
<td></td>
<td>- Window Shopping/Shopping</td>
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<td></td>
<td>- Watch/Play Video games</td>
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<td>- Computer work/play</td>
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<td></td>
<td>- Zoo, aquarium, etc.</td>
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<td></td>
<td>- Other;</td>
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<tr>
<td><strong>Deep Muscle Pressure:</strong></td>
<td>- Fast walking</td>
</tr>
<tr>
<td></td>
<td>- Sports (tennis, volleyball, basketball, etc.)</td>
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<tr>
<td></td>
<td>- Fast dancing</td>
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<td></td>
<td>- Aerobic exercise (stairmaster, treadmill, etc.)</td>
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<td></td>
<td>- Stamping feet</td>
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<td>- Shaking/clapping hands (hard)</td>
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<td>- Juggling, using a scarf/hacky sack</td>
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<td></td>
<td>- Cleaning (vacuuming, folding, etc.)</td>
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<td></td>
<td>- Throwing/Batting (a ball, a balloon, a beach ball, etc.)</td>
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<tr>
<td></td>
<td>- Sitting on a therapy ball/inflatable cushion</td>
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<tr>
<td><strong>Activities:</strong></td>
<td>- Swimming</td>
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<td></td>
<td>- Horseback riding</td>
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<td></td>
<td>- Kayaking/Canoing</td>
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<td></td>
<td>- Martial Arts</td>
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<td></td>
<td>- Interactive video games (Wii, Kinect, etc.)</td>
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<tr>
<td></td>
<td>- Other;</td>
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</tbody>
</table>

From the list above, choose one calming or alerting strategy (based on your sensory profile) to practice during this week. Then complete the "Self-Rating Tool" on next page.

---


1. List one of the sensory coping strategies (checked) you will use this week.

2. Explain how you will use it to cope with a particular stressful situation.

3. What barrier may get in the way of you're performing this strategy you have chosen? How will you get around that barrier?
Appendix N
Client Satisfaction Surveys

Thank you for taking part in our group session on stress management. Please take a few minutes to fill out this survey to provide us some feedback.

1) To what extent did you find today's workshop useful?
   a. □ not useful  b. ☑ somewhat useful  c. □ quite useful  d. □ very useful

2) Of the topics we covered today, please rank their usefulness to you in order of 1, 2, 3, 4, 5, 6
   1=most useful and 6=least useful
   a. 3 The effects of stress on your body
   b. 4 Group discussion about symptoms and coping strategies
   c. 4 Practice using "calming" sounds with Self Rating Tool
   d. 5 Playing the Sense It Game
   e. 3 Group discussion on barriers
   f. 5 Session sheet with "calming" and "alerting" strategies related to hearing

3) What area or part of stress management would you like to see covered more in this group?
   ____________________________ emotional/physical things to cope

4) What changes (if any) do you plan to make in your life after attending this session?
   ____________________________ listening to my hearing needs + calm myself down with music

5) How would you rate the group leaders' presentation today?
   □ poor  □ fair  □ good  ☑ very good

6) Please provide additional suggestions, thoughts or feedback:
   ____________________________________________________________

Thank you for your time. We look forward to seeing you next week!
Thank you for taking part in our group session on stress management. Please take a few minutes to fill out this survey to provide us some feedback.

1) To what extent did you find today's workshop useful?
   a. [ ] not useful  
   b. [ ] somewhat useful  
   c. [x] quite useful  
   d. [ ] very useful

2) Of the topics we covered today, please rank their usefulness to you in order of 1, 2, 3, 4, 5, 6 1=most useful and 6=least useful
   b. [1] Group discussion about symptoms and coping strategies
   c. [5] Practice using "calming" sounds with Self Rating Tool
   d. [2] Playing the Sense It Game
   e. [2] Group discussion on barriers
   f. [4] Session sheet with "calming" and "alerting" strategies related to hearing

3) What area or part of stress management would you like to see covered more in this group?  
   Playing more of the Sense It Game

4) What changes (if any) do you plan to make in your life after attending this session?  
   Listening to music while doing tasks that stress me

5) How would you rate the group leaders' presentation today?  
   [ ] poor  
   [ ] fair  
   [ ] good  
   [x] very good

6) Please provide additional suggestions, thoughts or feedback:  
   Thank you very much

Thank you for your time. We look forward to seeing you next week!
Thank you for taking part in our group session on stress management. Please take a few minutes to fill out this survey to provide us some feedback.

1) To what extent did you find today's workshop useful?
   a. [ ] not useful   b. [ ] somewhat useful   c. [ ] quite useful   d. [X] very useful

2) Of the topics we covered today, please rank their usefulness to you in order of 1, 2, 3, 4, 5, 6
   1=most useful and 6=least useful
   a. [ ] 1 Playing the Sense It Game
   b. [6] Group discussion about take-home activity/getting around barriers
   c. [5] Learning/practicing three "calming" movements & using rating tool
   d. [3] Chart explaining basics of "Sensory Profile" score
   e. [4] Chart explaining in-depth modifications based on "Sensory Profile" score
   f. [2] Session sheet with "calming" and "alerting" strategies related to vision & movement

3) What area or part of stress management would you like to see covered more in this group?

4) What changes (if any) do you plan to make in your life after attending this session?

   [Adding more music and dance while doing other things]

5) How would you rate the group leaders' presentation today?

   [ ] poor   [ ] fair   [ ] good   [X] very good

6) Please provide additional suggestions, thoughts or feedback:

   [Hard to answer questions with everyone talking and hard to prioritize in #2]

Thank you for your time!
Thank you for taking part in our group session on stress management. Please take a few minutes to fill out this survey to provide us some feedback.

1) To what extent did you find today's workshop useful?
   a. □ not useful   b. □ somewhat useful   c. □ quite useful   d. □ very useful

2) Of the topics we covered today, please rank their usefulness to you in order of 1, 2, 3, 4, 5, 6 (1=most useful and 6=least useful)
   a. □ Playing the Sense It Game
   b. □ Group discussion about take-home activity/getting around barriers
   c. □ Learning/practicing three “calming” movements & using rating tool
   d. □ Chart explaining basics of “Sensory Profile” score
   e. □ Chart explaining in-depth modifications based on “Sensory Profile” score
   f. □ Session sheet with “calming” and “alerting” strategies related to vision & movement

3) What area or part of stress management would you like to see covered more in this group?
   Games that helped w/interpretation of things

4) What changes (if any) do you plan to make in your life after attending this session?
   Reduce my stressors + what I can/do to calm down

5) How would you rate the group leaders' presentation today?
   □ poor   □ fair   □ good   □ very good

6) Please provide additional suggestions, thoughts or feedback:
   Interested in Sensory Profile

Thank you for your time!
Appendix O
Future Student Checklist Packet

Future Student Checklist/Packet

Below is a brief overview with step-by-instructions to assist you in the continuation of the IPP project of building an interdisciplinary program between Pacific University’s OT school and the School of Professional Psychology Clinic (SPPC). Please keep in mind that these recommendations are just suggestions to help guide you in this process.

1. **Start Early:** It is a good idea to begin thinking about this project as soon as you are assigned it. If time is limited, make it a point to at least edit and administer the client surveys to ensure a higher response rate.
   - Review Project Binder
   - Review Project Folder for editable documents on Advisors’ computer
     - Review Client Survey (edit if necessary) *(Pages 1 & 2)*
     - Review Staff Survey (optional) *(Pages 3-5)*
   - Meet with Advisor
     - Discuss expectations & goals
     - Determine if you need to go through IRB process (we did not)
     - Discuss developing a potential screening process or identify barriers of linking with SPPC’s screening process
   - Meet with Director of SPPC
     - Discuss expectations & goals
     - Plan/permission for administering client surveys
     - Plan/permission for administering staff surveys
     - Determine whether you will recruit from population outside of SPPC clinic? (we could not)
     - Determine cost of group (ours was free)
     - Consider plan to present info/have discussion with the staff at SPPC
   - Set up a PU phone line (questions, screening, registration) *(Pages 6 & 7)*
   - Administer Client Surveys
     - Use box with slit on top (We donated this to your cause)
     - Use colorful signs to draw attention to surveys such as “Please ask about our OT survey” or “Please fill out our survey”
     - Sean recommends that you not spend money to entice clients to fill surveys out but consider other methods.
     - We used coffee and snacks to entice staff to complete
   - Administer Staff Surveys (Optional)

2. **Identify Your Potential Clients’ Needs:**
   - Collect and analyze Client Survey data *(Pages 8-10)*
   - Collect and analyze Staff Survey data (Optional) *(Pages 11 & 12)*
   - Review previous student data, especially SWOT (Project Binder)
   - Determine themes and areas of need based on all the data
   - Choose group theme
3. **Create/Plan Your Group:**
   - □ Choose models/frames of references
   - □ Create a Program Plan outline and example *(Pages 13 & 14)*
   - □ Create a group Ad or Flyer
     - □ Consider adding bus line and/or map
     - □ Be sure to reserve SPPC group room early
   - □ Set up the registration Process
     - □ Review/edit Registration Form *(Page 15)*
     - □ Minimize staff burden by having 2 in/out folders
       - □ Release of Information (ROI) forms
       - □ Registration form
       - □ Sign-up sheet
   - □ Have director of SPPC inform front desk

4. **Advertise and Promote:**
   - □ SPPC Flyers at front desk (Both Portland and Hillsboro)
     - □ Create colorful signs to draw attention to group Flyers
   - □ If you have permission to advertise outside of SPPC and have set up a screening process- here are some ideas of places to recruit
     - □ Internet/create a website (optional)
     - □ Flyers all over town
     - □ Craigslist
     - □ Meet-Ups.com
     - □ Other mental health agencies that do not provide
     - □ OT specific groups (there are some who are open to providing outside resources to their clients)
   - □ Word of Mouth (Ask SPPC director to inform other therapists)
   - □ Consider presenting information about your ideas and groups to staff, to get them onboard and involved. This may include discussions about OT roles.
   - □ Consider inviting staff to sit in on groups

5. **Prepare and Implement Group:**
   - □ Gather materials
   - □ Create/Edit Client Satisfaction survey *(Page 16)*
   - □ Check completed sign up list and forms in folder
   - □ Review Clients’ Charts
   - □ Give Clients a reminder call
   - □ Practice
   - □ Run groups
     - □ Consider grading the activities up or down as needed

6. **Prepare Presentation:**
   - □ PowerPoint
   - □ Invite SPPC staff to presentation
   - □ Consider submitting to an OT conference because your project was so awesome!
Welcome, and thank you for participating in this anonymous survey!

This survey will help determine if you may benefit from Occupational Therapy (OT) Services. The person who may benefit from OT could be anyone who, for whatever reason, can't do the things in life they want need or are expected to do. An OT can help an individual regain or achieve a high level of independence, feel socially included, build healthy relationships with family and friends, promote recovery and live a fulfilling life.

Please do not identify any of your personal details (i.e., name, number, address etc.).

Circle the age group that applies to you: 18-25  26-35  36-45  46-55  56-65  66-75  76-85  86-95  96+

Gender:

Which of the following apply to you?

- I live alone
- I live with family or friends
- I live with a caretaker
- I live in Supported Housing
- I live in a group home

Please check any diagnoses you have been given:

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Disorder</th>
<th>Disorder</th>
<th>Disorder</th>
<th>Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>Bipolar Disorder</td>
<td>Obesity</td>
<td>Heart Disease</td>
<td>Arthritis</td>
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<tr>
<td>ADHD</td>
<td>Schizophrenia</td>
<td>Parkinson's</td>
<td>Chronic Fatigue</td>
<td>Stroke</td>
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<tr>
<td>Diabetes</td>
<td>Spinal Cord Injury</td>
<td>COPD</td>
<td>Fibromyalgia</td>
<td>HIV</td>
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<tr>
<td>Anxiety</td>
<td>Multiple Sclerosis</td>
<td>Cancer</td>
<td>Traumatic Brain Injury</td>
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<tr>
<td>Autism</td>
<td>Psychosis NOS</td>
<td>Other</td>
<td>Substance Dependence/Abuse</td>
<td></td>
</tr>
</tbody>
</table>

Do you have difficulty performing any of the following activities with or without assistance? (Please check all that apply to you)

- Grooming
- Leisure
- Eating
- Communication Device Use
- Bathing/Showering
- Shopping
- Sleeping
- Coping/Stress Management
- Transportation
- Budgeting
- Dressing
- Planning/Preparing Meals
- Child or Pet Care
- Toileting
- Sobriety
- Health Maintenance
- Sexual Activity
- Work
- Home Maintenance
- Home Mobility
- Participation
- Play
- Community Activities
- Community Mobility

Please check all that apply to you:

- I seek out physical contact (hugging, touching, etc.).
- I want to exercise, but am having a hard time because of (circle those that apply): motivating myself to do it / don't have time/don't know where to start.
- I have a hard time sitting still and I tend to be fidgety.
- I become bothered when I see lots of movement around me (for example, at a busy store).
- I seem slower than others when trying to follow an activity or task.
- I avoid situations where unexpected things might happen.
- I am having a difficult time facing the changes in my life and body as I get older.
It bothers me to be hugged or held.
I do not feel good about myself.
I find it difficult to eat healthy.
I tend to compare myself with others and feel others are better than me.
I have a difficult time completing tasks that I started.
I tend to get motion sickness.
I feel I am not safe living on my own.
I tend to have a difficult time concentrating.
I find that I am always taking care of everyone else around me, with little time left to care for myself.
I have a difficult time relaxing.
I have difficulty maintaining employment.
I sometimes feel confused or disoriented.

Please check the following that you are interested in:

- Developing healthy hobbies and interests.
- Improving your overall health and well being.
- Time management.
- Creating a personalized kit that will help you cope with the stress of daily living.
- Regulating your emotions and organizing your thoughts.
- Simple meal planning and healthy eating.
- Reducing stress and increasing relaxation.
- Feeling better about yourself.

****Please return this completed survey to the front desk****

If you would like an Occupational Therapy student to contact you to answer questions, or for more information, please ask the front desk for a "Contact Form".

Thank you for your time!
This survey is part of an innovative project to be used for program development at Pacific University School of Professional Psychology and School of Occupational Therapy.
Innovative Practice Project Survey

Hello and welcome to our survey!

What do you do if your clients have difficulty carrying over goals from therapy into their daily lives? An Occupational Therapist is trained to address mental and physical barriers that impede follow-through, and can help your client put their goals into action.

We are two Masters of Occupational Therapy (MOT) students, Ingrid and Ariel, who are exploring potential partnerships between Pacific University School of Occupational Therapy and the School of Professional Psychology Clinic. This project, including the needs analysis, will also be supervised by Sean Roush, OTR/L.

This is an anonymous questionnaire that will help identify what services we might be able to offer in your facility and how your patients may benefit from Occupational Therapy (OT). Occupational Therapists look holistically at an individual’s ability to perform in “areas of occupation” that they want to, need to, or are expected to do. These areas and life activities are: Education, Work, Play, Leisure, Social Participation, Activities of Daily Living (ADLs) (hygiene, grooming, toileting, dressing, eating, functional mobility, sexual activity, sleep, etc.), and Instrumental Activities of Daily Living (IADLs) (caring for children or pets, communication device use, finances, community mobility, health and home maintenance, meal preparation/cleanup, safety procedures, shopping, etc.). An OT identifies barriers in performance skills, behaviors, habits, environmental conditions as well as body/brain issues and works with the individual to restore, establish, maintain, modify, prevent decline or enhance an individual’s ability to perform their occupations. The goal is to help an individual regain or achieve a high level of independence, feel socially included, build healthy relationships with family and friends, promote recovery and live a fulfilling life.

To assist us in this effort, we would greatly appreciate your help by filling out this anonymous questionnaire.

1. Please list all the diagnoses (Mental Health & Co-occurring Physical Health) of clients in your current caseload. ***If you are a supervisor, please skip this question.

2. What site location do you currently provide services?

3. What services would you like to see offered to your clients that you haven’t been able to offer?
4. Please list the deficits you may see in your clients that you are not able to address due to any reason (i.e. time constraints, difficulty doing home visits, financial constraints, deficits that are outside of your scope of practice, etc.)

5. Please list specific areas of occupation you think an OT will be able to assist your clients? Examples—Education, Work, Play, Leisure, Social Participation, Activities of Daily Living (ADLs) (hygiene, grooming, toileting, dressing, eating, functional mobility, sexual activity, sleep, etc.), and Instrumental Activities of Daily Living (IADLs) (caring for children or pets, communication device use, finances, community mobility, health and home maintenance, meal preparation/cleanup, safety procedures, shopping, etc.)

6. Please identify safety concerns that you have about your clients. (i.e. recent falls, unsafe living on their own, inability to problem solve, not adhering to medical treatment, etc.).

7. Please describe any prior experience have you had working with an Occupational Therapist.

8. Is there anything that we may have missed in this questionnaire that would be helpful for us to know?
The security of information transmitted through the internet cannot be guaranteed. Furthermore, this survey is administered through a group SurveyMonkey account. Any individuals permitted to use this account (administrators, staff, faculty, students, etc.), regardless of whether or not they are directly involved with this project, have unrestricted access to all aspects of the survey and the information gathered through it.
Using Pacific Voicemail

Faculty & Staff

Set Up Your Mailbox
From your extension, lift the handset and dial 3000.
Enter the default Personal Security Code, 7277 (the word PASS spelled out on the key pad).

Be sure to:
- Record your name for the directory.
- Record a personal greeting.
- Set a Personal Security Code.

Do not hang up until the system has asked you to confirm your settings and says “Congratulations, you have successfully completed the initial setup for your mail box.”

When finished, return the handset to the cradle.

What To Do When The Digital Attendant Asks A Question:
1. Yes
2. No
* Finish selection
# Go back one menu

Main Menu Options
4. Check new messages
5. Leave messages
6. Review old messages
7. Change setup options

Actions To Be Taken At The End Of A Voice Message:
# Repeat the message
0. Save Message as new (new messages only)
4. Reply to the message
5. Check the next message
6. Delete the message
8. Read time/date stamp
9. Redirect the message
* Exit quickly

While Listening To A Voice Message:
3. Accelerate to the end of the message (message action)
4. Slow message down
6. Speed message up
7. Backup five seconds
8. Pause
9. Forward five seconds
* Exit

Setup Your Out Of Office Greeting
Pick up the handset and dial 3000 from on campus, or use the off campus access instructions.
Enter your personal security code.
Press 7 for Setup Options
Press 1 for Personal Options
Press 3 to record your Out of Office Greeting.
Record the Out of Office Greeting then press 2 to end the recording.
Press 5 when prompted to save changes. When finished, press * and return the handset to the cradle.

You will be prompted to turn off the Out of Office Greeting by pressing 4 the next time you login to your mailbox.

Forwarding Your Phone To Voice Mail
Send To Voice Mail After 4 Rings:
Pick up handset and dial *6 3000

Send Directly To Voice Mail:
Pick up handset and dial *5 3000

Send To Phone Off Campus/Forward All:
Pick up handset and dial *5 9 plus 10-digit number.

To Cancel Forward All to Off Campus:
Pick up handset and dial # 5

Change Your MailboxGreetings
Pick up the handset and dial 3000 from on campus, or use the off campus access instructions.
Enter your personal security code.

Press 7 for Personal Options, then press 4 for your Standard Greeting or press 5 for your Busy Greeting.
Press 5 when prompted to save changes. When finished, press * and return the handset to the cradle.

Access Your Mailbox
From Your Desk: Pick up the telephone handset and dial 3000.
From Off Campus: Pick up your telephone handset and dial 503.352.3000. At the prompt, press 9 and enter your four-digit extension.

Follow the prompts or use the quick keys shown on reverse.

Change Your MailboxGreetings
Pick up the handset and dial 3000 from on campus, or use the off campus access instructions.
Enter your personal security code.

last updated 3/28/2012

This is a publication of University Information Services. For further assistance please contact the Technology Information Center (503-352-1500, lower level Marsh) or University Information Services for the Health Professions Campus (503-352-7243, HPC 211) or email help@pacificu.edu.
Voicemail Menu Options

**Main Menu**
- Check New Messages 4
- Leave Messages 5
- Review Old Messages 6
- Setup Options 7

**Playback Option**
- Go To End of Message 3
- Decrease Speed 4
- Increase Speed 6
- Backup Five Seconds 7
- Pause 8
- Forward Five Seconds 9
- Resume Any

**Answer Questions**
- Yes 1
- No 2

**New Messages**
- Reply 4
- Next Message 5
- Delete 6
- Timestamp 8
- Redirect 9
- Save As New 0
- Repeat Message #

**Leave Messages**
- Edit Recording 4
- Delivery Options 5
- Other Recipients 6
- Send Message *

**Review Messages**
- Reply 4
- Next Message 5
- Delete 6
- Timestamp 8
- Redirect 9
- Repeat Message #

**Setup Options**
- Personal Options 1
- Messaging Options 2
- Auto Attendant 3
- Standard Greeting 4
- Busy Greeting 5
- Out of Office Greeting 6

**Edit Recording**
- Add to Message 4
- Listen to Message 5
- Rerecord Message 6
- Finish Editing *

**Delivery Options**
- Urgent 4
- Private 5
- Request a Receipt 6
- Future Delivery 7
- Send Message *

**Personal Options**
- Notification (on/off) 1
- Daily Msg. Reminder 2
- Personal Greeting 3
- Change Security Code 4
- Record Your Name 5
- Record Announcement 6

**Messaging Options**
- Record a name 2
- Distribution List 3
- Message Presentation 5
- Message Envelope 6

**Auto Attendant**
- Change Call Blocking 2
- Change Extension 3

**Out of Office**
- Out of office 3
- Regarding more out of office: See above
## SPPC Client Survey Analysis

<table>
<thead>
<tr>
<th>CQ Questions</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>Total Clients</th>
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<tbody>
<tr>
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<td>26-35 yrs.</td>
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<td>46-55 yrs.</td>
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<td>Male</td>
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<tr>
<td>Female</td>
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<tr>
<td>Living situation</td>
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<tr>
<td>I live alone</td>
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<tr>
<td>I live with friends or family</td>
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<tr>
<td>I live in supported housing</td>
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<tr>
<td>I live with a caretaker</td>
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<tr>
<td>I live in a group home</td>
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<tr>
<td>Diagnosis</td>
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<td>Depression</td>
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<td>Bipolar Disorder</td>
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<td>Obesity</td>
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<td>Parkinson's</td>
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<td>Traumatic Brain Injury</td>
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<td>Substance Dependence/Abuse</td>
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<td>Activities of Daily Living</td>
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<td>Grooming</td>
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<td>Bathing/Showering</td>
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<td>Transportation</td>
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<tr>
<td>Child or pet care</td>
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<tr>
<td>Questions</td>
<td>Health &amp; Wellness</td>
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<tr>
<td>2</td>
<td>I want to exercise but am having a difficult time of motivating myself, don’t have time, don’t know where to start</td>
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<tr>
<td>18</td>
<td>I have difficulty maintaining employment</td>
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<tr>
<td>Allen Cognitive Level</td>
<td>I feel I am not safe living on my own</td>
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<tr>
<td>14</td>
<td>I sometimes feel confused or disoriented</td>
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<tr>
<td>Self Esteem</td>
<td>I do not feel good about myself</td>
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<td>9</td>
<td>I tend to compare myself with others and feel others are better than me</td>
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<tr>
<td>Sensory</td>
<td>I have a difficult time completing tasks that I started. (stress/anxiety)</td>
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<tr>
<td>12</td>
<td>I become bothered when I see lots of movement around me (for example, at a busy mall, parade, or carnival) (Sensory Sensitivity)</td>
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<td>4</td>
<td>I seem slower than others when trying to follow an activity or task (Low Registration)</td>
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<td></td>
<td>I avoid situations where unexpected things might happen (Sensation Avoiding)</td>
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<tr>
<td>1</td>
<td>I seek out physical contact (holding hands, hugging, touching the person I’m talking to, etc.) (Sensation Seeking)</td>
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<tr>
<td>8</td>
<td>It bothers me to be hugged or held (Sensory Sensitivity)</td>
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<td>3</td>
<td>I have a hard time sitting still and I tend to be fidgety (Sensation Seeking)</td>
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<tr>
<td>13</td>
<td>I tend to get motion sickness (Sensory Sensitivity)</td>
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<td>15</td>
<td>I tend to have a difficult time concentrating</td>
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</tbody>
</table>

**Stress & Coping**

| 17| I have a difficult time relaxing.                                       |
| 7 | I am having a difficult time facing the changes in my life as my body gets older |
| 16| I find that I am always taking care of everyone else around me, with little time left to care for myself |

**Nutrition**

| 10| I find it difficult to eat healthy                                     |

**Groups**

Developing healthy hobbies and interests

Improving your overall health and wellbeing

Creating a personalized kit that will help you cope with the stress of daily living

Regulating your emotions and organizing your thoughts

Simple meal planning and healthy eating

Reducing stress and increasing relaxation

Feeling better about yourself
**Pacific University School Of Psychology Clinic (Hillsboro)**

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Mood Disorders:</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Anxiety Disorders:</td>
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<td></td>
<td>Personality Disorders:</td>
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<td></td>
<td>Impulse Disorders:</td>
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<td>Eating Disorders:</td>
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<td></td>
<td>Psychotic Disorders:</td>
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<td></td>
<td>Mental Health Other:</td>
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<tr>
<th>Services Desired</th>
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<tbody>
<tr>
<td>Treatment Barriers</td>
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<table>
<thead>
<tr>
<th>Perceived Benefits of OT (Areas of Occupation)</th>
<th>Work:</th>
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<tbody>
<tr>
<td></td>
<td>Activities of Daily Living (ADLs):</td>
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<tr>
<td></td>
<td>Instrumental Activities of Daily Living (IADLs):</td>
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<td></td>
<td>Other:</td>
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<table>
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<tr>
<th>Clients Safety Concerns</th>
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<tr>
<td>Prior OT experience</td>
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</tbody>
</table>

| Additional Information  |                          |

**Pacific University School of Psychology Clinic (Portland)**

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Mood Disorders:</th>
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<tbody>
<tr>
<td></td>
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<td>Eating Disorders:</td>
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<td>Psychotic Disorders:</td>
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<tr>
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<td>Treatment Barriers</td>
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<tr>
<th>Perceived Benefits of OT (Areas of Occupation)</th>
<th>Instrumental Activities of Daily Living (IADLs):</th>
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<tbody>
<tr>
<td></td>
<td>Work:</td>
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<tr>
<td></td>
<td>Activities of Daily Living (ADLs):</td>
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<td>Sleep:</td>
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<td>Other:</td>
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<tr>
<td>Perceived Areas of OT Services</td>
<td>Transportation:</td>
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<td>--------------------------------</td>
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<td>Clients Safety Concerns</td>
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<tr>
<td>Prior OT Experience</td>
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<tr>
<td>Additional Information</td>
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</tbody>
</table>

**Native American Rehabilitation Association**

| Diagnosis                        |                 |        |        |
| Perceived areas of OT services   |                 |        |        |
| Treatment Barriers               |                 |        |        |
| Perceived Benefits of OT (Areas of Occupation) | | | |
| Clients Safety Concerns          |                 |        |        |
| Prior OT experience              |                 |        |        |
| Additional Information           |                 |        |        |
Occupational Therapy Program Plan for SPPC

“Making Sense of Stress Management”

**Purpose:** To provide motivational, educational, and interactive activities that will increase clients’ awareness of the effect stress has on our bodies, and how to use sensory input to manage everyday stress.

**Goals of Group:**
- Learn about the flight or fight response and how mental stress affects our bodies.
- Build awareness of your stress symptoms.
- Develop healthy coping and stress management alternatives.
- Participate in an assessment/intervention using a modified version of the Adolescent/Adult Sensory Profile.
- Practice using the 7 types of sensory input (touch, taste, vision, movement, auditory and activity level), with emphasis on auditory and visual, to decrease symptoms.
- Gain practical understanding on how to use sensory input in everyday activities (with take-home activities to build skills).

**Outcome Measures:**
- Group notes will be recorded for each meeting for 2 weeks and will convey client’s progress, and level of interaction.
- 2 sections (auditory and visual) of an individual’s Sensory Profile assessment score will be tracked for two weeks.
- Benefit of group will be determined through a client satisfaction survey that will be administered.
- A future group interest list will also be administered.

**Identified Need:** A thorough analysis of demographics, SWOT and surveys of SPPC staff and clients revealed that clients may benefit from intervention designed for individuals experiencing stress and/or anxiety. Research shows that prolonged stress and traumatic experiences can drastically affect our ability to notice and respond to sensory stimuli in our environment (Champagne, 2008). Therefore, the clients may benefit from education in the use of sensory input as a healthy alternative coping strategy.

**Logistics:** Group will ideally meet in SPPC clinic for 90 minutes 1 x/week for 2 weeks. Group will be led by 2 OT students under supervision of Sean Roush, OTR/L, Assistant Professor at Pacific University, in a room large enough to fit tables, chairs and various sensory items and assessment tools. Equipment needed for group sessions are whiteboard and markers, TV w/ video (optional), music (relaxation/white noise), sensory assessment game, and visual/art such as magazines, pictures, etc.

**Referral Criteria:** Any individual who has an interest in developing and learning about sensory strategies to cope and function in everyday life.
Sequence of Program:
1st week:
- Complete registration form if not done previously (5 min)
- Get to know you activity (5 min)
- Intro about group, topics covered (5 min)
- Education on stress and our bodies, symptom awareness, and discussion about what clients currently do to decrease stress (20 min)
- Auditory part of modified version of sensory profile game (20 min)
- Group reflections (15 min)
- Summary (5 min)
- Worksheet/homework (5 min)
- Questionnaire and/or satisfaction surveys (10 min)

2nd week*:
- Complete registration form if not done previously (5 min)
- Get to know you activity (5 min)
- Intro about group, topics covered (5 min)
- Additional info on stress and our bodies, and discussion about what clients have been doing since last session to decrease stress (20 min)
- Visual part of modified version of sensory profile game (20 min)
- Group reflections (15 min)
- Summary (5 min)
- Worksheet/homework (5 min)
- Fill out questionnaire and/or satisfaction survey (10 min)

*Tentative schedule, may be altered according to feedback and analysis of first session.

Identified Risks and Risk Management Plan: Prior to group, a form will be completed by patients that identifies their case manager and any mental or physical diagnoses. In the event of an emergency, the case manager will be notified, and if necessary, emergency response will be alerted. Before the group begins the Leader will remind clients about group ground rules of respecting others, no aggression, no disputes and using active listening skills during discussions. Group leaders will be responsible for setting up the room and clearing it of potentially hazardous items.

Literature Review and Evidence Base:

References


Registration Form:

Welcome to our “Making Sense of Stress Management” occupational therapy (OT) group. Please complete the following form and return to the front desk.

Name: ________________________________

Phone: __________________________ May we leave a message for you here? Y__ N__

Emergency Contact: ________________________________

Your Case Manager at SPPC: ________________________________

Please list any current and past diagnoses you have been given (mental and physical): ________________________________

What do you hope to get out of this group? ________________________________

Have you had any prior experience with occupational therapy? If yes, please describe:

_____________________________________________________________________________________

Please check your current coping strategies to deal with stress (positive and negative):

<table>
<thead>
<tr>
<th>Exercise</th>
<th>Cry</th>
<th>Eat more/less</th>
<th>Engage in risky behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hobby</td>
<td>Sleep</td>
<td>Professional help</td>
<td>Spend time w/ your pet</td>
</tr>
<tr>
<td>Self-talk</td>
<td>Drugs</td>
<td>Deep breathing</td>
<td>Light scented candles</td>
</tr>
<tr>
<td>Meditation</td>
<td>Alcohol</td>
<td>bath/shower</td>
<td>Watch TV/Movies</td>
</tr>
<tr>
<td>Chew gum</td>
<td>Humor</td>
<td>Clean the house</td>
<td>Talk with a friend</td>
</tr>
<tr>
<td>Draw/Paint</td>
<td>Journal</td>
<td>Count to 10</td>
<td>Other ___________</td>
</tr>
<tr>
<td>Alone time</td>
<td>Music</td>
<td>Scream/Yell</td>
<td>Other ___________</td>
</tr>
</tbody>
</table>

Thank you. We look forward to having you in our group!
Thank you for taking part in our group session on stress management. Please take a few minutes to fill out this survey to provide us some feedback.

1) To what extent did you find today’s workshop useful?
   a. [ ] not useful   b. [ ] somewhat useful   c. [ ] quite useful   d. [ ] very useful

2) Of the topics we covered today, please rate their usefulness to you on a scale of 1 – 4
   1= not useful              2 = somewhat useful            3 = quite useful                  4= very useful
   a. [ ] Playing the Sense It Game
   b. [ ] Group discussion about take-home activity/getting around barriers
   c. [ ] Learning/practicing three “calming” movements & using rating tool
   d. [ ] Chart explaining basics of “Sensory Profile” score
   e. [ ] Chart explaining in-depth modifications based on “Sensory Profile” score
   f. [ ] Session sheet with “calming” and “alerting” strategies related to vision & movement

3) What area or part of stress management would you like to see covered more in this group?

____________________________________________________________________________

4) What changes (if any) do you plan to make in your life after attending this session?

____________________________________________________________________________

5) How would you rate the group leaders’ presentation today?

   [ ] poor   [ ] fair   [ ] good   [ ] very good

6) Please provide additional suggestions, thoughts or feedback:

____________________________________________________________________________

____________________________________________________________________________

Thank you for your time!