Building a Conceptual Practice Model for AntFarm

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Description
The focus of this Innovative Practice Project (IPP) was to establish the beginnings of a conceptual practice model for AntFarm. As already identified AntFarm enacts practice through existing programs under established theories; however, the relationship between theory, research, practice resources and use in practice is unclear. According to Gary Kielhofner, a leading occupational therapy theorist in program and model development, four components are identified (theory, research, practice resources, and use of practice) as key elements in developing a conceptual practice model. Kielhofner proposes this is necessary for effective and efficient program development. Creating an association between these components provides a way to explain something of practical concern while also proving rationale and practice resources (Kielhofner, 2009). A conceptual practice model is necessary for the integration of a model of practice that blends with the existing programs and assists in guiding future program development and organizational structure. A model will also assist in comprehension of the complex nature of the AntFarm process to staff, volunteers, interns, youth, and external stakeholders. Additionally, models provide a standard verbiage to facilitate creation of concrete organizational goals. This verbiage also proves helpful when applying for grant funding.

Occupational therapy students began the model development process by collecting current research and relevant literature. This was necessary to understand Sandy community demographics and promote optimal utilization of the AntFarm community through this process. The students then designed and implemented a research design to collect qualitative data to facilitate an evidence-based foundation for the conceptual practice model of AntFarm. A graphical representation was explored in order to transform core concepts of the model into a visual that can be used for future teachings. Results of the research and conclusion of the project will be further discussed.

Disciplines
Occupational Therapy | Rehabilitation and Therapy

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Understanding AntFarm

AntFarm, a community space located in Sandy, Oregon, was initially created to address rising health needs of rural communities emerging in the 21st century. AntFarm has been identified as an innovative establishment because it actively supports health promotion and positive personal development while emphasizing the connection between nature, people, and community. This relationship is exemplified by their powerful slogan “The Might Of One, The Power Of Many.”

AntFarm is grounded in the existing mission and vision of Woape, a nonprofit established in 1997 by assisting communities to develop health and happiness through the discovery of “hope”. In the Lakota language Woape (“woh-ap-pay”) means hope. Both Woape and AntFarm were developed by an artist, Damon Schwab, and an occupational therapist, Two Foxes Singing. The development of AntFarm spurred when the founders moved to the rural mountain community outside Sandy, Oregon and were a direct witness to the trend of youth engaging in maladaptive behaviors including drug and alcohol use, sedentary activities, significant school drop out rates, and increased homelessness. They observed these behaviors in connection with “narrowed senses, rise in physical ailments, and increase in behavioral health concerns” (AntFarm, Philosophy, 2012). In response to these observed behaviors, AntFarm attempts to provide interventions focusing on a variety of domains to address the demographic needs. These interventions include individual and group support, tutoring, mental health and addictions counseling, art and music development, support for domestic violence safety, educational tutoring, work skills development, life skills training, problem solving support, and decision making (AntFarm, 2012). These interventions guided program development towards utilizing
both indoor and outdoor physical space to promote exploration of the natural world through active engagement in age-appropriate occupations.

AntFarm is connected with Pacific University and the School of Occupational Therapy. The faculty of Pacific University have worked closely with AntFarm to establish opportunities for student fieldwork placements, student Innovative Practice Projects (IPP), and generalized collaboration to expand the scope of occupational therapy. The perspective of occupational therapy has been supplemented with the founders’ beliefs of wellness and spirituality. These founding ideas have helped AntFarm provide an innovative healthcare service to the community of Sandy, Oregon, which can be exemplified and used in other settings.
Innovative Practice Project Goals

The focus of this Innovative Practice Project (IPP) was to establish the beginnings of a conceptual practice model for AntFarm. As already identified AntFarm enacts practice through existing programs under established theories; however, the relationship between theory, research, practice resources and use in practice is unclear. According to Gary Kielhofner, a leading occupational therapy theorist in program and model development, four components are identified (theory, research, practice resources, and use of practice) as key elements in developing a conceptual practice model. Kielhofner proposes this is necessary for effective and efficient program development. Creating an association between these components provides a way to explain something of practical concern while also proving rationale and practice resources (Kielhofner, 2009). A conceptual practice model is necessary for the integration of a model of practice that blends with the existing programs and assists in guiding future program development and organizational structure. A model will also assist in comprehension of the complex nature of the AntFarm process to staff, volunteers, interns, youth, and external stakeholders. Additionally, models provide a standard verbiage to facilitate creation of concrete organizational goals. This verbiage also proves helpful when applying for grant funding.

Occupational therapy students began the model development process by collecting current research and relevant literature. This was necessary to understand Sandy community demographics and promote optimal utilization of the AntFarm community through this process. The students then designed and implemented a research design to collect qualitative data to facilitate an evidence-based foundation for the conceptual practice model of AntFarm. A graphical representation was explored in order to transform core concepts of the model into a
visual that can be used for future teachings. Results of the research and conclusion of the project will be further discussed.
Literature Review

The city of Sandy, Oregon has a population of approximately 8,200 people and is the center of a larger rural area consisting of a population of 20,000 people (Sandy Area Chamber of Commerce, 2012). According to the U.S. Census Bureau (2012), Sandy is categorized as a nonmetropolitan (nonmetro) area lying outside the Portland metropolitan (metro) area. City populations of this size consistently show lower education levels, lower income levels, and lower use of the healthcare system than the overall United States population (Cromartie & Bucholtz, 2008). The current United States economic recession has directly impacted small town, rural communities. In 2009, the nonmetro poverty rate increased to 16.6 percent as compared to 13.9 percent of metro area residents (U.S. Department of Agriculture [USDA], Economic Research Service [ERS], 2011). These patterns exemplify the disadvantages individuals in rural communities face. Community disadvantages may directly impact youth’s ability to become economically self-sufficient and transition successfully into adulthood.

Under the occupational therapy practice framework (OTPF) successful transitions to adulthood are dependent on a youth’s ability to explore meaningful engagement in positive work, education, and leisure opportunities (American Occupational Therapy Association [AOTA], 2008). Youth growing up in small rural towns such as Sandy and the surrounding areas have limited options and resources to explore those opportunities. As a result some of the sole responsibilities of rural youth are to attend school and sleep. When accounting for a seven-hour school day and eight hours of sleep a night, youth may have 77 hours or 46 percent of their week as disposable free time. With limited positive opportunities to choose from and free time that may be unsupervised, youth can be labeled as at-risk. The term at-risk implies a future with less than optimal outcomes. This affiliation can lead to a range of unsafe behaviors such as drinking,
smoking, unsafe sexual activity, fighting, and acts of vandalism (National Center for School Engagement [NCSE], 2012). In 2008, the Centers for Disease Control (CDC) conducted a study of adolescents 12 to 17 years of age. Results found 15 percent used alcohol and 9.1 percent smoked cigarettes in a given month (Centers for Disease Control [CDC], National Center for Health Statistics [NCHS], 2012). The younger adolescents are in partaking in negative and unsafe behaviors, the more likely these behaviors are to continue to adulthood (Kandel, Simcha-Fagan, & Davies, 1986; Hawkins, Catalano, & Miller, 1992 as cited in Feinberg, 2012). Therefore, it is important to provide resources and intervention early in adolescence.

If maladaptive behaviors are not addressed, the continuation of negative behaviors into adulthood may lead to serious mental health conditions such as depression, substance abuse disorders, anxiety disorders, conduct disorder, and antisocial disorder. Research has found direct correlations between unsafe behaviors and mental health conditions. Burns et al. (2004) found that adolescents who have higher initial depression scores have higher rates of sexual activity, drug abuse, violence, and problems at school (Burns et al., 2004). It is reported that at least 15 million rural residents are affected by significant substance dependence, mental illness, and medical-psychiatric comorbid conditions (Roberts, Battaglia, & Epstein, 1999). A lack of treatment can lead this population to be unemployed, impoverished, hospitalized or incarcerated. Individuals whose mental illness is untreated are four to six more times likely to be incarcerated and more likely to use the emergency room when needing acute care (The National Council for Community Behavioral Healthcare, nd). All of the systems mentioned are costly for both the individual and the society providing these resources. Preventative programs and early treatment are necessary to negate minor behaviors before they evolve into mental health conditions.
Effective and accessible, evidence-based treatment is necessary to provide optimal care. When treatment for these behavioral mental health conditions is accessible, treatment is typically administered in distinct treatment settings including inpatient/acute, outpatient/community, and educational/school settings. Treatment in routine mental health settings is typically administered retrospectively after the identification of a psychiatric event. Interventions are designed to ameliorate symptoms and focus on the dysfunction emphasized by the identified diagnosis or maladaptive behavioral patterns (Kazdin, 1993). Alternatively, school settings provide programs that help develop concepts identified in early intervention techniques such as building strengths, resilience, and coping skills (Kazdin, 1993) as a way to enhance academic functioning. However, these concepts are not practiced under the pretense of a health care initiative thereby lacking adequate resources for the population exhibiting more significant at-risk behaviors.

Many studies show that both preventive and assertive community treatment may be more effective in reducing maladaptive behavior and promoting prosocial development in the mental health population (Drake et al., 2001; Kazdin, 1993; Oregon Social Learning Center [OSLC], 2012). A systematic review of interventions to prevent substance use and risky sexual behavior in young people concluded that the most promising interventions addressed multiple domains (Jackson, Geddes, Haw & Frank, 2011). These domains can include the areas of living for the individual, peers and friends, family, school, and the community.

Although each of these settings are present across Oregon, there are many barriers to effective care for rural youth. Rural populations, such as Sandy, Oregon, do not often have adequate resources or accessibility to services that provide evidence based treatment for affected youth (Roberts, Battaglia, Epstein, 1999; Kane & Ennis, 1996). Research shows that routine programs may not follow evidence based protocols to the great majority of clients with mental
illness (Drake et al., 2001). In conjunction with a lack of available evidence-based resources, rural adolescents tend to identify with a unique perspective of health. People in rural areas tend to define health as the ability to be productive and work, which overlooks mental health and behavioral issues. This perspective impacts the timing for which they seek medical help; therefore, hindering the recognition and treatment of the related behavioral mental health conditions identified earlier. Currently when mental health or behavioral issues do arise, coping methods are typically learned from family members or others in the community (Chimonides & Frank, 1998). Integration of positive alternative methods to address mental healthcare needs is necessary for rural communities but difficult.

The review of existing literature shows that an innovative, preventative community treatment model may be more effective in addressing a rural population’s health needs. Rural areas similar to Sandy, Oregon demonstrate a need for improved healthcare services to, not only the youth, but the community as a whole. Through a preventative and community-based approach, AntFarm has begun to address the needs of this small city.
Methods & Materials

Design

An organizational investigation of a community mental health setting was performed under a qualitative design in order to develop a comprehensive conceptual practice model on the efficacy of a unique model for mental health prevention and treatment in a rural mountain community. This investigation was conducted by two occupational therapy students for their Innovative Practice Project (IPP) between November, 2011 and May, 2012. The key research method performed was the use of focus groups and key informant interviews under the direction of existing occupational therapy practice models. The primary investigation was performed within the community setting located in Sandy, Oregon. Supplemental meetings and interviews were performed at Pacific University College of Health Professions in Hillsboro, Oregon. This research has not yet been reviewed and approved by an Institutional Review Board.

Project goals were developed by both the clinical supervisor of the occupational therapy students and the executive director of the community setting and then discussed with the two occupational therapists in November, 2011. After establishing the project goals, an extensive review of literature was performed identifying existing theories and conceptual practice models relevant to current community practice. The two occupational therapy students formulated a research design in order to combine existing theories into a conceptual practice model.

A focus group process was designed in order to gather data directly from the community source in regards to how and why AntFarm works as a treatment modality. A focus group protocol was designed to maintain validity and reliability across each focus group (see Appendix A). The focus group questions were developed based on an existing occupational therapy treatment model: Person, Environment, Occupation, and Performance (PEOP). This model was
used to facilitate separation of complex concepts into three distinct categories for the participating group members.

Participant recruitment was directed through group discussion with the primary researchers, clinical supervisor, and executive director. Outreach was directed by combined efforts of the executive director, primary researchers, and additional occupational therapy students on their fieldwork placement at the community setting.

Each focus group was videotaped for data analysis purposes. Additionally, field notes and research journals were maintained during each focus group, team meeting, and key informant interviews.

Participants
All participants agreed to both participation in the focus groups and identification in publication materials prior to the start of focus groups. Participant ages ranged from about 15 years old to 75 years old (n = 21 participants with 9 females, 12 males). The focus groups for administration (n = 5) had four females and one male; focus groups for youth (n = 8) had two females and six males; mixed-focus group of administration & volunteers (n=9) had four females and five males.

Data Collection
The primary data collection occurred in the three focus groups. Each group was held at the same geographic location: 2125 Proctor Blvd, Sandy Oregon, the location of the community setting under study. Additional interviews occurred within the community setting or at Pacific University College of Health Professions. For the focus groups, the two primary researchers co-led for group facilitation. Questions were restricted to the focus group protocol (Figure-1) in order to maintain validity and reliability across focus groups. After the consent form was
distributed, reviewed, and collected, participants who did not wish to participate were free to leave the group. However, no one chose to do so. An introduction and overview of the topic was conducted. For the youth focus group, an alternate description of the topic was utilized to promote increased comprehension of an abstract topic. Each focus group duration ranged between a half hour to two hours. Participants did not receive compensation for participation in the focus groups. The focus groups were video recorded and later transcribed. Additionally, the facilitators recorded separate field notes throughout each focus group.

**Data Analysis**

Audiotapes from the three focus groups were independently transcribed verbatim by the primary researchers. The transcripts were reviewed for completeness and accuracy. This process included the following stages: verbatim transcription of the tapes, proof listening and editing. The goal of the analysis was to identify keywords, phrases, concepts, and document their frequency, intensity, and specificity.

Once the data was termed reliable, the researchers combined their data and presented their findings to a core focus group consisting of the director of the Pacific University School of Occupational Therapy, the clinical supervisor, the executive director of community setting, and the board president of the community setting. The goal of this focus group was to further cluster the identified terms into key terms that would aid in the development of a conceptual practice model. The primary researchers facilitated this focus group and asked participants to identify five keywords independently and then re-group to develop a consensus of the identified words. Furthermore, the participants brainstormed potential graphical interpretations of the data to be used for the representation of an innovative conceptual practice model. No consensus on a graphical representation was reached during this group.
To facilitate a graphic interpretation of the identified terms and concepts, an outside source participated in the graphical development of the conceptual practice model based on the data collected from the primary focus groups, the secondary focus group, and relevant field notes and research journals. Drafts of the visual representation of a conceptual practice model were generated and distributed to the community partners for their review.
Results

The results of the data analysis produced five core concepts: (1) Welcoming, Open, Safe; (2) Environmental; (3) Purposeful Doing; (4) Conditions; (5) Success, Fun. “Interactions” are located between each of the concepts to project the existing dynamic interplay of all of these ideas at AntFarm. The core concepts and interactions are encapsulated within the overarching idea of community. Community then impacts individual development and allows the creation of a path toward betterment. Betterment is defined as “a making or becoming better” (Merriam-Webster, 2012). This idea of betterment affects the individual and the community in need. The visual graphic includes a texture to represent a tree because throughout the data collection process nature was represented as a foundational element through repetition across each focus group. The visual representation created is proposed as a working draft and does not depict the final conceptual practice model for AntFarm.
Conclusion

Research demonstrates that effective treatment is reliant on evidence-based practices. In order to guide treatment through evidence-based practice, conceptual practice models should be utilized and understood by community entities. This project focused on developing an innovative conceptual practice model to guide an existing organization in enacting evidence-based treatment. The occupational therapy students have provided AntFarm with the beginnings of a conceptual practice model as well as insight into the process of quantifying valuable narratives of individuals who report the success of AntFarm.

Moving forward, the occupational therapy students hope that AntFarm will continue to develop the conceptual practice model and use it as a teaching tool for community members and occupational therapy fieldwork students. Due to the innovative approach of AntFarm and the depth of research found and produced, the occupational therapy students intend to explore further public forums to share the acquired information.
Appendix A

Focus Group Protocol

The development of the focus group protocol was directed under the Person, Environment, Occupation, and Performance (PEOP) model. Three separate focus groups (administrative, youth, and mix of administration and volunteers) were conducted at AntFarm located in Sandy, Oregon. The goal of these focus groups was to collect data regarding the community perception of “Why AntFarm works?” Each group followed the same protocol in order to maintain reliability and validity of data collection methods.

<table>
<thead>
<tr>
<th>Initial Focus Group Protocol: under PEO(P)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Materials: videocamera, writing utensils, duct-tape, post-it notes, white drawing sheets</td>
</tr>
</tbody>
</table>

1. **Introduction:**
   
   3:00- 3:05 Introduction
   
   Distribute Informed consent; Request introductions and take attendance (for future coding purposes)

2. **Activity:**
   
   3:05-3:15 Picture
   
   - Create your AntFarm perspective
   - What does AntFarm mean to you?

3. **Sharing:**
   
   3:15-3:25 Participants are asked to share their picture

4. **Processing:**
   
   3:25 **Person** (holistic view acknowledges the mind, body, & spirit)

   Variables:
   
   - values & interests = determining what is important, meaningful & enjoyable
   - skills & abilities = cognitive, social, emotional, sensorimotor
   - life experience = personal hx & narrative

   3:35 **Environment**

   Variables:
   
   - Physical = built & natural features; large elements such as terrain or buildings; small objects (ie. tools)
   - Cultural = shared experience that determine values, beliefs, customs, ethnicity, religion, & national identity
   - Social = close, interpersonal; work groups/social organizations, large political & economic

   3:45 **Occupation**

   Variables:
   
   - activities that are the basic units of tasks
   - tasks = purposeful activity
   - occupations = self-directed that person engages in

5. **Generalizing:**

6. **Application**

7. **Summary:**
   
   3:55 Summarize conclusions from PEO; iscuss what we expect to do for the next session; Transcribe all the information from today & run a youth-focus group; then consolidate data and return to present collected & synthesized for group discussion

4:00 - End group
Appendix B

Word Cloud

This word cloud was created via an online computer generated system to graphically portray the intensity and frequency of a random word sample taken from the data transcriptions collected during this research study. The word sample was chosen at random and across all three focus groups.
References


http://www.healthreform.gov/reports/hardtimes/


http://www.census.gov/geo/www/cob/ma_metadata.html#cc

