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Self Affirmations: An Occupational Therapy Group Exploring Identity and Social Skills Acquisition with Young Adults with First-Episode Psychosis

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Self Affirmations: An Occupational Therapy Group Exploring Identity and Social Skills Acquisition with Young Adults with First-Episode Psychosis

Description
This project focused on the development of an early intervention program in Multnomah County, Oregon based on the literature examining early psychosis, identity, and social skills. Because the literature shows that the combination of social skills and identity define social functioning, the program was created by understanding how these concepts interact to form the best way to intervene. The models that provided guidance through this process included the Recovery Model, Model of Human Occupation, and Social Skill Development Theory. It was hypothesized that a program that combined social skill development and identity exploration would lead to improvements in quality of life, social functioning, and occupational functioning.

Disciplines
Occupational Therapy | Rehabilitation and Therapy

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SELF AFFIRMATIONS: AN OCCUPATIONAL THERAPY GROUP EXPLORING
IDENTITY AND SOCIAL SKILLS ACQUISITION WITH YOUNG ADULTS WITH
FIRST-EPIODE PSYCHOSIS

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Pacific University School of Occupational Therapy
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Early psychosis, identity, and social skills:  
A review of the literature and program development

Psychosis is a severe and persistent mental illness that is characterized by a loss of contact with reality (Goulet, Rousseau, Fortier, & Mottard, 2008). Symptoms of psychosis can be grouped into two categories, which are positive symptoms such as hallucinations and delusional ideas and negative symptoms such as blunted or inappropriate affect, social withdrawal, and loss of interest and motivation (McGorry, 2005; Goulet et al., 2008). These symptoms are often attributed to disordered cognition and emotion (McGorry, 2005). Individuals with psychosis tend to have difficulties with occupational engagement, community participation, social functioning, self-care, cognitive function, and emotional recognition (Kohler & Brennan, 2004, Bonder, 2004). Most individuals experience their first psychotic episode as an adolescent or young adult and, as a result, development is interrupted when social skills, roles, intimate relationships, and occupational and independent living skills are emergent (McGorry, 2005). Thus, the period following the first episode of psychosis is a high-risk time for individuals to have their lives disrupted and development stunted (Krupa, Woodside, & Pocock, 2010).

According to the National Consensus Statement on Mental Health Recovery, recovery is the most important, overarching goal of the mental health system (Substance Abuse and Mental Health Services Administration [SAMHSA], n.d.). They state, “mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his
or her choice while striving to achieve his or her full potential” (SAMHSA, n.d.). Under the Ten Fundamental Components of Recovery, recovery is self-directed, individualized and person-centered, empowering, holistic, non-linear, and strengths based and relies on a foundation of peer support, respect, responsibility, and hope (SAMHSA, n.d.). Early intervention for psychosis programs are based on a recovery model of practice and are becoming more widely accepted in the mental health community (Sanbrook, Harris, Parada, & Young, 2003, Lemos, Vallina, & Fernandez, 2003, and Gumley et al., 2006). The majority of the research evidence and support for such programs can be attributed to the strong push for recovery in the mental health system as a whole (SAMHSA, n.d.).

The central belief of early intervention programs is that recovery from psychosis is possible with intervention in the prodromal phase, when an individual is experiencing early symptoms of psychosis, or the first-episode phase following the first true psychotic episode (McGorry, 2005). Community early intervention programs work as support systems to aid the individual experiencing psychosis in their recovery efforts (Goulet et al., 2008). These programs aim to reduce the duration of untreated psychosis and improve the overall outcome of the onset of psychosis (Krupa et al., 2010). These goals are achieved by reducing the recurrence of psychosis, controlling symptoms, improving function in every day life, promoting independence, and preventing long-term disability (Krupa et al., 2010). Interventions that promote recovery in an early intervention for psychosis programs include psychopharmacology, psychoeducation, case management, and skill development (McGorry, 2005). Specific intervention areas that have been at
the heart of current research include social skills and self-identity. Waldheter, Penn, Perkins, Mueser, Owens, and Cook (2008) state that social skills and self identity are particularly important treatment areas because “deficits in social and occupational functioning have been associated with greater risk for relapse and poorer long-term prognosis” (p.443).

Psychosis involves an overwhelming shift in an individual’s experience as a being in the world around them and decreases their sense of identity (Lysaker & Hermans, 2007). This shift is described as “an ever-present sense that one’s personal identity stands on the brink of collapse, or the experience that such a catastrophe has occurred and only miscellaneous fragments remain that no longer cohere” (Lysaker & Lysaker, p. 208, 2002). Goulet et al. (2008) theorize that a loss of perception, or self-identity disorder, often accompanies psychosis. According to this idea, perception is an individual’s ability to receive and interpret information about him/herself in relation to environment and context. How a person perceives themselves and their social acceptability in the eyes of others gives them a sense of place, rank, and worth in their environment and provides them with a sense of self (Gumley et al., 2006; Lysaker & Hermans, 2007). So, the theorized loss of perception may create a major barrier for individuals with psychosis by decreasing their ability to establish a sense of identity. Furthermore, it is suggested that a negative self-evaluation stunts recovery and may even promote relapse (Gumley et al., 2006). Lysaker and Hermans (2007) explain that it is not so much a loss of self-identity, but a feeling that self-identity is lessened as compared to the individuals past sense of self and sense of self compared to others. They also state that the self
is dialogical meaning that it is the result of conversations that a person has within them self and with other people. With the weakening of self identity and radical changes in self experience occurring due to psychosis, there is access to fewer components of self leading to deprived internal dialogs, decreased function, and impoverish quality of life (Lysaker & Hermans, 2007). Along with this, internal and external dialogs may often be contradictory and confusing (Lysaker & Lysaker, 2001). A combination of possible factors such as impoverish internal dialogs, contradictory internal and eternal dialogs, and a decreased ability to perceive this information can lead to feelings of a lessened self-identity and a disturbed sense of self.

Nelson et al. (2009) argue that the disturbance of sense of self may be the fundamental cause of the social cognitive deficit seen in individuals with psychosis. This deficit includes difficulties with social skills, roles, and interactions and can be described as a loss of common sense. This means that individuals who experience psychosis maintain logic and the ability to reason but do not take things in the right light. Schizophrenic autism is a term that is also used to describe this phenomenon (Nelson et al., 2009). It is defined as “a peculiar distortion of the relationship of the person to himself, and of the person to the world and to other people” (Nelson et al., p. 87, 2009). Schizophrenic autism is the term for the core of psychosis; the detachment from reality that is replaced by a connection with a fantasy life. The detachment seen is due to a rupture in self-identity because we understand others in relation to ourselves. This ties back to the idea that how a person perceives themselves as compared to others provides them with a sense of place, rank, and
identity (Gumley et al., 2006; Lysaker & Hermans, 2007). In addition to the detachment seen in schizophrenic autism, people who have psychosis seem to focus on things that are normally believed to be self-evident. What was once perceived as commonplace and unnoticed is no longer so, as these things become the focus of attention. Schizophrenic autism negatively affects the way a person connects with reality, their environment and context, and other individuals. It disrupts the ability to participate in shared engagement thus creating barriers for the individual to understanding the intentions of the other. This phenomenon is not the lack of ability to reason; rather it is due to abnormal mentalizing or a loss of common sense. With all of this in mind, it becomes evident that the disturbance of sense of self or self-identity is the root cause of the social cognition difficulties seen with psychosis.

Social cognitive difficulties and emotional and psychological disturbance play out as problems with social skills, roles, and interactions for the individual experiencing psychosis (Nelson et al., 2009). These individuals may actively seek out social activities and desire to build social relationships but face barriers that prevent them from doing so successfully (Macdonald, Sauer, Howie, & Albiston, 2005). Social skills deficits seen in individuals with psychosis include: communicating verbally and nonverbally, dressing appropriately, asserting oneself, compromising, managing symptoms, making decisions, problem solving, perspective taking, initiating relationships, maintaining relationships, reading facial expressions, and interpreting body language (Shim et al., 2008, Smith, Bellack, & Liberman, 1996, & Macdonald et al., 2005, Kohler & Brennan, 2004). The above barriers, along with the psychosocial instability and decrease in self-identity seen
with psychosis, prevent individuals from engaging in social activities and building meaningful social relationships (Krupa et al., 2010). Interventions aimed at promoting and reestablishing these skills and activities will promote recovery in both a developmental and illness perspective (Macdonald et al., 2005).

Macdonald et al., (2005) theorize that social relationships and social skills are important in a developmental and illness perspective. Developmentally, psychosis tends to interrupt an individual’s life when they are negotiating the tasks of separating from their parents and creating social and romantic relationships as individuals (Macdonald et al., 2005). Interventions to advance social skills and enhance social relationships can aid in the developmental process. In addition to the developmental importance of these skills, the quality of a person’s social relationships is thought to impact the trajectory of recovery and adaptive functioning. Caron, Lecomte, Stip, and Renaud (2005) found that the best predictor of quality of life for a person with schizophrenia was social support. Social support includes; attachment, social integration, reassurance of worth, tangible help, reliable alliance, guidance, and opportunity for nurturance. Furthermore, Macdonald et al (2005) propose that social recovery is a critical component of recovery in early psychosis. This phenomenological study tracks six individuals for 24 months following the first episode of psychosis who were attending a group addressing social, recreational, vocational, and educational needs. Interviews were conducted and they surmised that early intervention programs can promote recovery by supporting individuals in engaging in age-appropriate activities, maintaining existing contacts, re-establishing former friendships, and building new social
networks. Due to the highly socially disrupting and damaging nature of psychosis, reconnecting with previous patterns of activity and social participation or creating new ones is essential and can be done by helping individuals in creating new plans, developing balanced lifestyles, matching abilities and participation, learning new skills, expanding on old skills, and participating, despite barriers, under their new social conditions (Krupa et al., 2010).

Social skills training is a well researched and recommended form of intervention for people who experience a psychotic episode (Smith et al., 1996). This intervention method targets the ability to receive, process, and respond to social information (Smith et al., 1996). Social skills training has been studied since the 1970’s and is shown to have a significant positive impact on social adjustment, social networking abilities, and independent living skills (Smith et al., 1996, McGorry, 2005). It is based on the social skills model which proposes that social competence is based on a set of component response skills that are learnable, though dysfunction does occur (Bellack, Mueser, Gingerich, & Agresta, 1997). The techniques used for introducing and teaching social skills are modeling, reinforcement, shaping, overlearning, and generalization (Bellack et al., 1997). Individuals with psychosis are likely to be unsuccessful in social atmospheres, roles, and activities and often experience anxiety, frustration, and isolation (Bellack et al., 1997). It is assumed that by learning social skills in a supportive and safe environment, individuals with psychosis will be more successful in social interactions and relationships.
Whether or not a strict social skills training protocol is followed, current research proposes and supports the use of group-based interventions focusing on social interactions to promote recovery for individuals with psychosis (Macdonald et al., 2005, Lysaker & Lysaker, 2002, Caron et al., 2005, Waldheter et al., 2008, Ellemers, Spears, & Doosje, 2002, Stant et al., 2009). Macdonald et al. (2005) found that individuals experiencing their first episode of psychosis preferred to spend time with people who had similar experiences, understood them, and that they could trust. The homogenous nature of early intervention groups is an important feature that supports recovery and development. This is because spending time with people similar to one's self is an essential identity forming and maintaining experience in adolescence and young adulthood (Macdonald et al., 2005). In addition to this, inclusion in a group operates as a protective force against being categorized as different against one's will (Ellemers et al., 2002). A group that provides an environment that allows a person to directly deal with the implications and affects of psychosis, while allowing them to engage in activities and improve social functioning with peers, seems to be invaluable in the recovery process (Macdonald et al., 2005). These groups provide the opportunity for self-assessment, emotional support, information and guidance, and hope (Stant et al., 2009).

According to the National Consensus Statement on Mental Health Recovery, hope and peer support are fundamental components of recovery. Though hope must be felt and internalized by a person, it can be cultivated with the help of other people, especially through peer support. Peers provide each other with mutual support through the sharing of common experiences, knowledge, and skills and by provide
each other with a sense of belonging and community (Substance Abuse Mental Heath Service Administation, n.d.). Early psychosis program groups can be an excellent medium for fostering peer support and even hope.

Occupational therapists are best poised to run such groups and tackle the barriers to recovery often seen in individuals who have experienced their first psychotic episode. This is due to an occupational therapist’s focus on role and identity development, engagement in meaningful occupations to enhance sense of self, and engagement within social and cultural contexts (Lloyd, 2008, Kielhofner, 2008). By partaking in meaningful occupations, individuals are engaging in a “normal” human experience, as most people are constantly absorbed in activity (Nelson et al., 2009). Occupational therapists also use a client-focused approach that supports the client’s expectations, abilities and goals, self-knowledge, self-confidence, self-image, insight, and overall recovery and functional participation (Goulet et al., 2008). Cook, Chambers, & Coleman (2009) conducted a pilot randomized control trial to explore and establish the effectiveness of occupational therapy interventions for people with psychotic conditions. After 12 months of an occupational therapy group in a community setting, the group members showed clinically significant improvements that were not seen in the control group receiving treatment as usual. Yet, there is still only suggestive evidence supporting the use and positive outcomes of occupational therapy treatments for individuals with psychotic conditions despite the apparent appropriateness and efficacy of such treatments (Cook et al., 2009).
Literature analysis and program development

In summary of the literature, disruptions in sense of self, deficits in social cognition/skills, and decline in social relationships after the onset of psychosis interact to lead to a decline in occupational functioning and quality of life for people who experience psychosis (McGorry, 2005: Lysaker & Hermans, 2007). Intervention during the prodromal phase and shortly after first-episode psychosis is shown to improve outcomes and is seen as an integral part of recovery (Sanbrook, Harris, Parada, & Young, 2003, Lemos, Vallina, & Fernandez, 2003, and Gumley et al., 2006). Therefore, a program was developed for an early intervention program in Multnomah County, Oregon based on the literature review summarized above.

Because the literature shows that the combination of social skills and identity define social functioning, the program was created by understanding how these concepts interact to form the best way to intervene. The models that provided guidance through this process included the Recovery Model, Model of Human Occupation, and Social Skill Development Theory.

The Recovery Model was utilized throughout the whole process in the belief that all of the participants of the program would have the capacity to make a full recovery from psychosis. The National Consensus Statement on Mental Health Recovery states that the 10 Fundamental Components of Recovery are: self-direction, individualized and person-centered, empowerment, holistic, non-linear, strengths-based, peer support, respect, responsibility, and hope (SAMHSA, n.d.). The group format was chosen as the format for implementing the program based on the current evidence that people with first-episode psychosis benefit from being around
people who have a shared illness experience and the “peer support” component of recovery (Caron et al., 2005; SAMHSA, n.d.; Ellemers, Spear, & Doosje, 2002; Lysaker & Lysaker, 2002; Macdonald et al., 2005; Stant et al., 2009; Waldheter, 2008).

Additionally, the name of the group and input about the specific social skills and identity topics was left for the group to decide upon based on the recovery components of self-direction, individualized and person-centered, empowerment, and responsibility (SAMHSA, n.d.). When the pilot program was implemented, the group decided upon the name “Self-Affirmations”.

The Model of Human Occupation details the concepts of occupational identity, roles, habits, and routines. Occupational identity, as described by Kielhofner (2008), is composed of the following:

- “One’s sense of capacity for doing
- What one finds interesting and satisfying to do
- Who one is as defined by roles and relationships
- What one feels obligated to do, familiar routines in life
- Perceptions of one’s environment and what it supports and expects” (p. 106).

Kielhofner (2008) continues to explain that how a person views himself/herself (identity) relates to what he/she chooses to engage in. This means that what the person engages will affect how that person views himself/herself and how the person views himself/herself affects what the person engages in. Therefore, to improve quality of life, engagement in occupation, and recovery for someone with psychosis, programming must include interventions for improving occupational identity.
Because social relationships and occupational roles are theorized as being a key component of identity, it is deduced that interventions that build social relationships, establish healthy occupational roles, address stigma, and promote a positive self-identity will improve outcomes for this population. The evidence suggests that people who experience psychosis may have difficulty in social situations due to “schizophrenic autism” where basic social skills may be lacking (Nelson et al., 2009). Therefore, the underlying social skills need to be addressed before working on higher-level social relationships. Based on the above information, Social Skill Development Theory was used to develop and guide the social skills training portion of the program. In essence, the program was developed as a hybrid of social skills training and identity exploration to tackle both issues that are commonly cited as deficits in this population.

The overarching topics of discussion during the four groups, identity, social skills, and peer support, were combined with comments by the participants to further shape the discussion topics. It was hypothesized that a program that combined social skill development and identity exploration would lead to improvements in quality of life, social functioning, and occupational functioning.

An assessment was developed to measure quality of life, self-perceptions, social functioning, and occupational functioning. The following pages contain an outline of each group, the outcomes of the assessments, qualitative and observational data collected, analysis of the data collected, and reflections on this Innovative Practice Project.
EASA Group #1

- Food and welcome (10 minutes)
- Introduction (15 minutes)
  - us: OT students working with Erin- Chelsea and Lacey
  - the group: “talk more about it later but now we will get to know each other”
  - name game: say your name and your favorite spot in Portland, why?
- Assessment (15 minutes)
- REAL introduction to group (15 minutes)
  - our expectations: this group is for you, we will focus on social skill, interactions and identity (who are you & what do you do)
  - group expectations: respect, one person talks at a time, supportive environment, any additional ideas?
  - what they want from the group: when you hear identity and social skills what do you think of/what comes to mind, out of these things you have identified what do you thing would be most helpful to work on, group name?
  - name the group: SELF AFFIRMATIONS (identified by group members and picked by majority vote)
- Banner activity:
  - one person writes the chosen group name
  - choose images and words from magazines or draw/write your own words and pictures that represent you, what you like to do, what is meaningful to you
- Close: next weeks group, make sure to bring your digital cameras/phones
Group #1
Qualitative data/feedback

- Assessment:
  - Questions about proud/pride with compliments question (what does that mean)
  - Mix up of the section 1 scale
  - Atmosphere: talking & joking during assessment (casual environment), openly asking questions/seeking clarification

- Comments:
  - “Are parents gonna be here?” “No” “good”
  - “Your not going to point at someone and say go talk to that person are you? I want it to be more organic then that”
  - Parent at drop off: stood in door for a bit and watched his son enter the room then said “Okay, I’m gonna go now.” – kind of like a child drop off
  - “this was really fun”
  - “I’m glad this isn’t like MFG. MFG is just so serious and is such a downer.”
EASA Group #2

- Food, intro, chat (10 minutes)
- Go over poster (15 minutes)
  - What were some things you put on there and why?
  - Do you see any parts of you on the poster?
    - What you put on?
    - What others put on?
  - Reflect on how you view yourself/how others view you
- Introduction to identity (20 minutes)
  - Who you are and who you want to be
  - Way you view yourself
  - How you think others see you and what you do with that information
  - MOHO
    - Sense of capacity and effectiveness for doing
    - What things one finds interesting and satisfying
    - Who one is, as defined by roles and relationships
    - What one feels obligated to do and holds as important
    - Sense of familiar routines of life
    - Perceptions of one’s environment and what it supports and expects
  - Questions and transitions
    - How you view yourself?
    - How do you think others view you?
    - Examples of how that impacts you
    - Positive things in your life that support you?
- Go on outing
  - Take pictures of things that you like to do, that make you happy
Group #2
Qualitative data/feedback

- “How you perceive yourself is how others perceive you.”
- “People are ugly and judge you. We should go out there with swords and stuff because we aren’t going out there in a world of people like us.”
- “If we didn’t care about what other people think we could do whatever we wanted.”
- Q&A about how group is going:
  - “Hard time talking to new people”
  - “Good, sometimes it’s hard to say or contribute anything, but it’s good to hear other people”
  - “I have a difficult time keeping conversation going... I have a lot of awkward pauses”
- In group: example of perception- asking question in class
- David by phone: “I was planning on coming but I was feeling under the weather”
EASA Group #3

- Mingle, food, etc. (lay pictures out for people) (10 minutes)
- Put together photo journals (35 minutes)
  - Discuss meaning of pictures, how you can look at this to motivate, remember good things, can add to it as you go
- Social skills intro (5 minutes)
  - “You talked about wanting to address this in a previous group.”
  - Verbal and nonverbal content
  - Any skill you use to interact and communicate with people
  - “Start by showing a clip of poor social skills and we can discuss in depth later”
  - Dumb and dumber clip
    - What did you see? What was wrong? Have you ever felt that way? Ways to change?
- Clips and discussion (35 minutes)
  - Components of social skills
  - Social skills include verbal and nonverbal content
  - Initiating conversation: right time and place, introduce self, small talk, interested?
  - Maintaining conversation: greet, ask general question, follow up after their response (same topic)
  - Listening: nod head, eye contact, “uh huh” etc., repeat what other person said
  - Making requests: speak in short sentences, stay on topic, pause to let others speak
  - Expressing feelings: make statement about how something makes you feel
  - Resolving conflicts: be calm, consider others point of view, repeat what they said, admit if you are wrong
  - Ending conversation: wait until other has finished speaking, use nonverbal gesture, make closing comment “gotta go”, say bye
  - Dress: appropriate to situations while maintaining identity, how dress is “nonverbal communication”
  - CLIPS: Can you see what component is addressed? What could have been done differently? Discuss!
- Wrap-up (5 minutes)
  - Closing remark: this is not easy, 2 weeks from now the last group, meet in McKenzie room again, social next week
Group #3
Qualitative data/feedback

• “We’ve learned these skills but it doesn’t mean we will be perfect, we have to keep practicing and we will get better”
• “You have no idea bout the crazy thoughts in my head. You go to school and you learn a lot and I respect that but you have no idea”
• “Girls expect everything from guys and you just stand there like “ugh no” and don’t give us the time of day”
• “We can do this”
• “Talking to other people out there in the world is not like talking to ‘us’. We are nice people”
• “I am the best snapper in the world, I have a video on youtube and people make such mean comments on it! Yet when I snap on the street in California people don’t say a word! They just keep walking along and don’t even look at me!”
• “I talked to someone by the food carts earlier about the weather” (how did that conversation go) “It went well! We talked about how sunny it was”
• “Wait, next group is the last group? It went by so fast!”
• “The group is gonna be done just as we are getting into it”
• “I am doing the same questionnaire again? Something is suppose to change in that short of time?”
• David on phone: “I am readjusting to being at home but I am planning on coming to the last group”
• Feedback to clinician: Positive, thinks that it is normally easy talking to people but it is difficult to talk about social skills and how to interact with people. (didn’t think she had a hard time but when talked about it in group realized how difficult it was). Thinks that it is good to be going over these issues in group.
EASA Group #4

- Food and drinks/socializing
- Welcome and recap
  - Review posters and things we have gone over
  - Identity: who you are, what you enjoy doing, how you view yourself, how others view you
  - Social skills: any skill that you use to interact and communicate with people
  - How have things been going for you? How was the start of the quarter?
  - Feedback/refection
- Re-assessment
- Urban adventure
  - First Thursday
  - We just want people to do out and have fun, socialize, be out with others. Don’t have to talk with other people but you can practice your social skills if you want
- Return from urban adventure
  - Feedback form
  - Photo release form
  - Closing remarks
    - This is our last group
    - We will be doing a presentation at Pacific University
    - Erin may or may not continue the group/other students may continue
    - Even though the group is ending, you can still be a support to each other
Group #4
Qualitative data/feedback

- “So we are gonna go look at art? That’s cool, I like art”
- When asked how classes were going/if anyone used their social skills:
  - “I asked a girl if she wanted to do homework with me” (how did that
    go/what did she say) “she said she was busy and had other things to
    do” (group provided him with encouragement- “that’s awesome” “at
    least you asked her” “its only the beginning of the quarter so maybe
    she will do homework with you later”
  - “Not good, I am having a really hard time concentrating in class, I just
    can’t pay attention. I’m confused” (makes motion of circles around
    head)
- “I’m gonna miss you guys, everyone is leaving!”
- Conversation:
  - GL: “Did any of the art catch your eye?”
  - T: “no”
  - GL: “Well do you like art”
  - T: “Yes”
  - GL: “So nothing here is really your style?”
  - T: “Not really” (walk past jewelry booth)
  - GL: “So you aren’t in the market for a necklace?”
  - T: “Shhh not yet”
### Raw Data from EASA Group Assessment Form (Pre and Post Test)

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<td>21</td>
<td>19</td>
<td>22</td>
<td>23</td>
<td>18</td>
<td>20</td>
<td>17.5</td>
</tr>
</tbody>
</table>

**TOTALS**

|        | 104.5     | 104.5     | 103       | 104       | 68        | 75        | 87        | 93        | 81        | 85.5      | 63.5      | 57.5      | 77        | 67        |

**Possible per client**

|        | 40        | 40        | 32        | 32        | 20        | 20        | 28        | 28        | 24        | 24        | 20        | 20        | 28        | 28        |

**AVERAGE**

|        | 2.61      | 2.61      | 3.22      | 3.25      | 3.40      | 3.75      | 3.11      | 3.32      | 3.38      | 3.56      | 3.18      | 2.80      | 2.75      | 2.39      |

**Clients that did not complete both pre and post test**

|        | 19        | 26        | 12        | 19        | 21        | 17        | 17        | 17 (omit sec 7, q5) |
|        | 23        | 24        | 15        | 20        | 17        | 12        | 17        | 17        |

**Clients that completed both pre and post test, no omissions**

|        | 20        | 11        | 19        | 20        | 9         | 10        | 22        | 23        | 15        | 18        | 8         | 12        | 16        | 16        |
|        | 23.5      | 23.5      | 19        | 17        | 14        | 13        | 20.5      | 19        | 19        | 20        | 12.5      | 10.5      | 15        | 16.5      |
|        | 22        | 23        | 23        | 18        | 16        | 18        | 18        | 14        | 18        | 17        | 12        | 11        | 16        | 15        |
|        | 21        | 19        | 22        | 23        | 18        | 20        | 17.5      | 20        | 17        | 18.5      | 14        | 13        | 16        | 19.5      |

**TOTALS**

|        | 86.5      | 76.5      | 83        | 86        | 57        | 61        | 78        | 76        | 69        | 73.5      | 46.5      | 46.5      | 63        | 67        |

**Possible per client**

|        | 40        | 40        | 32        | 32        | 20        | 20        | 28        | 28        | 24        | 24        | 20        | 20        | 28        | 28        |

**AVERAGE**

|        | 21.6      | 19.1      | 20.8      | 21.5      | 14.3      | 15.3      | 19.5      | 19.0      | 17.3      | 18.4      | 11.6      | 11.6      | 15.8      | 16.8      |

**Results from above chart for graphing purposes**

|        | 2         | 3         | 4         | 5         | 6         | 7         | 1         |
|        | 20        | 14.3      | 19.5      | 17.3      | 11.6      | 15.8      | Pre 21.6   |
|        | 21.5      | 15.3      | 19.0      | 18.4      | 11.6      | 16.8      | Post 19.1  |
### Data for Group Participants that completed both Pre and Post Test Measures

<table>
<thead>
<tr>
<th>Client</th>
<th>Section 1 Pre</th>
<th>Section 1 Post</th>
<th>Section 2 Pre</th>
<th>Section 2 Post</th>
<th>Section 3 Pre</th>
<th>Section 3 Post</th>
<th>Section 4 Pre</th>
<th>Section 4 Post</th>
<th>Section 5 Pre</th>
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<th>Section 6 Pre</th>
<th>Section 6 Post</th>
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<td>15</td>
<td>18</td>
<td>8</td>
<td>12</td>
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<td>16</td>
</tr>
<tr>
<td>SM</td>
<td>23.5</td>
<td>23.5</td>
<td>19</td>
<td>17</td>
<td>14</td>
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<td>20.5</td>
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<td>76</td>
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<td>73.5</td>
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<tr>
<td>TOTAL Possible per client</td>
<td>40</td>
<td>40</td>
<td>32</td>
<td>32</td>
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<td>20</td>
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<td>24</td>
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<td>20.8</td>
<td>21.5</td>
<td>14.3</td>
<td>15.3</td>
<td>19.5</td>
<td>19.0</td>
<td>17.3</td>
<td>18.4</td>
<td>11.6</td>
<td>11.6</td>
<td>15.8</td>
<td>16.8</td>
</tr>
</tbody>
</table>

### Description of Each Section

1. **SECTION 1:** Self-esteem Scale [Rosenberg, 1989] (reverse likert scale - lower the number the better)
2. **SECTION 2:** These questions ask about how you have been feeling in the past week. Pleasant and unpleasant feelings of several different kinds are covered.
3. **SECTION 3:** These questions ask about your living situation, eating, income, transportation, and medical care.
4. **SECTION 4:** These questions ask how you handle making decisions, dealing with conflict, asserting yourself, etc.
5. **SECTION 5:** These questions ask how you have been getting along with people in the last week.
6. **SECTION 6:** There are some things we share with family and friends; some things we can count on them for. These questions ask about your family and friends, as you see them now.
7. **SECTION 7:** These questions ask about some of the ways you spend your time when you are not working at home, on the job, or in school.
Total average scores on the EASA Group Assessment: Section 2 through 7

- SECTION 2: These questions ask about how you have been feeling in the past week. Pleasant and unpleasant feelings of several different kinds are covered.
- SECTION 3: These questions ask about your living situation, eating, income, transportation, and medical care.
- SECTION 4: These questions ask how you handle making decisions, dealing with conflict, asserting yourself, etc.
- SECTION 5: These questions ask how you have been getting along with people in the last week.
- SECTION 6: There are some things we share with family and friends; some things we can count on them for. These questions ask about your family and friends, as you see them now.
- SECTION 7: These questions ask about some of the ways you spend your time when you are not working at home, on the job, or in school.
SECTION 1: Self-Esteem Scale (1989). This section is on reverse Likert scale, therefore a lower score indicates a better outcome. Scores range from 10 to 40. There are no discrete cut-offs for high or low self-esteem (Rosenberg Foundation, n.d.).
Data Analysis

Despite the fact that the scale used for the group was not very sensitive, we still saw some minimal improvements in scores on the EASA Group Assessment form. The Assessment is measuring quality of life and is broken down into different areas of life. We adapted the Oregon Health Sciences University Quality of Life Questionnaire and the Self-Esteem Scale to make the EASA group assessment (both can be found in Appendix C, B, and D respectively).

The sections of the assessment are as follows:

- **SECTION 1**: Self-Esteem Scale, Rosenberg, 1989

- **SECTION 2**: These questions ask about how you have been feeling in the past week. Pleasant and unpleasant feelings of several different kinds are covered.

- **SECTION 3**: These questions ask about your living situation, eating, income, transportation, and medical care.

- **SECTION 4**: These questions ask how you handle making decisions, dealing with conflict, asserting yourself, etc.

- **SECTION 5**: These questions ask how you have been getting along with people in the last week.

- **SECTION 6**: There are some things we share with family and friends; some things we can count on them for. These questions ask about your family and friends, as you see them now.
• SECTION 7: These questions ask about some of the ways you spend your time when you are not working at home, on the job, or in school.

In the final analysis of the data, only four participants had fully completed both the initial and final assessment and therefore were the only participants included in the analysis of the data. To score, we added up the numbers that the person scored per section and reversed the scored answers if the question had negative implications. For example, a question like "In the past week, how often have you felt tense (uptight)?" was originally answered a 1 which means “none of the time”. Since it is a positive thing to never feel uptight or tense then it is scored as 4 points (scored 3 points for a 2 answer, 2 points for a 3 answer, and 1 point for a 4 answer). Therefore the higher the score (in section 2 through 7) the better the outcome. The Self-Esteem Scale (seen in section 1 of the EASA group assessment) was on a reverse likert scale (where 1 is ranked as the “best” answer) and is therefore on its own graph. Adjustments to scoring in this way were also applied to Section 1 according to the reverse likert scale.

When looking at the data, there are some good indications that this group may be beneficial to the clients at EASA in improving quality of life. There were slightly positive changes overall in most of the categories. The two categories that either stayed the same or declined were Section 4 and 6. Section 4 may have declined due to the group increasing awareness among the group members about social interaction and dealing with others. Section 6 we would not really expect to change much over the course of four weeks because it is asking about close social relationships which take sometime to build for anybody. All other sections saw
some improvements overall, but there are big limiting factors in being able to really draw any conclusions from the assessment.

The time between the pre and post test was only four weeks which is a short time to see much change. Only having 4 fully completed assessments also limits the ability to generalize any of the finding due to the small sample size. Also, the assessment is not sensitive enough to make any definitive claims based on this information alone. Despite these challenges, it is the belief of the authors that this group was beneficial and should be continued at EASA and at other early intervention for psychosis programs to further investigate it’s efficacy.

This Innovative Practice Project was started to just begin to explore where a need might be in early intervention for psychosis. The project shows that a social skills group combined with identity exploration that is based in recovery can be beneficial for clients and help in the recovery process. There needs to be more research on this specific subject, with more rigorous tools, longer implementation, and longitudinal outcomes to prove it’s efficacy, but this is a good start to show some hope for this kind of program.

Even though the quantitative may not be adequate to definitively show that it is beneficial, but the qualitative data shows that for this group of participants it was a positive experience. The qualitative data and client feedback indicates that this group was beneficial to the group members and they were sad to see it end so soon. More detailed information on the qualitative data and client feedback can be found on pages 28 and 29.
EASA Feedback Form Data

<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
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<td>3</td>
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<td>Total</td>
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<td>20</td>
<td>21</td>
<td>24</td>
<td>27</td>
<td>26</td>
</tr>
<tr>
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<td>3.33</td>
<td>3.5</td>
<td>4</td>
<td>4.5</td>
<td>4.33</td>
</tr>
</tbody>
</table>

Question 1: I enjoyed all of the groups that I attended
Question 2: I feel like I learned a lot about social skills and interaction from attending the groups
Question 3: I feel like I learned a lot about how I see myself (identity) from attending the groups
Question 4: I feel like the groups that I attended were worth my time
Question 5: I am glad that I attended this group
Question 6: If this group were offered again, I would recommend this group to other EASA members
EASA Feedback Form Graph

- Enjoyed groups
- Learned about skills and interaction
- Learned about how I see myself (identity)
- Groups I attended were worth my time
- Glad I attended groups
- Recommend to other EASA members

Average score out of 5 points possible
EASA Feedback Form:
Qualitative Feedback

Please write what you think is good about the group:
- “I liked the group it helped me through my sycosis by interacting with other patients”
- “The instructor”
- “That the clients of EASA can get together, and have fun while working together toward a similar goal. Food like I’ve always said is terrific”
- “So friendly! It was fun and thought provoking”
- “Talking about your problems and the food and special outings”
- “It was easy”

Please write what you think could be changed about the group to make it better:
- “I liked it I would change nothing about the group”
- “?”
- “I think it needs to be longer than 4 sessions. Way longer!!”
- “Not sure”
- “I can’t think of anything”

Please write about how you feel the facilitators of the group (Chelsea and Lacey) performed:
- “I feel they performed great, helped communicate more”
- “They were nice and very social”
- “A+”
- “They were very friendly and welcoming. Chelsea and Lacey helped me feel better about my situation”

Any other comments or suggestions:
- “N/A”
- “Thanks!”
- “Diet soda, pizza, n board games lol”
- “Thank you!”
Reflections

The following are reflections on the outcomes of the group, ideas for future implementation, and tips for future students that take on this project.

- Overall, the group went very well. Most participants scored better on the quality of life assessment at the post-assessment, but a lot of the improvements seen were in the qualitative data.
- We called all EASA clients before the first and second groups, made reminder calls for all people that had come to the groups each week (usually the day before or in the late morning the day of), and made a flyer that was sent out to all EASA clients. This marketing was really important in getting people to our group and we would suggest doing the same in the future.
- There was strong continued attendance of the group, which we feel is a good indicator that the group was successful.
- It is important to remember that lack of attendance, limited participation, or disrupting behaviors are not necessarily reflective of the group or group leaders. The nature of this population is variable. At times, life events (such as moving or family issues) or illness related changes (such as an increase in symptoms or change of medication) could drastically affect how a person participates in groups. Group leaders must be sensitive to these changes and respond to them appropriately while not taking them personally.
- We felt that having the group members name the group during the first session was really helpful in building ownership of the group and creating a sense of group identity.
- We created a general group protocols prior to the first group with input and influence from clinicians, professors, prior experiences, and the literature. In the first group, we allowed the group members to say what they would like to get out of the group and adjusted the protocols accordingly. This allows for the building of trust and rapport, ownership of the group, responsibility to the group, and group inclusion.
- The assessment tool was somewhat adequate for our purposes, but if this study is to be conducted more rigorously then doing a more in-depth, sensitive, assessment would be necessary.
- 4 sessions was definitely not long enough! We thought so and so did the group members. Group members reported and we felt that they group was just beginning to become cohesive, group members were truly trusting each other and the group leaders, members began to feel comfortable and were opening up, and that beneficial development and learning were beginning to occur.
- During group 3, the activity of watching the video clips to see examples of poor social skills may have not been concrete enough for some of the clients. We
would either pick more concrete and very obvious video clips or do a different activity to address social skills.

- The photo journals from group 2 took a lot longer to assemble in the third group than anticipated. Group members had difficulty talking about identity while assembling the photo journals so it may be a good idea to plan additional time to process through after completing an activity instead of trying to talk about it during an activity.

- Knowing how to respectfully redirect group members that may be tangential and how to engage clients in a group setting is really helpful.

- We feel that the use of humor, laughing, and joking with the group members helped make the mood light and fun for the group.

- Respect is essential to running a successful group. The participants are young adults with valuable ideas, input, and aspirations and should be treated with respect.

- Trust and rapport building should occur before beginning the group to ensure attendance, participation, and honesty.

- Having food and soda is a MUST! It helps bring people to the group by having free food and it was also nice to just have informal social/food time at the beginning of each group.

- Communication with EASA staff is really important. Try to communicate with your EASA OT at least once a week, get into the building and meet the staff, etc. The second week of school in the last term, we went to a morning staff meeting to introduce ourselves and found that to be beneficial. It would be difficult to get a group up and running and to get clients to attend if you do not have the EASA staff buy in and support.

- We attended the EASA social functions (for staff and clients) to become more familiar with the staff and clients, interact socially with the clients, and encourage people to come to our group.
References


Appendix A

EARLY ASSESSMENT AND SUPPORT ALLIANCE

FUN GROUP, FREE FOOD!
LINCOLN BUILDING FIRST FLOOR IN THE MCKENZIE ROOM
THURSDAYS FROM 4:00-5:30
MARCH 4TH ★ MARCH 11TH ★ MARCH 18TH ★ APRIL 1ST

THIS IS YOUR GROUP...
This is a series of four groups exploring identity, social interaction, transitions with and without EASA, and your individuality. This group will be run by two Occupational Therapy students in collaboration with you to address the needs of all group members. It will be interactive, it will be fun, and there will be free FOOD!

Please contact an EASA staff member or e-mail easagroup@gmail.com for more information.
Appendix B

SELF-ESTEEM SCALE
(Numbers in parentheses refer to high self-esteem responses)

<table>
<thead>
<tr>
<th></th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1. I feel that I'm a person of worth, at least on an equal basis with others.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I feel that I have a number of good qualities.</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. All in all, I am inclined to feel that I am a failure.</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I am able to do things as well as most other people.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I feel I do not have much to be proud of.</td>
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<tr>
<td>6. I take a positive attitude toward myself.</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. On the whole, I am satisfied with myself.</td>
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<tr>
<td>8. I wish I could have more respect for myself.</td>
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</tr>
<tr>
<td>9. I certainly feel useless at times.</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. At times I think I am no good at all.</td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


For information on rights/use of the scale, visit: [http://www.bsos.umd.edu/socy/research/rosenberg.htm](http://www.bsos.umd.edu/socy/research/rosenberg.htm)
Appendix C

QUALITY OF LIFE QUESTIONNAIRE

RESPONDENT SELF-REPORT VERSION

INTERVIEW SCHEDULE

Douglas A. Bigelow, Ph.D.
Madeline M. Olson
Susan Smoyer
Linda Stewart

A consortium of the:
Department of Psychiatry
School of Medicine
Oregon Health Sciences University

Center for Health Research
Kaiser Permanente
Oregon Mental Health and
Developmental Disability Services
Division

Supported by the:
National Institute of Mental Health
U.S. Department of Health and
Human Services

Suggested citation:

Partially funded by NIMH Contract #278-77-0029, Contract #278-79-0053,
and Grant number F50 MH45458

The Western Mental Health Research Center combines the scientific capabilities of the Oregon Health Sciences University Department of Psychiatry, the Kaiser Permanente Center for Health Research and the State of Oregon Mental Health and Developmental Disability Services Division. Established under a grant from the National Institute of Mental Health, the Center is dedicated to improving the lives of people with severe mental illnesses by conducting research on the organization, financing and delivery of mental health services. The Center provides an environment in which scientists can make use of research opportunities provided by Oregon's public and private mental health systems. In addition to the founding grant from the National Institute of Mental Health, sources of support for the Center's research include the State of Oregon as well as the Milbank Memorial Fund and other private contributors.
Quality of Life Questionnaire -- Respondent Self-Report Version

Relevant Articles:


Quality of Life Questionnaire -- Respondent Self-Report Version

The Quality of Life Questionnaire is available in two versions -- the Respondent Self-Report version and the Interviewer Rating version. The Respondent Self-Report version is a fixed-response questionnaire which is designed to be administered in a structured interview following the Respondent Self-Report Guidelines. The Interviewer Rating version is a semi-structured interview which allows for a great deal of interviewer discretion. The user is advised to examine both versions of the Quality of Life Questionnaire and to review the pertinent journal articles before selecting the version of the instrument to be used in a specific project.

A 200 page manual, "Program Impact Monitoring System," which describes a comprehensive approach using the Quality of Life Questionnaire to evaluate community mental health programs may be purchased for $30.00 from:

Western Mental Health Research Center
Gaines Hall
Oregon Health Sciences University
Portland, Oregon 97201
(503) 494-5008

Please make check payable to:

"OHSU Account Number 70 262 4695"
Quality of Life Questionnaire -- Respondent Self-Report Version

These questions ask about how you have been feeling in the past week. Pleasant and unpleasant feelings of several different kinds are covered.

PD-1. In the past week, how often have you felt very restless, unable to sit still, or fidgety?

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>All the time</td>
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</tr>
<tr>
<td>Often</td>
<td>3</td>
</tr>
<tr>
<td>Several times</td>
<td>2</td>
</tr>
<tr>
<td>None of the time</td>
<td>1</td>
</tr>
</tbody>
</table>

PW-1. In the past week, how often have you enjoyed your leisure hours (evenings, days off, etc.)?

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>All the time</td>
<td>4</td>
</tr>
<tr>
<td>Often</td>
<td>3</td>
</tr>
<tr>
<td>Several times</td>
<td>2</td>
</tr>
<tr>
<td>None of the time</td>
<td>1</td>
</tr>
</tbody>
</table>

PD-2. In the past week, how often have you felt preoccupied with your problems (can't think of anything else)?

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>All the time</td>
<td>4</td>
</tr>
<tr>
<td>Often</td>
<td>3</td>
</tr>
<tr>
<td>Several times</td>
<td>2</td>
</tr>
<tr>
<td>None of the time</td>
<td>1</td>
</tr>
</tbody>
</table>

PW-2. In the past week, how often have you been pleased with something you did?

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>All the time</td>
<td>4</td>
</tr>
<tr>
<td>Often</td>
<td>3</td>
</tr>
<tr>
<td>Several times</td>
<td>2</td>
</tr>
<tr>
<td>None of the time</td>
<td>1</td>
</tr>
</tbody>
</table>
PD-3. In the past week, how often have you felt unpleasantly different from everyone and everything around you?

- All the time  __4__
- Often            __3__
- Several times   __2__
- None of the time __1__

PW-3. In the past week, how often have you felt proud because you were complimented?

- All the time  __4__
- Often            __3__
- Several times   __2__
- None of the time __1__

PD-4. In the past week, how often have you felt fearful or afraid?

- All the time  __4__
- Often            __3__
- Several times   __2__
- None of the time __1__

PW-4. In the past week, how often have you felt that things were "going your way"?

- All the time  __4__
- Often            __3__
- Several times   __2__
- None of the time __1__

PD-5. In the past week, how often have you felt sad or depressed?

- All the time  __4__
- Often            __3__
- Several times   __2__
- None of the time __1__
Quality of Life Questionnaire -- Respondent Self-Report Version

FW-5. In the past week, how often have you felt excited about or interested in something?

- All the time ___ 4
- Often ___ 3
- Several times ___ 2
- None of the time ___ 1

PD-6. In the past week, how often have you felt angry?

- All the time ___ 4
- Often ___ 3
- Several times ___ 2
- None of the time ___ 1

FW-6. In the past week, how often have you felt that life was going just about right for you?

- All the time ___ 4
- Often ___ 3
- Several times ___ 2
- None of the time ___ 1

PD-7. In the past week, how often have you felt mixed-up or confused?

- All the time ___ 4
- Often ___ 3
- Several times ___ 2
- None of the time ___ 1

PD-8. In the past week, how often have you felt tense ( uptight )?

- All the time ___ 4
- Often ___ 3
- Several times ___ 2
- None of the time ___ 1
FW-7. In the past week, how often have you felt good about decisions you've made?

- All the time  __4
- Often           __3
- Several times   __2
- None of the time __1

PD-9. In the past week, how often have you had trouble sleeping?

- All the time  __4
- Often           __3
- Several times   __2
- None of the time __1

PW-8. In the past week, how often have you felt like you've spent a worthwhile day?

- All the time  __4
- Often           __3
- Several times   __2
- None of the time __1

PD-10. In the past week, how often have you had trouble with poor appetite, or inability to eat?

- All the time  __4
- Often           __3
- Several times   __2
- None of the time __1

FW-9. In the past week, how often have you felt serene and calm?

- All the time  __4
- Often           __3
- Several times   __2
- None of the time __1
Quality of Life Questionnaire -- Respondent Self-Report Version

PD-11. In the past week, how often have you had trouble with indigestion?

- All the time  __4
- Often  __3
- Several times  __2
- None of the time  __1

PW-10. In the past week, how often have you found yourself really looking forward to things?

- All the time  __4
- Often  __3
- Several times  __2
- None of the time  __1

PD-12. In the past week, how often have you had trouble with fatigue?

- All the time  __4
- Often  __3
- Several times  __2
- None of the time  __1
Quality of Life Questionnaire -- Respondent Self-Report Version

Everybody has unpleasant feelings sometimes: we wake up depressed, get upset or frustrated or frightened. These questions ask how much difficulty you have had recently in handling these unpleasant feelings.

TS-1. How much difficulty have you had handling feelings of depression recently?

- Great difficulty __3
- Some difficulty __2
- No difficulty __1
- NA __0

TS-2. How much difficulty have you had handling being upset recently?

- Great difficulty __3
- Some difficulty __2
- No difficulty __1
- NA __0

TS-3. How much difficulty have you had handling frustration recently?

- Great difficulty __3
- Some difficulty __2
- No difficulty __1
- NA __0

TS-4. How much difficulty have you had handling being frightened or shaken up recently?

- Great difficulty __3
- Some difficulty __2
- No difficulty __1
- NA __0
Quality of Life Questionnaire -- Respondent Self-Report Version

These questions ask about your living situation, eating, income, transportation, and medical care. The purpose is to see if these needs are met to at least a minimum level of satisfaction.

TB-1. How satisfied are you with your home -- its state of repair, amount of room, furnishing, warmth, lighting, etc.?

| Very satisfied | 4 |
| Satisfied      | 3 |
| Dissatisfied   | 2 |
| Very dissatisfied | 1 |

TB-2. How satisfied are you with your home, considering the amount of privacy, your neighbors, security, etc.?

| Very satisfied | 4 |
| Satisfied      | 3 |
| Dissatisfied   | 2 |
| Very dissatisfied | 1 |

TB-3. This question asks about how well your income covers things you must have -- food, medicine, clothing, etc. How adequate is your present income for your present needs?

| Very adequate    | 4 |
| Adequate         | 3 |
| Inadequate       | 2 |
| Very inadequate  | 1 |

TB-4. Are you worried about your future income covering the things you must have?

| Terribly worried | 4 |
| Quite worried    | 3 |
| Slightly worried | 2 |
| Not at all worried | 1 |
Quality of Life Questionnaire -- Respondent Self-Report Version

TB-5. Can you get around town as you need for work, shopping, medical appointments, visiting, etc.?

- Can't get around at all  __4__
- With much difficulty  __3__
- With little difficulty  __2__
- With no difficulty  __1__

TB-6. In the last month, have you needed medical care? No=0 (N/A) If yes, did you have difficulty getting medical care?

- Yes  __2__
- No  __1__
- N/A  __0__

TB-7. Do you have a regular or family doctor?

- Yes  __2__
- No  __1__

TB-8. Do you have medical insurance?

- Yes  __2__
- No  __1__

TB-9. Do you know where to get emergency medical help?

- Yes  __2__
- No  __1__
Quality of Life Questionnaire -- Respondent Self-Report Version

These questions ask how you handle making decisions, dealing with conflict, asserting yourself, etc.

IN-1. In the last week, how did you find shopping, paying bills, preparing meals, and generally looking after your basic necessities?

- Very easy ___ 4
- Fairly easy ___ 3
- Rather difficult ___ 2
- Very difficult ___ 1

IN-2. ... and how enjoyable was it?

- Very enjoyable ___ 4
- Fairly enjoyable ___ 3
- Fairly unpleasant ___ 2
- Very unpleasant ___ 1

IN-3. In the last week, how often did you go out socially?

- More than 3 times ___ 4
- 2 or 3 times ___ 3
- Once ___ 2
- Never ___ 1

IN-4. When you receive broken merchandise, poor service, or are overcharged, how hard is it for you to complain to the store, dealer or company?

- Can't do it at all ___ 4
- Very hard ___ 3
- A little hard ___ 2
- Not hard at all ___ 1
Quality of Life Questionnaire -- Respondent Self-Report Version

IN-5. When you want to join a conversation (e.g., at a party) how hesitant do you feel about doing so?

Can't do it at all ___ 4
Very hesitant ___ 3
Slightly hesitant ___ 2
Not at all hesitant ___ 1

IN-6. When you are treated unfairly by someone you know well, a family member or close friend, how difficult is it for you to tell them so?

Can't do it at all ___ 4
Very difficult ___ 3
Slightly difficult ___ 2
Not difficult ___ 1

IN-7. How confident are you in the decisions you make for yourself (what to buy, where to live, what to do, etc.)?

Quite confident ___ 4
Some confidence ___ 3
Little confidence ___ 2
No confidence ___ 1

IN-8. How often do you put off making important decisions until it is too late?

Always ___ 4
Often ___ 3
Occasionally ___ 2
Never ___ 1
Quality of Life Questionnaire -- Respondent Self-Report Version

These questions ask how you have been getting along with people in the last week.

II-1. In the past week, how many times have you spoken with neighbors?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than 3 times</td>
<td>4</td>
</tr>
<tr>
<td>2 or 3 times</td>
<td>3</td>
</tr>
<tr>
<td>Once</td>
<td>2</td>
</tr>
<tr>
<td>Never</td>
<td>1</td>
</tr>
</tbody>
</table>

II-2. In the last week, how often have you spoken with people you saw at work or school or other daily activities?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than 3 times</td>
<td>4</td>
</tr>
<tr>
<td>2 or 3 times</td>
<td>3</td>
</tr>
<tr>
<td>Once</td>
<td>2</td>
</tr>
<tr>
<td>Never</td>
<td>1</td>
</tr>
</tbody>
</table>

II-3. Do you feel that people avoid you?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>All the time</td>
<td>4</td>
</tr>
<tr>
<td>Often</td>
<td>3</td>
</tr>
<tr>
<td>Occasionally</td>
<td>2</td>
</tr>
<tr>
<td>Never</td>
<td>1</td>
</tr>
</tbody>
</table>

II-4. Do you feel that people are unkind to you?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>All the time</td>
<td>4</td>
</tr>
<tr>
<td>Often</td>
<td>3</td>
</tr>
<tr>
<td>Occasionally</td>
<td>2</td>
</tr>
<tr>
<td>Never</td>
<td>1</td>
</tr>
</tbody>
</table>

II-5. How comfortable do you feel being around people in general?

<table>
<thead>
<tr>
<th>Comfort Level</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very uncomfortable</td>
<td>4</td>
</tr>
<tr>
<td>Uncomfortable</td>
<td>3</td>
</tr>
<tr>
<td>Comfortable</td>
<td>2</td>
</tr>
<tr>
<td>Very comfortable</td>
<td>1</td>
</tr>
</tbody>
</table>
II-6. Last week, how often did you get to places where you could meet new people?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every day</td>
<td>4</td>
</tr>
<tr>
<td>Several times</td>
<td>3</td>
</tr>
<tr>
<td>Once</td>
<td>2</td>
</tr>
<tr>
<td>Not at all</td>
<td>1</td>
</tr>
</tbody>
</table>
Quality of Life Questionnaire -- Respondent Self-Report Version

These questions ask how you have been getting along with your family recently.

What is your marital situation now?

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living together as married</td>
<td>6</td>
</tr>
<tr>
<td>Married</td>
<td>5</td>
</tr>
<tr>
<td>Separated</td>
<td>4</td>
</tr>
<tr>
<td>Divorced</td>
<td>3</td>
</tr>
<tr>
<td>Widowed</td>
<td>2</td>
</tr>
<tr>
<td>Never married</td>
<td>1</td>
</tr>
</tbody>
</table>

(If married or living as married)

SR-1. In the last week, how often have you gotten very angry with your spouse?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every day</td>
<td>4</td>
</tr>
<tr>
<td>Often</td>
<td>3</td>
</tr>
<tr>
<td>Once or twice</td>
<td>2</td>
</tr>
<tr>
<td>Never</td>
<td>1</td>
</tr>
</tbody>
</table>

SR-2. In the last week, how often did you go out of your way to be nice to your spouse?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>All the time</td>
<td>4</td>
</tr>
<tr>
<td>Often</td>
<td>3</td>
</tr>
<tr>
<td>Several times</td>
<td>2</td>
</tr>
<tr>
<td>Never</td>
<td>1</td>
</tr>
</tbody>
</table>

SR-3. In the last month, how much have you enjoyed your spouse's company?

<table>
<thead>
<tr>
<th>Enjoyment</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>A great deal</td>
<td>4</td>
</tr>
<tr>
<td>Quite a bit</td>
<td>3</td>
</tr>
<tr>
<td>A little</td>
<td>2</td>
</tr>
<tr>
<td>Not at all</td>
<td>1</td>
</tr>
</tbody>
</table>

SR-4. How well have you been getting along with your spouse recently?

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very well</td>
<td>4</td>
</tr>
<tr>
<td>Well</td>
<td>3</td>
</tr>
<tr>
<td>Poorly</td>
<td>2</td>
</tr>
<tr>
<td>Very poorly</td>
<td>1</td>
</tr>
</tbody>
</table>
Quality of Life Questionnaire -- Respondent Self-Report Version

There are some things we share with family and friends; some things we can count on them for. These questions ask about your family and friends, as you see them now.

SS-1. When something nice happens to you, do you want to share the experience with your family?

- Always __4
- Often __3
- Sometimes __2
- Never __1

SS-2. When something nice happens to you, do you want to share the experience with your friends?

- Always __4
- Often __3
- Sometimes __2
- Never __1

SS-3. How much would your family be of help and support if you were sick, or moving, or having any other kind of problem?

- A great deal __4
- A lot __3
- A little __2
- None __1

SS-4. How much would your friends be of help and support to you if you were sick, or moving, or having any other kind of problem?

- A great deal __4
- A lot __3
- A little __2
- None __1
SS-5. How much would anyone in the community, other than family and friends, be of help and support to you if you were sick, or moving, or having any other kind of problem?

- A great deal __4
- A lot __3
- A little __2
- None __1
Quality of Life Questionnaire -- Respondent Self-Report Version

These questions are about your experience with work at home.

WH-1. In the last week, how well have you kept up with your share of the housework (cleaning, laundry, errands)?

- Completely done: 4
- Quite well: 3
- Fairly well: 2
- Not at all: 1

WH-2. How much of the household money management (paying the bills, budgeting) do you do?

- All: 4
- Most: 3
- A little: 2
- None: 1

WH-3. How much of the shopping for the household do you do (groceries, furnishings, supplies)?

- All: 4
- Most: 3
- A little: 2
- None: 1

WH-4. In the last month, how much time did you spend fixing or changing things connected with your car or home (repairs, redecorating, remodeling, yard work)?

- Several days: 4
- A day or so: 3
- An hour or so: 2
- None: 1
WH-5: About how many hours per day do you usually spend preparing meals?

- More than 3: 4
- 1 to 3 hours: 3
- An hour or less: 2
- None: 1
Quality of Life Questionnaire -- Respondent Self-Report Version

These questions concern looking for a job. Even if you are not looking for a job, the questions ask about how you would feel.

EM-1. How good an impression do you feel you would make in a job interview?

<table>
<thead>
<tr>
<th>Impression</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very good</td>
<td>4</td>
</tr>
<tr>
<td>Good</td>
<td>3</td>
</tr>
<tr>
<td>Poor</td>
<td>2</td>
</tr>
<tr>
<td>Very poor</td>
<td>1</td>
</tr>
</tbody>
</table>

EM-2. How serious are any emotional problems you may have which would make it hard for you to find work?

<table>
<thead>
<tr>
<th>Seriousness</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very serious</td>
<td>4</td>
</tr>
<tr>
<td>Pretty serious</td>
<td>3</td>
</tr>
<tr>
<td>Slightly serious</td>
<td>2</td>
</tr>
<tr>
<td>Not at all serious</td>
<td>1</td>
</tr>
<tr>
<td>NA</td>
<td>0</td>
</tr>
</tbody>
</table>

EM-3. How comfortable do you feel going out to look for a job?

<table>
<thead>
<tr>
<th>Comfort</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completely</td>
<td>4</td>
</tr>
<tr>
<td>Quite</td>
<td>3</td>
</tr>
<tr>
<td>Fairly</td>
<td>2</td>
</tr>
<tr>
<td>Not at all</td>
<td>1</td>
</tr>
</tbody>
</table>

EM-4. How hard is it for you to stick to a job when it becomes unpleasant or boring or stressful?

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can't do it at all</td>
<td>4</td>
</tr>
<tr>
<td>Very hard</td>
<td>3</td>
</tr>
<tr>
<td>A little hard</td>
<td>2</td>
</tr>
<tr>
<td>Not at all hard</td>
<td>1</td>
</tr>
</tbody>
</table>
Quality of Life Questionnaire -- Respondent Self-Report Version

EM-5. If you had a chance to get more job training, how willing would you be to get it?

Not interested  __4
Slightly willing  __3
Fairly willing  __2
Very willing  __1

EM-6. How comfortable do you feel working with co-workers?

Not at all comfortable  __4
Fairly  __3
Quite  __2
Completely  __1

EM-7. The next two questions are a bit different. I'm going to ask you to list some things. Please name some of your hobbies and special interests.

More than 3  __4
2 or 3  __3
One  __2
None  __1

EM-8. Please name some of the ways you know for finding a job.

More than 3  __4
2 or 3  __3
One  __2
None  __1
Quality of Life Questionnaire -- Respondent Self-Report Version

These questions ask about your work on the job.

Are you employed?

- Full-time (35+ hours) __4
- Part-time (17-34 hours) __3
- Irregularly (≤16 hours) __2
- Not employed __1

(If employed)

WJ-1. In the last month, how much time did you miss from work?

- Several days __4
- A day or two __3
- A little __2
- None __1

WJ-2. In the last month, how much difficulty did you have in doing your work?

- A great deal __4
- Quite a bit __3
- An hour or so __2
- None __1

WJ-3. How did you feel about the quality of work you did recently?

- Very good __4
- Good __3
- Bad __2
- Very bad __1

WJ-4. How much conflict have you had with people while you were working recently?

- A great deal __4
- Quite a bit __3
- A little __2
- None __1
Quality of Life Questionnaire -- Respondent Self-Report Version

WJ-5. How interesting is your work?

- Very interesting ______
- Moderately interesting ______
- Slightly interesting ______
- It's boring ______

WJ-6. In general, how much do you like your job?

- Really like it ______
- Like it ______
- Don't like it ______
- Hate it ______

WJ-7. In the last month, how many times did people complain about your work?

- More than 3 times ______
- 2 or 3 times ______
- Once ______
- Not at all ______

WJ-8. In the past month, how many times did people say good things about your work?

- More than 3 times ______
- 2 or 3 times ______
- Once ______
- Not at all ______
Quality of Life Questionnaire -- Respondent Self-Report Version

These questions ask about some of the ways you spend your time when you are not working at home, on the job, or in school.

MT-1. In the last week, how much time did you spend actively participating in recreation or sports?

<table>
<thead>
<tr>
<th>Time</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>20+ hours</td>
<td>4</td>
</tr>
<tr>
<td>8-20 hours</td>
<td>3</td>
</tr>
<tr>
<td>1-7 hours</td>
<td>2</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
</tr>
</tbody>
</table>

MT-2. In the last week, how much time did you spend on your hobbies, creative pursuits, or games?

<table>
<thead>
<tr>
<th>Time</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>20+ hours</td>
<td>4</td>
</tr>
<tr>
<td>8-20 hours</td>
<td>3</td>
</tr>
<tr>
<td>1-7 hours</td>
<td>2</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
</tr>
</tbody>
</table>

MT-3. Of the TV watching you did last week, how much time did you spend on really interesting programs?

<table>
<thead>
<tr>
<th>Time</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>20+ hours</td>
<td>4</td>
</tr>
<tr>
<td>8-20 hours</td>
<td>3</td>
</tr>
<tr>
<td>1-7 hours</td>
<td>2</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
</tr>
<tr>
<td>N/A</td>
<td>0</td>
</tr>
</tbody>
</table>

MT-4. In the last week, how much time did you spend window shopping?

<table>
<thead>
<tr>
<th>Time</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>20+ hours</td>
<td>4</td>
</tr>
<tr>
<td>8-20 hours</td>
<td>3</td>
</tr>
<tr>
<td>1-7 hours</td>
<td>2</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
</tr>
</tbody>
</table>
MT-5. In the last week, how much time did you spend on volunteer work?

- 20+ hours __4
- 8-20 hours __3
- 1-7 hours __2
- None __1

MT-6. Not counting any time for which you were paid, how much time did you spend last week which you felt was boring and useless?

- 20+ hours __4
- 8-20 hours __3
- 1-7 hours __2
- None __1
Quality of Life Questionnaire -- Respondent Self-Report Version  
Interview Page 28

These questions are about drinking alcoholic beverages.

In the last month, have you had any alcohol to drink like beer, wine or anything else?

Yes __2
No __1

(If "yes")

People sometimes have problems with using alcohol. The following questions ask about problems you may have had with alcohol in the last month.

NA-1. Have you had problems controlling your drinking?

Very severe __4
A lot __3
A few __2
None __1

NA-2. Problems controlling your behavior because of drinking?

Very severe __4
A lot __3
A few __2
None __1

NA-3. Problems with feelings like guilt, anger or depression because of drinking?

Very severe __4
A lot __3
A few __2
None __1
Quality of Life Questionnaire -- Respondent Self-Report Version

NA-4. Problems with your health because of drinking?

<table>
<thead>
<tr>
<th>Severity</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Severe</td>
<td>4</td>
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NA-5. Problems with your parents because of your drinking?

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NA-6. Problems with your friends because of your drinking?

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NA-7. Problems with your spouse because of your drinking?

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NA-8. Problems with your children because of your drinking?

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Quality of Life Questionnaire -- Respondent Self-Report Version

NA-9. Problems with your job or school because of drinking?

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<td>Very severe</td>
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NA-10. Problems with any other activities because of drinking?

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Quality of Life Questionnaire -- Respondent Self-Report Version

These questions are about drugs.

In the last month, have you used drugs or medications of any kind, including prescription, over-the-counter, or street drugs?

Yes __2
No __1

(IF "yes")

People sometimes have problems with the use of drugs or medications. The following questions ask about problems you may have had with drugs in the last month.

ND-1. Have you had problems controlling your use of drugs?

Very severe __4
A lot __3
A few __2
None __1

ND-2. Problems controlling your behavior because of drug use?

Very severe __4
A lot __3
A few __2
None __1

ND-3. Problems with feelings like guilt, anger or depression because of drugs?

Very severe __4
A lot __3
A few __2
None __1
Quality of Life Questionnaire -- Respondent Self-Report Version

ND-4. Problems with your health because of drug use?

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<tr>
<th>Severity</th>
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ND-5. Problems with your parents because of your drug use?

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ND-6. Problems with your friends because of your drug use?

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ND-7. Problems with your spouse because of your drug use?

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ND-8. Problems with your children because of your drug use?

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### Quality of Life Questionnaire -- Respondent Self-Report Version

**ND-9. Problems with your job or school because of drug use?**

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**ND-10. Problems with any other activities because of drug use?**

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Appendix D
EASA Assessment for Group

Demographic Information

Name: __________________________________________
Age: _________
Gender (please circle): Male Female Other:__________

SECTION 1: Please rate the following items on a scale of 1 to 4.


1. I feel that I’m a person of worth, at least on an equal basis of others.
2. I feel that I have a number of good qualities.
3. All in all, I am inclined to feel I am a failure.
4. I am able to do things as well as most other people.
5. I feel I do not have much to be proud of.
6. I take a positive attitude toward myself.
7. On the whole, I am satisfied with myself.
8. I wish I could have more respect for myself.
9. I feel useless at times.
10. At times I think I am no good at all.
SECTION 2: These questions ask about how you have been feeling in the past week. Pleasant and unpleasant feelings of several different kinds are covered.

In the past week, how often have you enjoyed your leisure hours (evenings, days off, etc.)?

All the time __4
Often __3
Several times __2
None of the time __1

In the past week, how often have you been pleased with something you did?

All the time __4
Often __3
Several times __2
None of the time __1

In the past week, how often have you felt proud because you were complimented?

All the time __4
Often __3
Several times __2
None of the time __1

In the past week, how often have you felt excited about or interested in something?

All the time __4
Often __3
Several times __2
None of the time __1

In the past week, how often have you felt mixed-up or confused?

All the time __4
Often __3
Several times __2
None of the time __1

In the past week, how often have you felt tense (uptight)?

All the time __4
Often __3
Several times __2
None of the time __1
In the past week, how often have you felt like you've spent a worthwhile day?

- All the time __4
- Often __3
- Several times __2
- None of the time __1

In the past week, how often have you had trouble with fatigue?

- All the time __4
- Often __3
- Several times __2
- None of the time __1

**SECTION 3:** These questions ask about your living situation, eating, income, transportation, and medical care.

How satisfied are you with your home’s state of repair, amount of room, furnishing, warmth, lighting, etc.?

- Very satisfied __4
- Satisfied __3
- Dissatisfied __2
- Very dissatisfied __1

How satisfied are you with your home’s amount of privacy, your neighbors, security, etc.?

- Very satisfied __4
- Satisfied __3
- Dissatisfied __2
- Very dissatisfied __1

*This question asks about how well your income covers things you must have—food, medicine, clothing, etc. How adequate is your present income for your present needs?*

- Very adequate __4
- Adequate __3
- Inadequate __2
- Very inadequate __1
Are you worried about your future income covering the things you must have?

- Terribly worried __4
- Quite worried __3
- Slightly worried __2
- Not at all worried __1

Can you get around town as you need for work, shopping, medical appointments, visiting, etc.?

- Can't get around at all __4
- With much difficulty __3
- With little difficulty __2
- With no difficulty __1

SECTION 4: These questions ask how you handle making decisions, dealing with conflict, asserting yourself, etc.

In the last week, how did you find shopping, paying bills, preparing meals, and generally looking after your basic necessities?

- Very easy __4
- Fairly easy __3
- Rather difficult __2
- Very difficult __1

... and how enjoyable was it?

- Very enjoyable __4
- Fairly enjoyable __3
- Fairly unpleasant __2
- Very unpleasant __1

In the last week, how often did you go out socially?

- More than 3 times __4
- 2 or 3 times __3
- Once __2
- Never __1
When you receive broken merchandise, poor service, or are overcharged, how hard is it for you to complain to the store, dealer or company?

- Can't do it at all __4
- Very hard __3
- A little hard __2
- Not hard at all __1

When you want to join a conversation (e.g., at a party) how hesitant do you feel about doing so?

- Can't do it at all __4
- Very hesitant __3
- Slightly hesitant __2
- Not at all hesitant __1

When you are treated unfairly by someone you know well, a family member or close friend, how difficult is it for you to tell them so?

- Can't do it at all __4
- Very difficult __3
- Slightly difficult __2
- Not difficult __1

How confident are you in the decisions you make for yourself (what to buy, where to live, what to do, etc.)?

- Quite confident __4
- Some confidence __3
- Little confidence __2
- No confidence __1

SECTION 5: These questions ask how you have been getting along with people in the last week.

In the past week, how many times have you spoken with neighbors?

- More than 3 times __4
- 2 or 3 times __3
- Once __2
- Never __1
In the last week, how often have you spoken with people you saw at work or school or other daily activities?

More than 3 times __4
2 or 3 times __3
Once __2
Never __1

Do you feel that people avoid you?

All the time __4
Often __3
Occasionally __2
Never __1

Do you feel that people are unkind to you?

All the time __4
Often __3
Occasionally __2
Never __1

How comfortable do you feel being around people in general?

Very uncomfortable __4
Uncomfortable __3
Comfortable __2
Very comfortable __1

Last week, how often did you get to places where you could meet new people?

Every day __4
Several times __3
Once __2
Not at all __1

SECTION 6: There are some things we share with family and friends; some things we can count on them for. These questions ask about your family and friends, as you see them now.

When something nice happens to you, do you want to share the experience with your family?

Always __4
Often __3
Sometimes __2
Never __1
When something nice happens to you, do you want to share the experience with your friends?

Always __4
Often __3
Sometimes __2
Never __1

How much would your family be of help and support if you were sick, or moving, or having any other kind of problem?

A great deal __4
A lot __3
A little __2
None __1

How much would your friends be of help and support to you if you were sick, or moving, or having any other kind of problem?

A great deal __4
A lot __3
A little __2
None __1

How much would anyone in the community, other than family and friends, be of help and support to you if you were sick, or moving, or having any other kind of problem?

A great deal __4
A lot __3
A little __2
None __1

SECTION 7: These questions ask about some of the ways you spend your time when you are not working at home, on the job, or in school.

In the last week, how well have you kept up with your share of the housework (cleaning, laundry, errands)?

Completely done __4
Quite well __3
Fairly well __2
Not at all __1
The next question is a bit different. I'm going to ask you to list some things. Please name some of your hobbies and special interests.

More than 3 __4
2 or 3 __3
One __2
None __1

In the last week, how much time did you spend actively participating in recreation or sports?

20+ hours __4
8-20 hours __3
1-7 hours __2
None __1

In the last week, how much time did you spend on your hobbies, creative pursuits, or games?

20+ hours __4
8-20 hours __3
1-7 hours __2
None __1

Of the TV watching you did last week, how much time did you spend on really interesting programs?

20+ hours __4
8-20 hours __3
1-7 hours __2
None __1

In the last week, how much time did you spend on volunteer work?

20+ hours __4
8-20 hours __3
1-7 hours __2
None __1

Not counting any time for which you were paid, how much time did you spend last week which you felt was boring and useless?

20+ hours __4
8-20 hours __3
1-7 hours __2
None __1

Appendix E
EASA Group (Self-Affirmations) Feedback Form

Please put a check box next to the groups you attended

_____ Group 1: March 4th (Cut pictures from magazines to make banner, came up with group name Self Affirmations, etc.)
_____ Group 2: March 11th (Took pictures around Portland)
_____ Group 3: March 18th (Put together books with pictures from previous week; watched TV/movie clips and talked about social skills)
_____ Group 4: April 1st (Wrap-up; Urban Adventure in Portland)

Please rate the following questions about the group.

1. I enjoyed all of the groups that I attended.

1   2   3   4   5
Did not enjoy         Enjoyed somewhat    Enjoyed very much

2. I feel like I learned a lot about social skills and interaction from attending the groups.

1   2   3   4   5
Did not learn         Learned some things
                     Learned a lot

3. I feel like I learned a lot about how I see myself (identity) from attending the groups.

1   2   3   4   5
Did not learn         Learned some things
                     Learned a lot

4. I feel like the groups that I attended were worth my time.

1   2   3   4   5
Not worth my time      Kind of worth my time      Definitely worth my time
5. I am glad that I attended this group.

1  2  3  4  5

Not glad               Somewhat glad
Extremely glad

6. If this group were offered again, I would recommend this group to other EASA members.

1  2  3  4  5

Would NOT recommend     Might recommend     Would definitely recommend

7. Please write what you think is good about the group.

8. Please write what you think that could be changed about the group to make it better.

9. Any other comments or suggestions???

THANK YOU FOR YOUR PARTICIPATION
Appendix F

Photo Release Form

I, ____________________________, give Chelsea Chamizo and Lacey Bradford permission to use pictures of me or my likeness for their school presentation and/or other academic related projects. I understand that my identity will be protected to the best of their ability and my name will not be used during their presentations and/or other academic related projects.

Name____________________________________________________

Signature________________________________________________

Date______________________________________________________
Appendix G

Group 3 Video Links and Topics

1. Dumb and Dumber- “So your saying there’s a chance” 1:45
   - http://www.youtube.com/watch?v=gqdNe8u-Jsg
   - Intro video: Initiating and maintaining conversation, expressing feelings, listening, body language, facial expressions, verbal content

2. Superbad- “Nicola’s white pants” 2:45-3:12
   - http://www.youtube.com/watch?v=v-3kvCB3avU
   - Initiating and maintaining conversation

3. Dumb and Dumber- “Are those your skis?” :25
   - http://www.youtube.com/watch?v=HkjLT1-jsM4
   - Maintaining conversation, body language

4. The Office- “Stress relief- Clip 2” 3:50
   - Making requests of other people

5. The Office- “Conflict resolution”
   - Resolving conflicts, problem solving

6. Superbad- “Boob punch” 8:49-9:46
   - http://www.youtube.com/watch?v=v-3kvCB3avU
   - Verbal cues, body language, ending a conversation

7. The Office- “Jacuzzi” 1:17-1:43
   - Body language, listening, facial expression, eye contact, dating, verbal cues/content

8. The Office- “Casual Friday” 0:45
   - Appropriate dress for situation/goals, dress as a non verbal cue
Appendix H

EASA Group Attendance

Group one:
1. A.W.
2. Q.A.
3. D.T.
4. L.H.
5. S.M.
6. J.W.
7. T.W.

Group two:
1. A.W.
2. A.D.
3. Q.A.
4. L.H.
5. S.M.
6. J.W.
7. T.W.

Group three:
1. A.W.
2. A.D. (late)
3. Q.A.
4. L.H.
5. S.M.
6. J.W.
7. T.W.

Group four:
1. A.D.
2. Q.A.
3. S.M.
4. J.W.
5. T.W.
Powerpoint Presentation
Self Affirmations: An Identity and social skills acquisition group with young adults with first-episode psychosis

Lacey Bradford, MOTS
Chelsea Chamilo, MOTS
Faculty Advisor:
Sean Rosch, ORP, ORPA
Paritnssed with
Early Assessment and Support Alliance, McHenry County

Psychosis
- Severe and persistent mental illness
- Characterized by a loss of contact with reality, disordered cognition & emotion
- Age of onset

Recovery & Early Intervention
- Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential (Substance Abuse and Mental Health Services Administration, n.d.)

Components of Recovery
- Hope
- Self-advocacy
- Educational
- Independent
- Prepared
- Empowering
- Support
- Mental health
- Resilience

Early Assessment and Support Alliance
- Medical and mental health professionals make up the EASA team, work in partnership with other services and providers
- Services offered
  - Community education about psychosis
  - Rapid outreach and assessment
  - Problem-solving and support for individuals, families, and friends
  - Criteria for referral

Needs Analysis
- Prior experience with population during fieldwork
- Speaking with stakeholders
  - Sean Rosch
  - Erin Taylor
  - EASA Staff
  - Informal meetings with clients
- Analysis of current programming at EASA
- Literature Review
Current Literature
Psychology
- Identity
- Social Skills
- Social Cognition

Interventions
- Identity Exploration
- Group Intervention
- Social Skills Training

Group Framework

Self-Affirmations
- Group warned towards doing

Process used to develop the project
- Pragmatic considerations
- Scheduling the group
- Open group
- Location and transportation
- Food
- Marketing and Follow-up
- Group protocols
- Development of Assessment

Group 1
- Food & welcome
- Introduction & name game
- Assessment
- Introduction to group & group expectations
- Blogging of group
- Banner activity
- Concluding remarks

Group 2
- Food & chatting
- Go over poster
- Introduction to Identity
- Group discussion about identity
- Outing to take pictures for "Identity book"
- Concluding remarks

Group 3
- Food & chatting
- Putting together "Identity book"
- Social skills introduction
- Video clips & discussion
- Concluding remarks
Group 4
- Food & chatting
- Group recap
- Urban adventure
- Feedback form
- Photo release form
- Re-assessment
- Concluding remarks

Quantitative Outcomes
- High attendance and retention
- 4 completed pre and post test measures
- Overall slight improvements in 6 out of 7 sub-sections of the assessment

Qualitative feedback
- "We learned a lot from discussing it and I don't mean we will know what we have to do anything else.
- "Overall, it was a great experience and we will definitely do it again.
- "It was fun and thought provoking.
- "Helped to see the bigger picture.
- "Really helped me feel better about my situation.
- "It helped me understand others.

Data from Feedback Form
In conclusion...

There is no medicine like hope, no incentive so great, and no tonic so powerful as expectation of something tomorrow.
-- Orion Swift Marden

A Special Thanks To...
- Sean Rouah, OTR/L
- John White, Ph.D., OTR/L
- Erin Taylor, MOIS/L
- Multnomah County EASA
- Jenna Gordon, MOIS & Marnissa Gottlob, MOIS

Questions?