University of North Dakota

UND Scholarly Commons

Occupational Therapy Capstones | Department of Occupational Therapy

2012

A Community-Based Occupational Therapy Wellness Program for Adult Clients with Traumatic Brain Injury

Cody Link
University of North Dakota

Amanda Myklebust
University of North Dakota

How does access to this work benefit you? Let us know!

Follow this and additional works at: https://commons.und.edu/ot-grad

Part of the Occupational Therapy Commons

Recommended Citation

Link, Cody and Myklebust, Amanda, "A Community-Based Occupational Therapy Wellness Program for Adult Clients with Traumatic Brain Injury" (2012). *Occupational Therapy Capstones*. 143.
https://commons.und.edu/ot-grad/143

This Scholarly Project is brought to you for free and open access by the Department of Occupational Therapy at UND Scholarly Commons. It has been accepted for inclusion in Occupational Therapy Capstones by an authorized administrator of UND Scholarly Commons. For more information, please contact und.commons@library.und.edu.

A COMMUNITY-BASED OCCUPATIONAL THERAPY WELLNESS PROGRAM

FOR ADULT CLIENTS WITH TRAUMATIC BRAIN INJURY

by

Cody Link and Amanda Myklebust

Advisor: Jan Stube, PhD, OTR/L, FAOTA

An Independent Study

Submitted to the Occupational Therapy Department of the

University of North Dakota

In partial fulfillment of the requirements for the degree of

Master's of Occupational Therapy

Grand Forks, North Dakota
May 12th, 2012

This Independent Study Paper, submitted by Cody Link and Amanda Myklebust in partial fulfillment of the requirement for the Degree of Master's of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

____
Faculty Advisor

____
Date

PERMISSION

Title A Community-Based Occupational Therapy Wellness Program for Adult Clients with Traumatic Brain Injury

Department Occupational Therapy

Degree Master's of Occupational Therapy

In presenting this Independent Study in partial fulfillment of the requirements for a graduate degree from the University of North Dakota, we agree that the Department of Occupational Therapy shall make it freely available for inspection. We further agree that permission for extensive copying for scholarly purposes may be granted by the professor who supervised our work or, in his/her absence, by the Chairperson of the Department. It is understood that any copying or publication or other use of the Independent Study or part thereof for financial gain shall not be allowed without our written permission. It is also understood that due recognition shall be given to us and the University of North Dakota in any scholarly use which may be made of any material in our Independent Study Report.

Signature_____________________________Date______________

Signature_____________________________Date______________

TABLE OF CONTENTS

ACKNOWLEDGMENTS…………………………………………………………………...v

ABSTRACT……………………………………………………………………………...vi

CHAPTER

I. INTRODUCTION…………………………………………………………...1

II. REVIEW OF LITERATURE……………………………………………..6

III. METHODOLOGY…………………………………………………………18

IV. PRODUCT…………………………………………………………………21

Focus Group Results, Analysis, and Interpretations……………………..22

A Community-Based Occupational Therapy Wellness Program for Adult Clients with Traumatic Brain Injury……………………………………..25

Weeks 1-2: Social Participation………………………………….27

Weeks 3-4: Emotional Wellness…………………………………28

Weeks 5-6: Work/Volunteer Participation…………………….....29

Weeks 7-8: Community Integration and Transportation………...30

Weeks 9-10: Leisure Participation……………………….………30

Weeks 11-12: Healthy Life Balance……………………………..31

V. SUMMARY……………………………………………………..……34

VI. REFERENCES…………………………………………………………….37

APPENDICES

Appendix A……………………………………………………………………42

Appendix B……………………………………………………………………44

Appendix C……………………………………………………………………50

ACKNOWLEDGMENTS

The authors wish to thank their advisor, Dr. Jan Stube, for her time and guidance in development of this Independent Study. Dr. Jan Stube's support and knowledge through this process was greatly appreciated. The authors also thank the TBI support group participants for their valuable information. We also wish to thank our family and friends for providing us with support and encouragement throughout this entire program.

ABSTRACT

Each year in the United States, over 1.5 million people sustain a traumatic brain injury (TBI) (Centers for Disease Control and Prevention, 2011). TBI can cause a variety of long-term problems with thinking, sensation, language, sensorimotor, and emotions (Centers for Disease Control and Prevention, 2011). These lead to long-term problems in areas of social participation, emotional wellness, work and volunteer participation, community integration, leisure participation, and healthy life balance. This indicates the need for continuing occupational therapy to address these problem areas. Community-based interventions provide a service to promote health in an individual's natural environment and can focus on a variety of occupations. The purpose of this independent study was to research and develop *A Community-Based Occupational Therapy Wellness Program for Adult Clients with Traumatic Brain Injury*, based on the needs found through a literature review and focus group.

A review of literature and focus group were conducted to guide the development of the *Community-Based Occupational Therapy Wellness Program for Adult Clients with Traumatic Brain Injury*. Content analysis of the focus group interviews used an exploratory qualitative research approach. The focus group included eight participants from the Grand Forks, ND, region and was one hour in length. Participants were chosen by convenience sampling, and consisted of a homogeneous group. Common themes discussed in the literature included: long term deficits, social functioning, community and work integration, and quality of life following TBI. Each of the seven areas of wellness

were addressed during the focus group. The seven areas include: physical, intellectual, social, emotional, occupational, environmental, and spiritual wellness. Common concerns discussed in the focus group included: difficulties with sleep, lack of social support, community mobility and resources, job and volunteer opportunities, and emotional regulation. The product is a 12-week community-based wellness program for individuals who are post-TBI, and includes interventions that address social participation, emotional wellness, work and volunteer participation, leisure participation, community integration, and healthy life balance.

Due to the long term difficulties that Traumatic Brain Injury (TBI) can cause, there is a need for ongoing occupational therapy services in a community setting. Clients who are post-TBI would benefit from the *Community-Based Occupational Therapy Wellness Program for Adult Clients with Traumatic Brain Injury* developed by the researchers. There were several limitations associated with this research project including a small sample size, one focus group, and limited time and resources available to complete the research project. The researchers recommend that the next step of this research project is to implement the Community-Based Occupational Therapy Wellness Program, and complete additional research to determine the effectiveness of the program.

CHAPTER I

INTRODUCTION

It is "estimated that 1.7 million people sustain a traumatic brain injury (TBI) each year" (Centers for Disease Control and Prevention, 2011). TBI can cause a variety of long-term problems with thinking, sensation, language, sensorimotor, and emotions (Centers for Disease Control and Prevention, 2011). These can lead to life-long struggles in areas of social participation, emotional wellness, work and volunteer participation, community integration, leisure participation, and a healthy life balance. Therefore, the need for continuing occupational therapy to address these occupational problem areas is clear.

To begin, traumatic brain injury (TBI) is defined as:

> A traumatically induced structural injury and/or physiological disruption of brain function as a result of an external force that is indicated by new onset or worsening of at least one of the following clinical signs, immediately following the event: any period of loss of or a decreased level of consciousness (LOC), any loss of memory for events immediately before or after the injury (post-traumatic amnesia [PTA]), any alteration in mental state at the time of the injury (confusion, disorientation, slowed thinking, etc.), (alteration of consciousness/mental state [AOC]), neurological deficits (weakness, loss of balance, change in vision, praxis, paresis/plegia, sensory loss, aphasia, etc.) that may or may not be transient, and/or

> an intracranial lesion. (Department of Veterans Affairs, Department of Defense, 2009, p. 19)

TBI is further categorized into mild, moderate, and severe, but the severity level does not necessarily predict the client's ultimate level of functioning (Department of Veterans Affairs, Department of Defense, 2009).

Community-based occupational therapy (OT) interventions provide a service to promote health in an individual's natural environment and can focus on a variety of occupations. In this context community does not only refer to physical location, but also a shared set of values and commonalities. For this project, we will be focusing on the community of individuals who have experienced TBI (Rhynders & Scaffa, 2010). Occupational therapy is the most appropriate profession to implement this community-based program. The needs associated with community-dwelling individuals with TBI mentioned previously are areas that occupational therapists are trained to address. Occupational therapists are uniquely skilled to provide interventions for the physical, cognitive, emotional, and social deficits associated with TBIs. Community-based care is an area that occupational therapists are increasingly working in, which matches the contextual needs of this population. Individuals with TBI living in the community have a continuing need for OT services to address ongoing concerns.

A community-based occupational therapy wellness program is expected to fill a need for services for individuals post-TBI to increase successful participation in desired occupations. Such a program was developed in this independent study, entitled *A Community-Based Occupational Therapy Wellness Program for Adult Clients with Traumatic Brain Injury*. This program will address the needs of the community-dwelling

TBI population, and includes a 12-week community-based occupational therapy wellness program. This program consists of interventions addressing each of the needs for this population. The client needs were determined by an extensive review of the research evidence combined with focus group interview results obtained from eight participants living with the effects of TBI. Clients will participate in group interventions, led by an OT practitioner. Some of the interventions include: communication skills, relaxation techniques, work and volunteer exploration, identifying community transportation resources, leisure exploration, and creating a balanced weekly schedule.

This product was developed based on the Ecology of Human Performance (EHP) model (Dunn, Brown, & Youngstrom, 2003) and the Seven Dimensions of Wellness Model developed by the University of North Dakota (2011). The Seven Dimensions of Wellness Model was adapted from the Six Dimensions of Wellness Model (Hettler, 1976). The Seven Dimensions of Wellness Model was chosen because it is a comprehensive approach to address quality of life by improving each of the seven areas of wellness.

EHP takes into account the individual's past experiences, personal values and interests, and sensorimotor, cognitive, and psychosocial skills. These factors influence occupations, or tasks, that the individual chooses to participate in, and affects the quality of their performance. These tasks are also influenced by the context the person is in. Context is composed of temporal and environmental factors which can either support or inhibit performance. Interaction between the person and the context affects the tasks in which the person can successfully participate in; this is referred to as performance range

(Dunn, Brown, & Youngstrom, 2003). EHP was chosen for this product because of its congruency with community-based settings and its focus on wellness.

EHP addresses five intervention strategies that include *establish/restore, alter, adapt, prevent,* and *create*; the interventions chosen for this product closely match these strategies. Interventions that focus on *establishing/restoring* the person's skills, therefore enhance the necessary skills to participate in desired tasks. We also took into account the individual's continuum of disability, which is part of their temporal context. Some interventions also focus on *altering* the client's context by providing them with resources and environments that best support their desired tasks. *Adapt/modify* was addressed through interventions that modified the amount of time spent participating in wellness tasks; also tasks in which clients participate in, were modified, such as transportation and work/volunteer activities. Other interventions focus on *prevention* by helping clients develop a healthy life balance in order to prevent decreased quality of life. The overall goal of this program is to increase the performance range of the clients post-TBI. This can be achieved through the use of the interventions included in this product.

The purpose of this independent study was to explore and understand issues that adults encounter after traumatic brain injury (TBI) as they work to experience healthy quality of life. Ultimately, our intent was to develop *A Community-Based Occupational Therapy Wellness Program for Adult Clients with Traumatic Brain Injury*, to be used by occupational therapy practitioners as they promote community-based quality of life as an outcome for their clients post-TBI.

In Chapter II, a comprehensive literature review is provided related to adults with traumatic brain injury, community-based wellness programs, and occupational therapy

services. Chapter III describes the methodology of the focus group and literature review, and how the information was used to guide the development of the product, *A Community-Based Occupational Therapy Wellness Program for Adult Clients with Traumatic Brain Injury*. Chapter IV includes a more in-depth description of the product and contains the full product. Chapter V summarizes the research and product development, and includes recommendations, limitations, and conclusions.

CHAPTER II

REVIEW OF LITERATURE

There are a variety of long-term effects due to traumatic brain injury (TBI) including cognitive, emotional, and behavioral problems. The long term impact of TBI is closely associated with the severity of the injury, with more severe injuries leading to greater deficits (Dirette, Plaisier, & Jones, 2008). These problems can have an effect on multiple areas of people's lives, causing changes in employment, leisure activities, independence, and relationships. Several studies have aimed at identifying and exploring these issues. In a study by Draper, Ponsford, and Schonberger (2007), the authors investigated the association of psychosocial outcomes ten years following TBI with demographic variables, severity of injury, current cognitive functioning, emotional state, aggression, alcohol use, and fatigue. The results of this study indicate that changes in the participants' occupational activity were the most evident, followed by changes in interpersonal relationships, and then independent living skills. The results of this study also showed that the variables most affecting those changes included anxiety, depression, aggression, fatigue, and alcohol use. The outcomes of this study have highlighted the fact that individuals who suffer a TBI are still struggling with cognitive, emotional, and behavioral problems many years after injury and rehabilitation (Draper, Ponsford, & Schonberger, 2005). These outcomes relate to a previous study done by Teasdale and Engberg (2005) in which the researchers studied two groups of patients that were between five and 15 years post-injury to determine if there were significant differences in

dysfunction based on the amount of time lapsed. Even though the effects of TBI were greatest at the five-year follow-up, the results of both groups revealed high proportions of moderate dysfunction, indicating that post-TBI symptoms are still evident long after injury (Teasdale & Engberg, 2005). Cognitive deficits are among common long-term difficulties that the TBI population endures.

When it comes to cognitive problems that individuals with TBI face, self-awareness is a common issue. Impairments in self-awareness can affect a person's ability to recognize problems and know their own deficits. Dirette, Plaisier, and Jones (2008) explored the patterns and antecedents of the development of self-awareness following mild, moderate, and severe TBI to determine when change occurs and factors that contribute to these changes. Individuals with mild TBIs were found to have better self-awareness than those with moderate and severe TBIs. However, at one year post injury the differences in self-awareness between individuals with mild, moderate, and severe TBIs were not statistically significant. Another major finding was that individuals with mild TBI tend to overestimate their deficits, while individuals with moderate and severe TBI tend to underestimate their deficits. The main antecedent used by individuals with all severities of TBI was comparing their performance of familiar tasks before their TBI to after the TBI to gain self-awareness of their deficits (Dirette, Plaisier, & Jones, 2008). The outcomes of this study show that even individuals with moderate and severe TBIs continue to make gains in self-awareness for at least the first year following their injury. It highlights the importance of continuing occupational therapy treatment for individuals with TBI at the community level. The results also support the idea that familiar

occupations can be used to help individuals lacking insight into their deficits gain self-awareness.

In a study conducted by Colantonio et al. (2004) the researchers found other cognitive problems of TBI include impairments in memory and psychomotor speed. Significant correlation was found between activity limitations and cognitive impairments of subjects. Self-rated health was also correlated with many of the instrumental activities of daily living including community mobility, shopping, and money management (Colantonio et al., 2004). The outcomes of this study provide quality insight into occupations that clients post-TBI identify as difficult even long after their injury. Occupational therapy interventions in a community-based setting could involve these occupations to improve function and quality of life for these individuals.

Brain injury can also have an effect on relationships with spouses and family caregivers in a number of ways (Lefebvre, Cloutier, & Levert, 2008; Oddy, 2001). TBI can affect sexual function either directly or indirectly through changes in individuals' intimate relationships (Oddy, 2001). Although some individuals reported an increased sexual drive and improved ability to reach orgasm after their injury, many others reported negative changes in their sexual functioning, including decreased sexual drive, reduced libido, erectile dysfunction, and reduced frequency of intercourse. Because of the cognitive and behavioral impairments of the individual, partners reported that their sexual relationship has changed because of the loss of companionship and equality. This can also lead to separation and divorce because partners often feel like they are married to a different person after the injury. There is still more research needed in the area of sexual dysfunction following TBI, but it is important to understand that each individual can be

affected in a variety of different ways (Oddy, 2001). Impairments in sexual function can take a toll on the individual's wellness and quality of life because it can affect their intimate relationships. TBI can have a major impact on the individual's relationships with immediate family (Lefebvre, Cloutier, & Levert, 2008). The spouse of an individual with TBI often has trouble coping with life after the injury. This may lead to separation or divorce due to the spouse having a lack of information and education about the long-term consequences of TBI, and how their role would change. As a result, these caregivers found it difficult to offer support and felt burdened by the individual (Lefebvre, Cloutier, & Levert, 2008). The previous literature indicates the need for a continued occupational therapy program in the community for clients post-TBI to address the long-term effects of brain injury that are inhibiting occupational function. Not only are intimate and familial relationships affected by TBI, but social interaction is impacted as well.

Multiple studies have been conducted that explore how social interaction is impacted in individuals following a TBI. Lefebvre, Cloutier and Levert (2008) conducted a study to examine the determining factors of long-term social integration for individuals who are post-TBI and the impact of TBI on family caregivers. The results of the study indicate that the main factors that helped facilitate social integration included: support from family caregivers, having a spiritual life, and receiving long-term follow-up services. The factors that inhibited social integration included: being unable to return to work, depressive episodes, abusing alcohol/drugs, divorce or separation, and abnormal impairments caused by TBI. When it came to the caregivers, the difficulties they experienced were mainly due to the lack of resources for long-term follow-up. They had

not been informed of the potential problems they would face years following the injury of their loved one, and how to cope with it. These challenges often left the caregivers physically and emotionally exhausted due to increased responsibilities that they were not prepared for (Lefebvre, Cloutier & Levert, 2008). The results of this study are significant because they highlight the importance of long-term follow-up, resources, and support for individuals post-TBI living in the community and their caregivers. The results also highlight the importance of finding out each individual's desired activities prior to injury, so that therapy can be fit to meet their specific needs. Support for the TBI population can come from a variety of sources including peer support.

Evidence has shown that peer support in the community is an important aspect of enhancing individuals' with TBIs life satisfaction (Hibbard at el., 2002). A decrease in social interaction and social skills is likely to result in less peer support. Studies have shown the individuals are more likely to isolate following a TBI (Hawthorne, Gruen & Kaye, 2009). There is often an increase in dependence on family and caregivers, which can cause the individual to become socially isolated from the rest of the community. This isolation may also cause a decrease in leisure activities that the individual used to previously enjoy doing with his or her social network (Sander, Clark, & Pappadis, 2010). Also, subjects with TBIs reported using avoidance as a coping strategy more than the normative population and they reported using social support less (Tomberg, Toomela, Ennok, & Tikk, 2007). Satisfaction with social support was also found to be lower in subjects with TBI than the normative population. Social support was found to be an indicator related to most areas of health related quality of life (Tomberg, Toomela, Ennok,

& Tikk, 2007). This information shows that there is a need for continued support for individuals with TBIs to prevent isolation and increase social support.

Social interaction is an important aspect of an individual's health, both mentally and physically. Simmons and Griswold (2010) investigated the effectiveness of a community-based occupational therapy program to address social interaction deficits. The program consisted of providing the participants with eight weeks of occupational therapy intervention. They were assessed at the beginning of the program using the Evaluation of Social Interaction (ESI) measure to establish a baseline for their social interaction level, and again at the end of the program. The ESI measures the quality of a person's social interaction in a natural context while they are engaging in desired occupations. The results of the study indicated a significant difference in the pre- and post-ESI measures, which suggests that there was improvement in social interaction skills after the 8-week occupational therapy treatment program (Simmons & Griswold, 2010). This study supports the effectiveness of occupational therapy intervention in a community-based treatment setting to address social interaction deficits. It also supports use of the ESI as an assessment in a community-based program for individuals who are post-TBI. The ESI can be used to assess the difference in social interaction skills from the beginning of a program to the end. Improved social interaction skills are important to facilitate community and work integration following a TBI.

Sander, Clark, and Pappadis (2010) conducted a review of existing information regarding the meaning of community integration following TBI. Through the years, the ultimate goal of rehabilitation for persons with TBI has been to successfully reintegrate into the community (Sander, Clark, & Pappadis, 2010). After sustaining a TBI, there are

often many challenges that an individual will go through in order to get back to participating in the community. According to Sander, Clark, and Pappadis (2010), "three main areas that make up community integration include: independent living, social and leisure activity, and work/productive activity" (p. 122). The importance of each of these areas can vary among different cultures and ethnic groups. Cicerone and Azulay (2007) conducted a study indicating that self-efficacy beliefs facilitate the relationship between effective functioning in the community and general life satisfaction. It is important for clinicians to understand that each client is unique and that they each will have different meanings for what successful community integration is.

Sander, Clark, and Pappadis (2010) also discussed the issue of environmental factors when it comes to community integration for persons with TBI. These environmental factors, such as socioeconomic status, accessibility, and family dynamics can serve as barriers to successful community participation, and should be taken into consideration during the intervention process Sander, Clark, & Pappadis, 2010). Many of the same challenges individuals face integrating into the community following a TBI also pose a problem for them returning to work.

Employment can also be a challenge for individuals who have suffered a TBI. In a study by Colantonio et al. (2004), lower labor force participation rates were found in individuals following a TBI compared to the normative population. In this study, only twenty-nine percent of the subjects who had suffered a moderate to severe TBI reported currently working full-time (Colantonio et al., 2004). Another study also found that suffering a TBI decreased and individuals' likelihood of returning to work and those that

suffered a moderate to severe TBI were most affected (Temkin, Corrigan, Dikmen, & Machamer, 2009).

There are many physical, cognitive, and emotional impairments that go along with TBI making it difficult for the individual to be successful in the workplace. Shames, Treger, Ring, and Giaquinto (2007) conducted a literature review looking at individuals returning to work following a TBI. They reported that rehabilitation often ends before it addresses the client returning to work and, as a result, has economic and psychosocial consequences on the individual. Injury severity and lack of self-awareness were found to be the two biggest factors that influence individual ability to return to work (Shames, Treger, Ring, & Giaquinto 2007).

Individuals have a decreased quality of life following a TBI as demonstrated through a systematic review of literature by Temkin, Corrigan, Dikmen and Machamer (2009). Further, Teasdale and Engberg (2005) conducted a study to examine subjective well-being and quality of life of patients at long intervals following traumatic brain injuries. The results indicated that quality of life and well-being was decreased in subjects following traumatic brain injuries and that they do not vary over long periods of time following injury (Teasdale & Engberg, 2005). The results of this study suggest that post-TBI symptoms can still be present decades after the injury. These findings are important because they recognize that individuals who are post-TBI living in the community may still have decreased feelings of well-being even after many years post-injury.

The client's own perception of wellness is an important factor to consider. Bezner and Hunter (2001) sought to determine whether a relationship existed between functional independence and wellness perceptions for individuals with TBI. A

relationship was not found between functional independence and wellness which suggests that quality of life is based on something more than being independent with activities of daily living (ADLs) (Bezner & Hunter, 2001). Understanding clients' perceptions can help occupational therapists be client-centered when implementing interventions in a community-based program, including intervening with occupations more advanced than basic ADL skills.

Hawthorne, Gruen, and Kaye (2009) lead a randomized control trial to determine the impact TBI has on health-related quality of life. The results from the TBI group showed significantly worse general health. They also reported worse overall health status with social function, roles, emotions, and mental health being the most affected areas. Overall, the study found that the TBI group had between 13 and 24 percent worse health-related quality of life compared to the control group. This high scientific level of evidence demonstrated that individuals with TBIs have lower health-related quality of life than the average population (Hawthorne, Gruen, & Kaye, 2009). This information shows that there is a need for continued support for individuals with TBIs.

Satisfaction with productivity, leisure, and social activities has been proven to impact life satisfaction following a TBI (Cicerone & Azulay, 2007). Another strong predictor of life satisfaction following a TBI is a person's perceived self-efficacy, particularly perceived self-efficacy for the management of cognitive symptoms (Cicerone & Azulay, 2007). These predictors of life satisfaction and quality of life following a TBI are important for clinicians to be aware of as they highlight the importance of addressing self-efficacy beliefs along with physical and cognitive impairments in persons who have suffered TBI.

The previous literature supports the need for more community-based occupational therapy programs for clients with TBI due to the long-term effects these individuals have to endure. Community-based programs are beneficial because they allow evaluation and intervention to occur in the client's natural context. When these components take place in the natural context, interventions are more likely to support performance in real situations that are meaningful to the person (Simmons & Griswold, 2010). Because these individuals are living in the community, there is a greater chance of involving family members with goals and treatment.

Doig, Fleming, Cornwell, and Kuipers (2009) examined and explored the use of goal-directed therapy in a community-based setting for clients with TBIs. The goals were developed from the perspectives of the clients, their significant others, and their occupational therapists. The information obtained from this study highlighted the importance of involving a family member/significant other in the goal-setting process, because the occupational therapist and client often did not have the same perspective on goals due to the client's cognitive impairments, reduced motivation, and decreased self-awareness. However, the results suggested that there is more satisfaction and improvement when the client is in charge of his or her own goals. The results also suggest the importance of involving family members in the goal-setting process because they can serve as mediators between the client and therapist (Doig, Fleming, Cornwell, & Kuipers, 2009). When setting goals, it is important to understand that each client is unique, and treatment should be individualized to meet their specific needs. The client's input should be taken into consideration, along with their satisfaction regarding their own participation levels (Sander, Clark, & Pappadis, 2010).

Research has shown that positive support and feedback from family members and community resources can increase the likelihood of successful social integration and functioning (Cicerone & Azulay, 2007; Lefebvre, Cloutier, & Levert, 2008; Parsons & Stanley, 2008). There are many known support groups for individuals with TBI across the country, but more individualized peer support after TBI may be potentially beneficial (Hibbard et al., 2002). Hibbard et al. (2002) assessed the impact of a community-based peer support program for individuals who had suffered a TBI and their family members. Results indicated that the beneficial effects of sufficient social support and information suggest that community-based peer support programs for individuals with TBI and their family members could be a key factor of community-based interventions designed to maximize adjustment post TBI. When it comes to the efficacy of community-based rehabilitation programs for adults with TBI, Evans and Brewis (2008) suggest there is moderate evidence to support the use of telephone conferencing, group rehabilitation and interdisciplinary team rehabilitation programs for improving quality of life, psychological well-being, and independence with daily living skills.

Geurtsen, Martina, van Heugten, and Geurts (2008) evaluated a residential community reintegration program for persons with severe chronic brain injury to assess the effectiveness of the program. The program consisted of standardized treatment made up of three modules addressing balancing daily activities during domestic life, work, leisure time, and social interaction. The results of this study showed significant improvements in various aspects of social functioning. Most of the observed improvements were maintained at 1-year follow-up, which suggests that the program lead to stable change in the long-term (Geurtsen, Martina, van Heugten, & Geurts, 2008).

The literature reviewed here reinforces the need for continuing long-term support at the community level for individuals with TBIs. The long term effects of TBI include cognitive, emotional, and behavioral problems that inhibit participation in social functioning, community and work integration, and quality of life. These areas can all be addressed through an occupational therapy based community wellness program. Currently there is minimal research guiding the use of community-based wellness programs for the TBI population. Occupational therapists have the expertise to address the deficits affecting wellness following a TBI. In the following Chapter III, the methodology to develop such a community-based occupational therapy wellness program for adults with TBI will be outlined.

CHAPTER III

METHODOLOGY

A review of literature and research was conducted on topics related to traumatic brain injury (TBI), community-based wellness programs, and occupational therapy services. This information was used to guide the development of an occupational therapy community-based wellness program that can be implemented by occupational therapists. The review of literature began with searching and critiquing literature related to long-term outcomes of TBI, community-based programs used with the adult TBI population, and wellness programs used with this TBI population. The searches were conducted through databases, CINAHL, PubMed, OT Search, and GoogleScholar. Following the literature review, the researchers conducted a focus group with community dwelling individuals who were post-TBI. IRB approval was obtained prior to conducting the focus group. The focus group was conducted at Sharon Lutheran Church in Grand Forks, ND. Although demographic information was not obtained from the clients, all clients appeared to be middle-aged and Caucasian.

IRB approval was received prior to conducting the focus group, and individuals participating in the focus group signed consent forms prior to participating. The focus group was conducted by the two researchers, and was supervised by their independent study advisor. Participants were selected through convenience sampling. Eight individuals participated in the one-hour focus group. These eight participants consisted of five males and three females, and were a homogeneous group. The focus group was

audio recorded and transcribed verbatim by the researchers. The results were analyzed according to an exploratory qualitative research approach, and common themes were determined by the researchers. Common concerns discussed in the focus group included: difficulties with sleep, lack of social support, community mobility and resources, job and volunteer opportunities, and emotional regulation.

Common themes discussed in the literature included: long term deficits, social functioning, community and work integration, and quality of life following TBI. Each of the seven dimensions of wellness were addressed during the focus group. The Seven Dimensions of Wellness Model is a holistic approach designed to incorporate the seven dimensions of wellness into daily life (University of North Dakota, 2011). The seven dimensions include: physical, intellectual, social, emotional, occupational, environmental, and spiritual wellness.

Following the literature review and focus group, the product used the Ecology of Human Performance (EHP) model as the theoretical foundation (Dunn, Brown, & Youngstrom, 2003). EHP suggests that interventions should be client-centered, take place in the client's natural context, and increase the client's performance range, which were components used to guide the development of this product.

The researchers synthesized common themes found within the literature review and focus group to develop the product. The researchers used the information gathered in the review of literature and focus group, along with clinical reasoning to determine the interventions and the order in which they are addressed. Research has supported the successfulness of a 12 week goal-directed occupational therapy intervention program for individuals following TBI (Doig, Fleming, Cornwell, & Kuipers, 2009; McPherson,

Kayes, & Weatherall, 2009). In week one and in week twelve, the clients complete the Perceived Quality of Life Scale (PQoL) (Patrick, 2011) that can be used to help occupational therapists determine client outcomes and can assist in further research regarding the effectiveness of the product. The PQoL has been researched with a wide variety of populations including TBI (Cicerone & Azulay, 2007). The PQoL was selected because it is a quick and easy assessment that can be administered in as few as five minutes. Scores can be broken down into physical, cognitive, and social health satisfaction, which can be further used to determine which specific areas individuals are dissatisfied with.

CHAPTER IV

PRODUCTS/RESULTS

In this chapter, the researchers present a community-based occupational therapy (OT) wellness program created for clients who are post-traumatic brain injury (TBI) to improve their overall wellness. This program is entitled, *A Community-Based Occupational Therapy Wellness Program for Adult Clients with Traumatic Brain Injury*. It was developed through an extensive literature review and a focus group qualitative study of eight participants who sustained a TBI. These results provided the basis for this program's development. This community-based wellness program is expected to benefit individuals post-TBI and promote their participation in occupations, or daily living activities. It is intended for use by OT practitioners with adults who are community-dwelling following a TBI. This program is anticipated to be provided in community-based settings, such as community centers or churches. The program is twelve weeks long and may be offered twice a year. The researchers suggest that OT practitioners seek community grant funding to pay for this program.

Individuals must have sustained a mild to moderate TBI, discontinued outpatient OT services, be over the age 18, and be able to attend weekly sessions. This program is best used with individuals with moderate TBI, but it is up to the OT practitioner to use his or her own discretion.

The review of literature began with searching and critiquing literature related to long-term outcomes of TBI, community-based programs used with the adult TBI

population, and wellness programs used with this TBI population. Following the extensive literature review, the researchers conducted a qualitative methodological focus group that was held at a community-based TBI support group. Open-ended questions were asked following a semi-structured format. Care was taken to maintain reliability and to decrease any unanticipated vulnerabilities or discomforts to the participants. Questions were phrased in a non-threatening fashion to gather viewpoints of participants who have experienced traumatic brain injury. Questions are presented in Appendix A. IRB approval was obtained prior to conducting the focus group, and participants signed informed consent forms prior to participating. IRB approval statement is provided in Appendix B. The focus group, along with the literature review, formed the basis for development of the product, entitled *A Community-Based Occupational Therapy Wellness Program for Adult Clients with Traumatic Brain Injury*.

Focus Group Results & Analysis/Interpretation

The focus group lasted 60 minutes, included eight participants, and was composed of IRB-approved questions in order to gather viewpoints of community dwelling individuals who had experienced TBI. Questions were designed based on the Seven Dimensions of Wellness Model (Hettler, 1976; University of North Dakota, 2011). Therefore, questions were related to the seven areas of wellness, which include: *physical, intellectual, social, emotional, occupational, environmental, and spiritual wellness*. When asked about *physical wellness*, one participant stated "I really enjoy it. I've always loved going to the gym." Another participant agreed saying, "I do try to stay in shape so that part is taken care of." One concern that was brought up regarding *physical wellness* was a lack of sleep. One participant said, "Sleep wise, I had a lot of problems trying to sleep." Another participant stated, "Sleep is a big thing for a lot of individuals with brain injury (…) sleep has been

an issue as long as I can remember." Many of the participants discussed already being engaged in exercise. This is a positive finding perhaps reflecting the community resources available for this population in this community in North Dakota. The primary concern raised was sleep difficulties, which can be addressed through the relaxation techniques used in the stress management session.

The next area addressed was *intellectual wellness*. Only one participant reported having difficulties with *intellectual wellness*. When asked if he thought he was successful in intellectual wellness he stated, "No, because after the accident, I'm what you call dyslexic. So I can't read that well. Someone has to read to me." The *intellectual wellness* discussion transitioned more into *occupational wellness* concerns. A participant said, "I think also intellectual stimulation is difficult for people that are on disability and maybe don't have the skill set after the injury to continue working, but the recognition that just because you aren't able to work, you still have the desire for intellectual stimulation." Another participant stated, "I can't get a job and the reason I can't is because I'm on disability retirement. So if I get another job, then that gets cut." One participant stated, "(…) finding a job is really important (…)" Although not brought up until later when the topic of *social wellness* was discussed, a common concern that was brought up during the focus group was memory difficulties. Participants discussed not remembering events they participated in, people's names, and places they have been. The participants had concerns regarding *intellectual wellness*, but felt these concerns could be met through participation in *occupational wellness* activities.

Emotional wellness was the next area addressed, and was a concern for many of the participants. One participant stated, "Self-awareness and self-acceptance is a really

big piece." Another participant agreed saying, "It's different than those individuals who grew up with a disability (…) [for us], you had a life before, you had an education before, and having to go through a complete change of having to relearn who you are as a person, and even just being aware of what you do know and what you're capable of is different." Another participant stated, "Emotion is something that people don't understand after a brain injury, and how it affects your emotions totally. It took years to cry again and relearn how to feel and express myself." One participant said, "You just get overwhelmed with everything else that you don't get time for yourself to really understand (…) then you start learning about where you are, and how scared you truly are, and the challenges there truly is." Another participant described how difficult it was to cope with stress. He discussed how much work he used to complete as an accountant, and now, "If I just have the slightest thing going on, I go bananas." *Emotional wellness* is something that the participants reported struggling with long after experiencing their injury, and many of the participants stated they continue to have difficulty in this area.

The next area addressed was *social wellness*. Many participants indicated that their relationships have been affected after TBI. One participant stated, "Now the one thing I have issues with is communicating my needs to others. That is the most frustrating thing, even to find the right words (…) I turn inward." One participant said, "My wife takes fairly decent care of me so I can't complain. You know, I do have assistance." Another participant agreed and stated, "The bottom line for me is without relationships with others there is nothing." Another participant did not have the same experience and discussed how his wife left him after his TBI. The participants reported

having difficulties with relationships and communication which have affected their *social wellness.*

The last area addressed during the focus group was *environmental wellness*. While discussing *environmental wellness*, community transportation concerns arose. One member discussed his frustration with the bus system and difficult finding transportation resources in the community. He talked about wanting a centralized location for transportation resources and stated, "If you need a ride, call this number, and they can direct you how to get there. There's no place in this city [that provides this information]." Another participant stated that she had a case manager to assist her if she had transportation questions. Participants discussed the need for a better understanding of the transportation resources available to them.

A Community-Based Occupational Therapy Wellness Program for

Adult Clients with Traumatic Brain Injury

Using the review of literature and focus group results, the researchers developed a 12-week community-based occupational therapy wellness program for individuals following TBI. Research has supported the successfulness of a 12 week goal-directed occupational therapy intervention program for individuals following TBI (Doig, Fleming, Cornwell, & Kuipers, 2009; McPherson, Kayes, and Weatherall, 2009).

The theoretical approaches that guided the development of this program are the Ecology of Human Performance (EHP) model (Dunn, Brown, & Youngstrom, 2003) and the Seven Dimensions of Wellness Model (University of North Dakota, 2011). The Seven Dimensions of Wellness Model was adapted from the Wellness Model (Hettler, 1976). Each week of the Community-Based Occupational Therapy Wellness Program for

Adult Clients with Traumatic Brain Injury contains an activity related to one of the areas of wellness needs. Each week contains a group description, group procedure, description of the role and objective of the therapist, group objectives, and an activity. The group description includes an overview of what the topic and activity will be. The group design includes step-by-step directions for the occupational therapist, including group expectations, processing questions, and an example summary statement for the session. Two interventions are devoted to each of the six main topics addressed, with the first intervention focusing on purposeful activities and the second intervention focusing on purposeful and occupation-based activities. Weeks one and two address social participation which corresponds with *social wellness*. Weeks three and four address *emotional wellness* which is one of the seven areas of wellness. Weeks four and five address work and volunteer participation which corresponds with *occupational wellness* and *intellectual wellness.* Weeks seven and eight address community integration and transportation which corresponds with *environmental wellness.* Weeks nine and ten address leisure participation which corresponds with *occupational wellness* and *physical wellness* depending on the activities they choose to participate in. Weeks eleven and twelve address healthy life balance, which focuses on having a balance among all seven areas of wellness. Individual OT referrals may be provided for those program participants needing more focused OT intervention. *Spiritual wellness* was not addressed in the program due to lack of research supporting the need, and because there were no concerns about *spiritual wellness* during the focus group.

Week One: Evaluation and Social Participation

Week one begins with an initial evaluation provided by the OT practitioner using the Perceived Quality of Life Scale (PQoL) (Patrick & Danis, 2011) to assess the individual's perceived quality of life. It is recommended that the OT practitioner define and explain quality of life to the group members. The PQoL is a self-report measure on an individual's quality of life. It includes 19 quality of life related questions, and one question pertaining to satisfaction with areas of global functioning status. The PQoL was originally designed at the University of North Carolina, Chapel Hill and later expanded and further developed by researchers at the University of Washington, Seattle. Individuals completing the PQoL answer questions on an 11-point Likert Scale that ranges from extremely dissatisfied/unhappy to extremely satisfied/happy. Normative testing has been completed, and the average response of the 19 questions is 7.5. Using this research, scores less than 7.5 indicate dissatisfaction with quality of life. PQoL results can be further broken down into subscale scores of physical, social, and cognitive health satisfaction, which can be further used to determine which specific areas individuals are dissatisfied with. The PQoL can either be self-administered or interviewer administered, and takes approximately five minutes to complete. The PQoL is available in English, Spanish, and Norwegian languages. The PQoL has been researched with a wide variety of populations including TBI (Cicerone & Azulay, 2007). The PQoL is available through the Seattle Quality of Life Group at the University of Washington, Department of Health Services. Further information about the PQoL and a sample of the assessment can be viewed at: seaqol@u.washington.edu.

Following the evaluation, the occupation therapist provides education on the importance of social participation and teamwork. The activity is a Team Jeopardy game, in which the members answer trivia questions in groups. By working in groups, the individuals have a chance to socialize with other group members and practice teamwork skills. Week one is also important for the occupational therapist to begin developing therapeutic relationships with the individuals.

Week Two: Communication

Week two begins with education on verbal and nonverbal communication and how it affects interactions with others. The therapist will educate group members on information such as "I statements." Next the group members will participate in a communication and role-play activity. The purpose of this activity is to allow the group members to recognize inappropriate verbal and nonverbal communications, and help them identify alternatives. Group members are also given a homework assignment to participate in social interaction using appropriate verbal and nonverbal communication outside of the group setting.

Week Three: Emotional Wellness

Week three begins by briefly discussing the homework assignment from week two. Following the discussion, the occupational therapist provides education on the importance of *emotional wellness*, and the types and benefits of relaxation techniques. The group members then participate in a progressive muscle relaxation activity. The purpose of this activity is to practice utilizing relaxation strategies to cope with stress, and practice monitoring feelings and emotions in response to relaxation strategies.

Week Four: Stress Management

Week four begins with education on the two types of stress, how stress affects the body, and tips for reducing negative stress. The group members participate in a stress management activity in which they set goals related to reducing or preventing stress. The purpose of this activity is to recognize symptoms of stress, identify things that cause stress, and identify appropriate ways to reduce or prevent stress. A homework assignment is given in which the group members are asked to utilize their stress management plan during the week.

Week Five: Work/Volunteer Interests

Week five begins by discussing the homework assignment from week four. The occupational therapist provides education on the importance of meaning work/volunteer activities. The group members then complete the work/volunteer interests handout, and discuss it with the group members. The purpose of this activity is to identify work and volunteer interests.

Week Six: Work/Volunteer Opportunities

Week six begins with the occupational therapist educating the group members on various websites and resources that can be used to identify work and volunteer opportunities in the area. The group members participate in an activity in which they identify work and volunteer activities they would like to participate in, work and volunteer requirements, and contact information. The purpose of this activity is to identify work and volunteer opportunities in the community. A homework assignment is given to the group members in which they are asked to follow through and contact one of the sites they listed.

Week Seven: Community Integration and Transportation Resources

Week seven begins by discussing the homework assignment from week six. Then the occupational therapist provides education and leads a discussion on community integration and transportation resources. The activity includes providing the group members with transportation resources and going through them as a group. The purpose of this activity is to help the group members identify community transportation resources and learn how to utilize them.

Week Eight: Community Bus Route Activity

Week eight begins with education on the community bus route map. The group members are asked to complete a bus route activity in which they practice using the community bus route map to answer questions on a worksheet. Permission to use materials are provided in Appendix C. The purpose of this activity is to identify information provided on a bus route map, and to be able to effectively read and understand a community bus route map. An occupation-based intervention in which the clients ride the bus is not utilized due to safety concerns. However, a referral for a follow-up practice session with and OT practitioner or an individual living advocate or family member can be provided.

Week Nine: Leisure Interests

Week nine begins with the occupational therapist educating the group on the importance of healthy leisure activities. The group members are asked to list current leisure activities, and then complete a leisure interests handout. The purpose of this activity is to understand the value of healthy leisure to quality of life, identify healthy leisure interests, and identify new leisure interests that they plan to participate in. A

homework assignment is given in which the group members are asked to participate in one new leisure activity prior to next week's session.

Week Ten: Art Activity

Week ten begins by discussing the homework assignment from week nine. Then, the occupational therapist discusses the benefits of healthy leisure activities with the group and explains the activity. The group members participate in an art activity of their choice and share their finished product with the group. The purpose of this activity is to practice participating in a healthy leisure activity. Each individual participant decides what art activity they choose to participate in from a limited number of options provided by the OT practitioner.

Week Eleven: Healthy Life Balance

Week eleven begins with education on healthy life balance and how it impacts quality of life. The group members are asked to complete a Wellness Balance activity in which they identify satisfaction with the seven areas of wellness, and write goals to help them increase balance among the seven areas of wellness. The purpose of this activity is to identify the group members' current balance among the seven areas of wellness, point out a connection with quality of life, and to establish goals to improve balance among the seven areas of wellness. A homework assignment is given to the group members in which they are asked to choose one of their goals and follow-through with it before next week's session.

Week Twelve: Weekly Schedule

Week twelve begins by discussing the homework assignment from week eleven. Then, the occupational therapist educates the group members on the importance of

keeping a weekly schedule, and how it plays a role in healthy life balance. The group members are asked to participate in an activity in which they complete a weekly schedule. The purpose of this activity is to allow the group members to become aware of the activities that occupy their time, and how their daily schedule can be adjusted to promote healthy balance among the seven areas of wellness. At the end of week twelve, the group members retake the PQoL to assess their perceived quality of life after the 12-week wellness program as compared to before the wellness program. The *Community-Based Occupational Therapy Wellness Program for Adult Clients with Traumatic Brain Injury* concludes with the OT practitioner providing a brief summative statement about the twelve week program.

This product was developed using the Ecology of Human Performance (EHP) Model (Dunn, Brown, & Youngstrom, 2003). Individuals with TBI living in the community have a continuing need for OT services to address ongoing concerns. EHP takes into account the individual's past experiences, personal values and interests, and sensorimotor, cognitive, and psychosocial skills. These factors influence occupations, or tasks, that the individual chooses to participate in, and affects the quality of their performance. These tasks are also influenced by the context the person is in. Context is composed of temporal and environmental factors which can either support or inhibit performance. Interaction between the person and the context affects the tasks in which the person can successfully participate in; this is referred to as performance range. EHP was chosen for this product because of its congruency with community-based settings and its focus on wellness. EHP addresses five intervention strategies that include establish/restore, alter, adapt, prevent, and create. The interventions chosen for this

product match with these strategies. Interventions that focused on establishing/restoring the person's skills were used to enhance the necessary skills to participate in desired tasks. Interventions took into account the individual's continuum of disability, which is part of their temporal context. Interventions focused on altering the client's context by providing them with resources and environments that best support their desired tasks. Adapt/modify was addressed through interventions that modified the amount of time spent participating in wellness tasks, and adapted the tasks in which clients participate in, such as transportation they use and work/volunteer activities they engage in. Interventions focused on prevention by helping clients develop a healthy life balance in order to prevent decreased quality of life. The overall goal of the product is to increase the performance range of the clients (Dunn, Brown, & Youngstrom, 2003). This can be achieved through the use of the interventions included in this product.

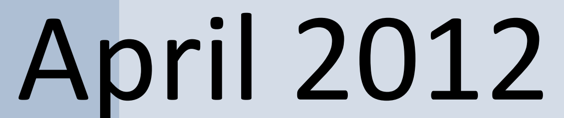
A Community-Based Occupational Therapy Wellness Program for Adult Clients with Traumatic Brain Injury

Cody Link, MOTS

Amanda Myklebust, MOTS

Jan Stube, PhD, OTR/L, FAOTA

University of North Dakota



April 2012

Introduction

Due to the long term difficulties that Traumatic Brain Injury (TBI) can cause, there is a need for ongoing occupational therapy services in a community setting. Clients who are post-TBI would benefit from the *Community-Based Occupational Therapy Wellness Program for Adult Clients with Traumatic Brain Injury* developed by the researchers.

A Community-Based Occupational Therapy Wellness Program for Adult Clients with Traumatic Brain Injury was developed based on the needs found through a literature review and focus group. The Seven Dimensions of Wellness Model, developed by the University of North Dakota (2011), and the Ecology of Human Performance Model (Dunn, Brown, & Youngstrom, 2003) were used to help guide the interventions.

This product is a 12-week community-based wellness program for individuals who are post-TBI, and includes interventions that address social participation, emotional wellness, work and volunteer participation, leisure participation, community integration, and healthy life balance. This program is anticipated to be provided in community-based settings, such as community centers or churches, and may be offered twice a year. The researchers suggest that OT practitioners seek community grant funding to pay for this program.

This program is intended to be used with individuals who have sustained a mild to moderate TBI, discontinued outpatient OT services, over the age 18, and able to attend weekly sessions. This program is best used with individuals with moderate TBI, but it is up to the OT practitioner to use his or her own discretion.

If there are any questions or concerns regarding this program please feel free to contact the authors, Cody Link at 701-371-4236 or Amanda Myklebust at 701-351-8933.

Table of Contents

Session 1: Evaluation & *Team Jeopardy*……………………………………………….…..4

Session 2: *Communication Role Play*……………………………………………………....8

Session 3: *Relaxation Techniques*…………………………………………………………12

Session 4: *Stress Management*……………………………………………………………14

Session 5: *Work and Volunteer Exploration*………………………………………………18

Session 6: *Identifying Work and Volunteer Opportunities*……………………………...22

Session 7: *Community Transportation Resources, As Needed*…………………………26

Session 8: *Bus Route Activity*……………………………………………………………...29

Session 9: *Leisure Exploration*……………………………………………………………34

Session 10: *Leisure Art Group*…………………………………………………………......39

Session 11: *Wellness Balance*……………………………………………………………41

Session 12: *Weekly Schedule*……………………………………………………………...44

References…………………………………………………………………………………47

Session 1: Social Participation

Session Title: Team Jeopardy

Group Description: Group session will begin with the clients completing the Perceived Quality of Life Scale (PQoL) (Patrick & Danis, 2011). Members of the group will divide into two equal sized teams. The members of each team will to listen to trivia questions asked by the occupational therapist. One member from each team will be responsible for ringing a bell when their team knows the answer. If answered correctly, the team receives one point. If answered incorrectly the other team will receive a change to answer. There is no penalty for an incorrect answer. Team members will be required to collaborate prior to answering each question. The first team with ten points wins.

Group Procedure:

1. Introduce topic of social participation
2. Educate group members on the importance of social participation and teamwork and provide a one page take-home handout.
3. Provide group expectations
    a. Each member will be required to participate throughout the group session
    b. Each member will be respectful of other group members
    c. Describe confidentiality requirements of each group member
4. The occupational therapist will explain the rules of Team Jeopardy
5. Divide the group into two equal teams and assign one team member from each team to keep score.
6. Begin Team Jeopardy
7. The occupational therapist will lead group processing questions
    a. What did it feel like having to work with your group members during this game?
    b. Did your group member work well together? If not, why do you think that was? If yes, what were you strengths?
    c. What do you think is the importance of teamwork?
8. Summary of session
    a. Example: Today we discussed the importance of social participation and teamwork. Each of you was given a one page take-home handout with information in these topics. Next, you practiced social participation and teamwork while playing Team Jeopardy. Following the game, we discussed how you felt, what went well, what didn't go well, and why you think teamwork is important. Thank you for your participation in today's group session.

Role and Objective of Therapist:

The therapist will facilitate discussion and encourage each member to participate in the group. The therapist will be responsible for redirecting clients when necessary. The therapist will also provide education and clarification on social participation. The therapist will relate social participation to the area of *social wellness.*

Group Objectives:

1. Build therapeutic relationship and increase comfort level among group members
2. Promote social participation through collaborative teamwork
3. Initiate interaction with group members and practice taking turns or responding in a respectful manner during social interaction

Questions for Team Jeopardy

1.) What is the capital of North Dakota?

Answer: Bismarck

2.) How many feet are in a mile?

Answer: 5,280

3.) What holiday occurs on February 14th?

Answer: Valentine's Day

4.) Name two members on the other team.

Answer: (TBA)

5.) Name one NFL team that plays in New York.

Answer: New York Jets, New York Giants, Buffalo Bills

6.) Name a state bordering North Dakota.

Answer: Minnesota, South Dakota, Montana

7.) What are the occupational therapists' names?

Answer: Mandi and Cody

8.) Who is the Vice President of the United States?

Answer: Joe Biden

9.) Who is the Governor of North Dakota?

Answer: Jack Dalrymple

10.) Name three things associated with spring.

Answer: (Use judgment)

11.) How many ounces are in a pound?

Answer: 16

© 2012, Cody Link & Amanda Myklebust

12.) Who originally sang “I Will Always Love You?”

Answer: Whitney Houston

13.) What state is Las Vegas located in?

Answer: Nevada

14.) What is the largest mammal in the world?

Answer: Whale or Blue Whale

15.) Who is the lead actor in the “Mission Impossible” movies?

Answer: Tom Cruise

16.) Who is the author of author of the *Huckleberry Finn*?

Answer: Mark Twain

17.) What is the square root of 81?

Answer: 9

18.) What is the largest city in North Dakota?

Answer: Fargo

19.) What is the fastest animal in the world?

Answer: Cheetah

20.) How many weeks are there in a year?

Answer: 52

© 2012, Cody Link & Amanda Myklebust

Session 2: Social Participation

Session Title: Communication Role Play

Group Description: This session focuses on a higher level of social participation than the previous session. Group members will participate in communication role-playing scenarios. In pairs, members will role play both verbal and nonverbal communication in a scenario provided for them. The rest of the group members will identify the main conflict between the two people and why it occurred. They will also identify how the conflict could have been resolved differently and how they think each person in the role-play felt. Each pair will have an opportunity to role play a scenario in front of the group. A homework assignment will be given to group members in which they will be asked to practice appropriate verbal and nonverbal communication techniques.

Group Procedure:

1. Introduce the topic of social participation
2. Educate group members on verbal and nonverbal communication and how it affects interactions. The therapist will educate group members on information such as "I statements" and provide each member with a one page handout.
3. Provide group expectations
    a. Each member will be asked to participate throughout group session
    b. Each member will be respectful of other group members
    c. Describe confidentiality requirements of each group member
4. The occupational therapist or the assigned group member will explain the rules of Nonverbal Communication Role Play
5. Divide the group into pairs
6. Begin Nonverbal Communication Role Play
7. The occupational therapist or the assigned group member will lead group processing questions
    a. What did you find difficult and what did you find easy about recognizing inappropriate verbal and nonverbal communication?
    b. What did you find challenging about identifying appropriate alternatives to resolve conflict?
    c. What is the importance of recognizing nonverbal communication during social interactions?
8. Provide clients with a homework assignment in which they will participate in social interaction and use appropriate verbal and non-verbal communication. Clients will be asked to share their experience at the beginning of next week's session.

9. Summary of session
    a. Example: Today we discussed the importance of nonverbal communication during social interactions. Each of you was given a one page take-home handout with information in this topic. Next, you practiced in a role play activity and were asked to identify the main conflict between the two people and why it occurred. Following the game, we discussed how difficult it can be to recognize nonverbal communication, identify alternative to resolve conflict, and the importance of nonverbal communication. Thank you for your participation in today's group session.

Roles and Objective of Therapist:

The therapist will facilitate discussion and encourage each member to participate in the group. The therapist will be responsible for redirecting clients when necessary. The therapist will also provide education and clarification of verbal and nonverbal communication. The therapist will relate communication to the area of *social wellness*.

Group Objectives:

1. Recognize inappropriate verbal and nonverbal communication
2. Identify appropriate alternatives to resolve conflict
3. Identify and respect other members' feelings and reactions

Adapted from: Toglia & Golisz (1990). *Cognitive Rehabilitation*. Tucson, AZ: Therapy Skill Builders.

Verbal and Nonverbal Communication Role Play Scenarios

Scenario 1: Member 1 rests head on table and ignores Member 2, and must be reminded of his/her turn during a game. Member 1's eyes are closed during this part of the game and only responds to questions with a grunt or head nod.

Scenario 2: Member 1 does not share art supplies during a craft activity. The 2 members are working on separate tasks at the same table, and member 1 has most of the materials. Member 2 asks member 1 if he/she can use some of the materials. Member 1 refuses even though he/she doesn't need all of them.

Scenario 3: Member 1 has difficulty with picking up and holding cards due to motor problems. Member 1 frequently drops cards and asks member 2 to pick them up. Member 2 never offers to help without being asked and appears annoyed when asked to pick up the cards.

Scenario 4: Member 1 has difficulty monitoring tone of voice. Member 1's voice becomes loud at inappropriate times. For example, when being helpful by saying: "This is the card you pick up," member 1 can sound demanding. Member 2 reacts angrily to being commanded what to do, and member 1 cannot understand why.

Scenario 5: Member 1 laughs at inappropriate times while member 2 shares a story. Member 2 looks upset but does not say anything.

Scenario 6: Member 1 consistently interrupts member 2 during a conversation. Member 2 replies in a rude, sarcastic manner back. Member 1 doesn't understand why member 2 is upset but does not ask why.

Scenario 7: Member 1 is losing a card game. His/her tone of voice gradually gets meaner. Member 1 pounds fists on table and throws cards on the floor. Member 2 reacts by yelling at member 1.

© 2012, Cody Link & Amanda Myklebust

Scenario 8: Member 1 and member 2 are eating lunch together. Member 1 takes a drink of member 2's soda without asking. Member 1 becomes upset without saying anything.

Scenario 9: Member 1 is shopping in a grocery store. Member 2 accidently bumps into member 1. Member 1 yells, "Watch where you're going! How would you like it if I ran you over?" Member 2 does not know how to respond.

Scenario 10: Member 1 is shopping in a department store. Member 2 works at the department store and asks member 1, "Can I help you?" Member 1 responds by asking personal questions such as, "Are you dating anyone?" and "Where do you live?" Member 2 feels uncomfortable answering.

© 2012, Cody Link & Amanda Myklebust

Session 3: Emotional Wellness

Session Title: Relaxation Techniques

Group Description: Members of the group will participate in an emotional wellness group. The group will discuss emotional wellness and various relaxation techniques such as deep breathing, meditation, visualization, and progressive muscle relaxations. Group members will participate in a progressive muscle relaxation exercise led by the occupational therapist. Following the exercise, the group will have a discussion on how they feel and when they can utilize relaxation techniques.

Group Procedure:

1. Introduce topic of emotional wellness and coping with stress
2. Educate group members on the importance of emotional wellness and the types and benefits of relaxation techniques and provide a one page take-home handout
3. Provide group expectations
    a. Each member will be asked to participate throughout the group session
    b. Each member will be respectful of other group members
    c. Describe confidentiality requirements of each group member
4. The occupational therapist or assigned group member will explain what the group members can expect during the progressive muscle relaxation exercise
5. Prepare room by dimming the lights and minimizing background noise
6. Read progressive muscle relaxation script available in multiple resources.
    a. Example: Payne, R., & Bellamy, K. (2005). *Relaxation techniques: a practical handbook for the health care professional*. (3rd Ed.). Philadelphia, PA: Churchill Livingstone.
7. The occupational therapist or assigned group member will lead group processing questions
    a. What are the benefits you experienced from participating in progressive muscle relaxation?
    b. What were your feelings and emotions like before and after participating in progressive muscle relaxation?
    c. Do you think this is a technique you will use in the future when feeling stressed or overwhelmed? Why or why not?
8. Summary of session
    a. Example: Today we discussed emotional wellness and coping with stress. Each of you was given a one page take-home handout with information on this topic. Next, you participated in a progressive muscle relaxation activity. Following the activity, we discussed how you can benefit from progressive muscle relaxation, how it affects your feelings and emotions,

and whether you will use this strategy in the future. Thank you for your participation in today's group session.

Role and Objective of Therapist:

The therapist will lead progressive muscle relaxation group and encourage each member to participate in the group. The therapist will be responsible for facilitate discussion and redirecting clients when necessary. The therapist will also provide education and clarification on social participation. The therapist will relate relaxation to the area of *emotional wellness*.

Group Objectives:

1. Practice utilizing a relaxation strategy to cope with stress
2. Practice monitoring feelings and emotions in response to the relaxation strategies

Session 4: Emotional Wellness

Session Title: Stress Management

Group Description: Group members will participate in stress management education session. The group members will identify and share their own symptoms of stress and things that cause them stress. The group will also learn ways to reduce stress. Group members will be provided with a list of tips for managing stress and will complete a homework assignment in which they will devise a plan for how they will prevent or reduce negative stress in their lives.

Group Procedure:

1. Introduce the topic of emotional wellness
2. Provide group expectations
    a. Each member will be asked to participate throughout group session
    b. Each member will be respectful of other group members
    c. Describe confidentiality requirements of each group member
3. The occupational therapist will educate group members and discuss with them the two types of stress, how stress affects the body, and tips for reducing negative stress
4. Provide group members with handout of stress reducers
5. Begin Stress Management activity
6. The occupational therapist will explain the homework assignment in which the clients' will be asked to utilize their stress management plan for coping with stress during the week. Clients will be asked to share what strategies they used and how effective they were at the beginning of the next session.
7. The occupational therapist or assigned group member will lead group processing questions
    a. How difficult was it for you to recognize your own symptoms of stress?
    b. What are strategies you're going to use to cope with stress in the future?
    c. Why is it important to manage your stress?
8. Summary of session
    a. Example: Today we discussed stress management. Each of you was given a one page take-home handout with information on this topic. Next, we discussed the types of stress and tips for reducing negative stress. We then began the Stress Management activity. Following the activity, we discussed appropriate ways to identify and reduce or prevent stress. We also set goals that can be utilized in the future when you are dealing with stress. You were asked to practice using these goals as part of a homework

assignment for next week. Thank you for your participation in today's group session.

Group Objectives:

1. Recognize symptoms of stress
2. Identify 3 things that cause stress
3. Identify appropriate ways to reduce or prevent stress
4. Identify plan of action to cope with stress in the future

Roles and Objective of Therapist:

The therapist will lead the discussion by educating the group on stress management and encourage each member to participate in the group. The therapist will be responsible for redirecting clients when necessary. The therapist will also provide education and clarification on stress management. The therapist will relate stress management to the area of *emotional wellness*. The therapist can also choose to discuss the use of the relaxation techniques to address sleep difficult, which corresponds with *physical wellness*

Adapted from: Juile Aman, OTR/L; St. Alexius Hospital, Bismarck, ND

Ways to Reduce Stress

1. Go to bed on time
2. Eat a balanced diet
3. Get enough exercise
4. Have a good laugh
5. Listen to music
6. Do deep breathing exercises
7. Use visual imagery
8. Take one day at a time
9. Allow extra time to do things and to get to places
10. Get up on time so you can start the day unrushed
11. Take a walk
12. Watch a movie
13. Read a book
14. Take a bath or shower
15. Nap for ten minutes
16. Have fun with a pet
17. Spend quality time with friends and family
18. Draw or paint a picture
19. Reflect on the positives in your life
20. Light a candle
21. Count your blessings
22. Avoid procrastination
23. Enjoy the weather
24. Talk less; listen more
25. Slow down
26. Get organized so everything has its place
27. Simplify and unclutter your life
28. Keep a journal
29. Begin a new hobby
30. Meditate
31. Don't take yourself too seriously
32. Be kind to unkind people
33. Develop a forgiving attitude
34. Live within your budget
35. Avoid caffeine, nicotine, sugar, and cola
36. Do not use chemical substances (including alcohol) to calm you down
37. Reinforce positive self-talk
38. Set realistic goals

© 2012, Cody Link & Amanda Myklebust

Think about how to cope with and prevent the negative stressors that you identified. Describe your plan for coping with stress in the space below. An example has been provided for you.

Exercise	I will exercise at least 3 days a week to keep my body healthy and reduce stress.
Exercise	
Nutrition	
Sleep	
Stimulants (Ex. Coffee & sugar)	
Support System	
Taking "Me" Time	
Good Time Management Skills	
Relax (Ex. Progressive muscle relaxation)	

© 2012, Cody Link & Amanda Myklebust

Session 5: Work and Volunteer Participation

Session Title: Work and Volunteer Exploration

Group Description: Members of the group will participate in a work/volunteer exploration group. The group will participate in a discussion on the importance of participating in meaningful work/volunteer activities led by the occupational therapist. Group members will independently complete the work/volunteer interests handout. Group members will process the handout result as a large group and share work/volunteer interests they have.

Group Procedure:

1. Introduce topic of work and volunteer participation
2. Provide group expectations
    a. Each member will be asked to participate throughout the group session
    b. Each member will be respectful of other group members
    c. Describe confidentiality requirements of each group member
3. The occupational therapist will provide education and discussion on the importance of meaningful work/volunteer activities
4. The occupational therapist will provide and explain the work/volunteer interests handout
5. Allow members to independently complete the work/volunteer interests handout
6. Group members share their work/volunteer interests
7. The occupational therapist or the assigned group member will lead the group processing questions
    a. How important is it for you to participate in meaningful work/volunteer activities?
    b. What do you gain by participating in these activities?
    c. How will you use the information you learned today in the future?
8. Summary of session
    a. Example: Today we discussed the importance of work and volunteer participation. Each of you was given a work/volunteer interests handout in which you identified what you find enjoyable in work/volunteer tasks. Next, your shared your results with the group. Following this, we discussed the importance of work/volunteer activities, what you gain by participating in these activities, and how you will apply today's information in the future. Thank you for your participation in today's group session.

Role and Objective of Therapist:

The therapist will facilitate discussion and encourage each member to participate in the group. The therapist will be responsible for assisting and redirecting clients when necessary. The therapist will also provide education and clarification on work and volunteer exploration and participation. The therapist will relate work/volunteer exploration to the areas of *occupational wellness* and *intellectual wellness*.

Group Objectives:

1. Identify work/volunteer interests
2. Identify work/volunteer tasks they like and dislike
3. Process work/volunteer interests with other group members

Work/ Volunteer Interests

Please circle *yes* or *no* for each of the following questions.

I like working alone.	Yes	No
I like working with others.	Yes	No
I prefer a fixed schedule.	Yes	No
I enjoy working outside.	Yes	No
I would like to be in an office.	Yes	No
I like flexibility and variety in work tasks.	Yes	No
I like to participate physically in work.	Yes	No
I like working with numbers.	Yes	No
I like creative tasks.	Yes	No
I like working with my hands.	Yes	No
I am a morning person.	Yes	No

© 2012, Cody Link & Amanda Myklebust

I like interacting with customers.	Yes	No
I would like to be “behind the scenes.”	Yes	No
I am a night person.	Yes	No
I prefer being given specific directions.	Yes	No
I don’t mind standing for long periods of time.	Yes	No
I like fixing things.	Yes	No
I like to make things.	Yes	No

What jobs/volunteer work have you enjoyed doing in the past?____

____

Why?____

____

What things did you dislike about your past jobs/volunteer work?____

____

What were your favorite job/volunteer tasks?____

____

© 2012, Cody Link & Amanda Myklebust

Session 6: Work and Volunteer Participation

Session Title: Identifying Work and Volunteer Opportunities

Group Description: Group members will use their Work/Volunteer Interests handout that they completed in the previous session in order to identify volunteer and work sites that they are interested in. Group members will use volunteer websites such as: serve.gov and volunteer.gov to identify volunteer opportunities in this area. Members will also be provided with the weekly classifieds to identify work and volunteer opportunities in the community. Members will be responsible for identifying the contact information for 2 sites of interest, as well as the requirements to work or volunteer at each site. Group members will be given a homework assignment to contact one of the sites they identified prior to the next session.

Group Procedure:

1. Introduce the topic of work and volunteer participation
2. The occupational therapist will educate group members on various websites and resources that can be used to identify work and volunteer opportunities in the area and provide a one page take-home handout with information on this topic
3. Provide group expectations
   a. Each member will be asked to participate throughout group session
   b. Each member will be respectful of other group members
   c. Describe confidentiality requirements of each group member
4. The occupational therapist or assigned group member will provide group members with weekly classifieds to identify work and volunteer opportunities in the community
5. Begin Identifying Work and Volunteer Opportunities activity
6. A homework assignment will be given to group members in which they will be asked to follow through and contact one of the sites they identified as having interest in. Group members will be asked to share their experience at the beginning of the next session.
7. Occupational therapist or assigned group member will lead group processing questions
   a. How difficult or easy was to utilize the resources to identify work/volunteer opportunities?
   b. What is the importance of identifying the requirements of each work/volunteer site?
   c. What was challenging about locating the requirements and contact information for each site?

    d. How difficult was it to locate a work/volunteer opportunity that you work interested in and qualified for?
        i. Are there strategies you can use to meet these requirements? What are they?
8. Summary of session
    a. Example: Today we discussed resources that can be utilized to find work and volunteer opportunities. Each of you was given a work/volunteer handout in which you identified work/volunteer sites, site contact information, and requirements. Following this, we discussed how easy it was to use the resources provided to locate work/volunteer opportunities, site requirements, and contact information. Thank you for your participation in today's group session.

Roles and Objectives of Therapist:

The therapist will lead the discussion by educating the group on websites and other resources used to identify volunteer and work opportunities, and encourage each member to participate in the group. The therapist will be responsible for redirecting clients when necessary. The therapist will also provide education and clarification on using the websites and classifieds. The therapist will relate work/volunteer opportunities to the areas of *occupational wellness* and *intellectual wellness*.

Group Objectives:

1. Identify resources used to identify work and volunteer opportunities in the community
2. Identify work and volunteer opportunities of interest in the community
3. Identify contact information for 2 sites of interest
4. Identify requirements to work/volunteer at each site

After identifying which 2 places you would like to work or volunteer at, please provide the following information:

Identify places you wish to work/volunteer at:

1. ____

2. ____

Contact information for each site (contact person, phone number, or email address):

1. ____

2. ____

Requirements to work/volunteer for each site:

1.

2.

© 2012, Cody Link & Amanda Myklebust

Follow-up Recommendations (To be completed by the therapist)**:**

1. Work on you own to:
____

____

2. Work with an OT to:
____

____

3. Work with another resource person to:
____

____

© 2012, Cody Link & Amanda Myklebust

Session 7: Community Integration/Transportation

Session Title: Community Transportation Resources, As Needed

Group Description: Members of the group will participate in an educational community transportation resources group. The group will participate in a discussion on community integration and transportation resources available. Group members will be asked to identify transportation resources they are currently aware of. The occupational therapist will provide community transportation resources and review the resources with the clients.

Group Procedure:

1. Introduce topic of community integration
2. Provide group expectations
    a. Each member will be asked to participate throughout the group session
    b. Each member will be respectful of other group members
    c. Describe confidentiality requirements of each group member
3. Occupational therapist will provide education and lead a discussion on community integration and transportation resources
4. The occupational therapist will provide clients with Grand Forks area transportation resources and go over the resources as a group
5. Occupational therapist or assigned group member will lead group processing questions
    a. What are the challenges of using community transportation resources?
    b. Which resources did you find most beneficial? Why?
    c. How will you use the information you learned in today's session in the future?
6. Summary of session
    a. Example: Today we discussed resources that can be utilized for identifying community transportation. Each of you was given community transportation resources. Following this, we discussed the information included on the resource, challenges of using the resources, what was most beneficial about the resources, and how you will use this information in the future. Thank you for your participation in today's group session.

Role and Objective of Therapist:

The therapist will educate clients on community transportation resources, facilitate discussion, and encourage each member to participate in the group. The therapist will be responsible for redirecting clients when necessary. The therapist will also provide

education and clarification on questions regarding different transportation resources. The therapist will relate community transportation resources to the area of *environmental wellness*.

Group Objectives:

1. Identify community transportation resources
2. Educate clients on transportation methods available to them
3. Facilitate community integration

Cities Area Transit Dial-A-Ride

Transportation for persons with Disabilities

Frequently Asked Questions*

Cities Area Transit
P.O. Box 5200
Grand Forks, ND 58206-5200
Phone: 701-746-8108
Fax: 701-746-2582

To Schedule a Ride:
Call 701-787-9120

6:30 am - 5:30 pm M-F
7:30 am - 5:30 pm Saturdays
Closed on Sundays and Holidays

To request an application:
Call 701-746-8108

Website:
www.grandforksgov.com/bus

**Please obtain a copy of the official CAT Paratransit Rider's Guide for a complete listing of rules and regulations*

Session 8: Community Integration/Transportation

Session Title: Bus Route Activity

Group Description: Members of the group will participate in a bus route activity in which they utilize a bus route map to answer questions. Group members will independently fill out a bus route activity worksheet. The members will go through their answers to the questions as a group once they have completed the activity. Following the activity, group members will process whether they feel confident utilizing the bus system.

Group Procedure:

1. Introduce topic of community integration
2. The occupational therapist will provide group expectations
    a. Each member will be asked to participate throughout the group session
    b. Each member will be respectful of other group members
    c. Describe confidentiality requirements of each group member
3. The occupational therapist will educate the group members on the community bus route map
4. The occupational therapist will introduce the Bus Route Activity and provide the group members with a bus route map and one page take-home activity worksheet.
5. Group members will independently complete bus route activity worksheet and will go over the results as a group
6. The occupational therapist or assigned group members will lead group processing questions
    a. How easy or difficult was it to identify information on the bus route map?
    b. How have your comfort and confidence levels about using the bus system changed after participating in this session?
    c. How can you use the information you learned in today's session in the future?
7. Summary of session
    a. Example: Today we discussed how to utilize a bus route map for successful community transportation. Each of you was given a bus route map used to complete your bus route map activity worksheet. Following this, we discussed the information included on the bus route map, your comfort and confidence levels with using the bus system, and how you will use this information in the future. Thank you for your participation in today's group session.

Role and Objective of Therapist:

The therapist will educate clients on how to read a bus route map in order to effectively utilize public transportation, and encourage each member to participate in the group. The therapist will be responsible for redirecting clients when necessary. The therapist will also provide education and clarification on questions regarding information on the bus route map and how to read it. The therapist will relate the bus route activity to the area of *environmental wellness*.

Group Objectives:

1. Identify the information provided on a bus route map
2. Effectively read and understand a community bus route map
3. Gain comfort and confidence in how to use the bus system

Cities Area Transit. (2012). *Grand Forks Route Map.* Retrieved from: http://www.grandforksgov.com/bus/GFMap.pdf

Bus Route Activity

1. How much does it cost to purchase cash fare for one ride?

____

2. What are the daytime bus operating hours Monday through Friday?

____

3. What are the daytime bus operating hours for Saturday?

____

4. How many buses operate during the night route?

____

5. Which bus number would you take from the Columbia Mall to the Alerus Center?

____

6. Which two bus route numbers would you need to take to get from Shelter 13 to Shelter 23?

____

7. What is the earliest time the Orange Bus Route arrives at Altru Hospital?

____

8. If you're traveling on the Red Bus Route, how long will it take you to travel from Seward Avenue to Hugo's?

____

© 2012, Cody Link & Amanda Myklebust

9. Which bus route numbers travel to and from Super Target?

____

10. Where is the Metro Transit Center located?

____

© 2012, Cody Link & Amanda Myklebust

Session 9: Leisure Participation

Session Title: Leisure Exploration

Group Description: Members of the group will participate in a leisure exploration group. The group will participate in a discussion on the importance of participating in healthy leisure activities led by the occupational therapist. Group members will list leisure activities that they currently participate in, and how often they participate in those activities. Group members will complete the leisure interest handout and share some of their results with the group. Group members will be encouraged to identify one new healthy leisure activity they plan to participate in before next week's session.

Group Procedure:

1. Introduce topic of leisure participation
2. The occupational therapist will educate group members on the importance of healthy leisure activities and provide them with a take-home handout to complete.
3. Provide group expectations
    a. Each member will be asked to participate throughout the group session
    b. Each member will be respectful of other group members
    c. Describe confidentiality requirements of each group member
4. The occupational therapist will explain how to complete the leisure interests handout
5. Members will independently fill out a leisure interest handout, and then share some of their interests with the rest of the group.
6. Group members will be provided with a homework assignment in which they will participate in one new healthy leisure activity prior to next week's group.
7. The occupational therapist or assigned group member will lead group processing questions
    a. What similarities and patterns did you notice in the types of leisure activities that you participate in? (Ex. sedentary, active, etc.)
    b. What attracts you to participate in certain leisure activities over others?
    c. Why do you think it's important to participate in healthy leisure activities?
8. Summary of session
    a. Example: Today we discussed the importance of participating in healthy leisure activities. Each of you was given a Leisure Interests worksheet in which you were asked to identify current leisure activities, as well as new leisure activities that you would like to participate in. Following this, we discussed similarities and patterns in the types of leisure activities you participate in, the reasons why you participate in those activities, and why it is important to participate in healthy leisure activities. Thank you for your participation in today's group session.

Role and Objective of Therapist:

The therapist will educate clients on healthy leisure activities, facilitate discussion, and encourage each member to participate in the group. The therapist will be responsible for redirecting clients when necessary. The therapist will also provide education and clarification on social participation. The therapist will relate leisure exploration to the areas of *occupational wellness* and *physical wellness*.

Group Objectives:

1. Identify healthy leisure interests and share
2. Identify one new healthy leisure interest they plan to participate in during the next week

Current Leisure Activities

Please identify leisure activities that you currently participate in and how often you participate in them.

Leisure Activity	**Frequency**
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

© 2012, Cody Link & Amanda Myklebust

Leisure Interests

Read through the leisure activities and circle activities that interest you and that you don't currently participate in. Select your topic three interests that you will share with the rest of the group and one activity that you plan to participate in before next week's session.

Card games	Scrapbooking	Fishing	Going to the gym
Walking	Going to the mall	Write a letter to a friend	Learn something new (i.e. how to knit)
Go for a hike	Go camping	Go bowling	Play darts
Volunteer	Go to a sporting event	Household project (Ex. decorating)	Go out with an old friend
Draw	Paint	Photography	Do clay work
Go to a rummage sale	Make models (i.e. cars)	Take a yoga class	Go to a concert
Play a musical instrument	Have a picnic	Make a meal for friends of family	Make cookies for someone
Go to church	Join the choir	Go swimming	Play pool
Organize photos	Do yard work	Plant flowers	Garden
Journal	Fly a kite	Make a snowman	Read a book

© 2012, Cody Link & Amanda Myklebust

Other ideas:

____

Top three interests:

1.) ______________________________

2.) ______________________________

3.) ______________________________

Activity you plan to participate in this week:

____

____

© 2012, Cody Link & Amanda Myklebust

Session 10: Leisure Participation

Session Title: Leisure Art Group

Group Description: Members of the group will participate in a leisure participation group. The group will participate in a discussion on the benefits of healthy leisure activities and be asked to summarize what was discussed in the previous week's session. Group members will independently select an art activity from a small selection the therapists will provide. Group members will be encouraged to share their artwork with the group at the end of the session.

Materials Required: Paper, paint, colored pencils, chalk, drawing pencils, markers, paint my number activities, pictures to color, magazines, scissors, glue, and decoupage

Group Procedure:

1. Introduce topic of leisure participation
2. The occupational therapist will provide group expectations
    a. Each member will be asked to participate throughout the group session
    b. Each member will be respectful of other group members
    c. Describe confidentiality requirements of each group member
3. The occupational therapist will discuss benefits of healthy leisure activities, and explain the art group and what is available
4. The group members will be asked to select an art activity, and share their finished product with the group
5. The occupational therapist or assigned group member will lead group processing questions
    a. What did you find enjoyable about this art activity?
    b. What did you find challenging about this art activity?
    c. How will you use the information you learned in today's session in the future?
6. Summary of session
    a. Example: Today we discussed the importance of participating in healthy leisure activities. Each of you was provided with materials used to complete an art activity. Following this, you shared your finished artwork with the rest of the group. We discussed what you found enjoyable and challenging about the activity, and how you will use the information from today's session in the future. Thank you for your participation in today's group session.

Role and Objective of Therapist:

The therapist will facilitate discussion and encourage each member to participate in the group. The therapist will be responsible for assisting and redirecting clients when necessary. The therapist will also provide education and clarification on leisure participation. The therapist will relate the leisure art group to the area of *occupational wellness*.

Group Objectives:

1. Practice selecting and identifying appropriate and necessary tools and materials for the art task
2. Work on initiating and sustain attention to the art activity throughout the session
3. Successfully participate in a healthy leisure activity

Session 11: Healthy Life Balance

Session Title: Wellness Balance

Group Description: Group members will participate in the Wellness Balance activity. The group members will identify and share the areas of wellness that they feel are satisfactory, average, and unsatisfactory. These areas include physical, intellectual, emotional, occupational, social, environmental, and spiritual. The group members will use the Wellness Balance worksheet to set realistic short-term goals in each of the seven areas to improve healthy life balance.

Group Procedure:

1. The occupational therapist will introduce the topic of healthy life balance
2. The occupational therapist will educate group members on the importance of healthy life balance and how it impacts quality of life
3. The occupational therapist will provide group expectations
    a. Each member will be asked to participate throughout group session
    b. Each member will be respectful of other group members
    c. Describe confidentiality requirements of each group member
4. The occupational therapist will explain The Wellness Balance activity and provide group members with The Wellness Balance worksheet to complete.
5. The group members will complete a homework assignment in which they will be asked to follow-through with one of their goals. Group members will discuss whether they accomplished this during next week's session.
6. The occupational therapist or assigned group member will lead group processing questions
    a. In the areas that you indicated as unsatisfactory, what holds you back from participating in more activities in these areas?
    b. Why is it important to have balance in each of the seven areas of wellness?
    c. How will you use this activity in the future?
7. Summary of session
    a. Example: Today we discussed the importance of having healthy life balance in each of the seven areas of wellness. Each of you was given a Wellness Balance worksheet in which you identified the areas that have satisfactory, average, and unsatisfactory balance. You were then asked to set goals in each of these areas and given the homework assignment of selecting one goal to follow-through with during the week. Following this, we discussed barriers to participating in the seven areas of wellness, why it's important to have balance in each of the areas, and how to utilize this

activity in the future. Thank you for your participation in today's group session.

Roles and Objective of Therapist:
The therapist will lead the discussion on healthy life balance and encourage each member to participate in the group. The therapist will be responsible for redirecting clients when necessary. The therapist will also provide education and clarification on healthy life balance.

Group Objectives:
1. Identify the areas of life that have satisfactory, average, and unsatisfactory balance
2. Identify ways to increase healthy life balance in each of the seven areas
3. Identify realistic short-term goals for each of the seven areas

Wellness Balance

Please indicate whether you have satisfactory (+), unsatisfactory (-), or average (+/-) balance in each of the seven areas of wellness listed below. Following this, write a goal that will help you increase balance in each of the areas.

Physical	
Intellectual	
Spiritual	
Occupational	
Social	
Emotional	
Environmental	

Homework: Choose one of the goals and follow-through with it before next week's session. We will discuss how you did at the beginning of next week's group.

© 2012, Cody Link & Amanda Myklebust

Session 12: Healthy Life Balance

Session Title: Weekly Schedule

Group Description: Group members will participate in the Weekly Schedule activity by filling out a schedule to better organize their lives. The group members will identify the activities and tasks that occupy their day and when they occur. The members will fill out blank weekly schedules (ex. a calendar page) to get a visual picture of the time they spend participating in certain activities throughout the day. Members will plan activities to participate in during any spare time on the schedule. Members will share their weekly schedules with the rest of the group and discussion will follow. The group session will conclude with the clients completing the PQoL (Patrick & Danis, 2011).

Group Procedure:

1. The occupational therapist will introduce the topic of healthy life balance
2. The occupational therapist will educate group members on the importance of keeping a weekly schedule and how it plays a role in maintaining healthy life balance, and provide group members with a one page take-home handout on information about this topic.
3. The occupational therapist provide group expectations
    a. Each member will be required to participate throughout group session
    b. Each member will be respectful of other group members
    c. Describe confidentiality requirements of each group member
4. The occupational therapist will explain how to participate in the activity and provide group members with blank weekly schedules to fill out.
5. A homework assignment will be given in which the members will be asked to utilize and update their weekly schedules during the week.
6. The occupational therapist or assigned group member will lead group processing questions
    a. What is the importance of having a weekly schedule?
    b. What types of activities fill up most of your time throughout the day?
    c. What types of activities were missing from your schedule?
        i. Ex. Areas of wellness
    d. How will you utilize the information you learned from today's session in the future?
7. Summary of session
    a. Example: Today we discussed the importance of using a weekly schedule to organize your lives. Each of you was given a blank weekly schedule and asked to fill it out with the activities that occupy your time throughout the day. You were then asked to utilize and update your weekly schedule

as part of a homework assignment. Following this, we discussed the importance of having a weekly schedule, the types of activities that are present and absent from your schedule, and how you can utilize this information in the future. Thank you for your participation in today's group session.

Roles and Objectives of Therapist:
The therapist will facilitate the discussion by explaining how to complete a weekly schedule, and encourage each member to participate in the group. The therapist will be responsible for redirecting clients when necessary. The therapist will also provide education and clarification on the importance of having a weekly schedule and how to complete one. The therapist will relate the weekly schedule activity to scheduling time for all seven areas of wellness.

Group Objectives:
1. Identify activities and tasks that occupy time throughout the day
2. Plan activities to participate in during free time
3. Create weekly schedule that can be used on a regular basis to promote healthy life balance

Date:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12:00 AM							
1:00 AM							
2:00 AM							
3:00 AM							
4:00 AM							
5:00 AM							
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
11:00 PM							
12:00 AM							

© 2012, Cody Link & Amanda Myklebust

References

Cities Area Transit. (2012). *Grand Forks Route Map.* Retrieved from: http://www.grandforksgov.com/bus/GFMap.pdf

Dunn, W., Brown, C., & Youngstrom, M. (2003). Ecological Model of Occupation. In Kramer, P., Hinojosa, J., & Brasic Royeen, C. (Ed.). *Perspectives in human occupation: Participation in life (pp. 222-263)*. Baltimore, MD: Lippincott Williams & Wilkins.

Patrick, D., & Danis, M. (2011). Perceived quality of life scale. *Seattle Quality of Life Group.* Retrieved from http://www.depts.washington.edu/yqol/PQOL

Payne, R., & Bellamy, K. (2005). *Relaxation techniques: A practical handbook for the health care professional*. (3rd Ed.). Philadelphia, PA: Churchill Livingstone.

Toglia & Golisz (1990). *Cognitive Rehabilitation*. Tucson, AZ: Therapy Skill Builders.

University of North Dakota (2011). Seven dimensions of wellness model. *University of North Dakota.* Retrieved from http://und.edu/health-wellness/7dimensions/index.cfm

CHAPTER V

SUMMARY

Due to the long term difficulties that Traumatic Brain Injury (TBI) can cause, there is a need for ongoing occupational therapy services in a community setting. Clients who are post-TBI would benefit from *A Community-Based Occupational Therapy Wellness Program for Adult Clients with Traumatic Brain Injury* developed by the researchers. The *Community-Based Occupational Therapy Wellness Program for Adult Clients with Traumatic Brain Injury* addresses social participation, emotional wellness, work and volunteer participation, community integration, leisure participation, and healthy life balance. They areas were determined by a review of literature and verified by a focus group with community-dwelling individuals who are post-TBI. Intervention in the wellness program is client-centered by allowing the client to choose their goals and have input on the activities in which they participate. The interventions are purposeful and occupation-based and are grounded in the Ecology of Human Performance (EHP) model.

The outcomes of this product will be measured using the Perceived Quality of Life (PQoL) scale. The PQoL will be completed by clients during the initial and discharge evaluations. The result of this assessment can be used to determine a change in the clients' PQoL. In conjunction with EHP, an additional outcome measure will be the clients' performance range. This will be measured through clinical reasoning and observation of clients' engagement in occupations.

The *Community-Based Occupational Therapy Wellness Program for Adult Clients with Traumatic Brain Injury* can be implemented in a variety of community settings by any licensed occupational therapist. The occupational therapist implementing the program will be responsible for recruiting clients and obtaining the resources need to conduct the program. The will use the Community-Based Occupational Therapy Wellness Program to guide the weekly interventions and can make adjustments as needed based on their clinical reasoning.

There were limitations associated with this research project. Only one focus group was conducted and there were only eight subjects who participated. All the subjects were from the Grand Forks, ND region and appeared to be similar in age and race. Interventions provided in this product cannot be completely client-centered due to the fact they were developed without the client's involvement. Group interventions can also limit client-centeredness because it is challenging to meet the needs of each individual in the group. The researchers compensated for this by allowing individuals to have input on each activity within the interventions. The researchers believe that the benefits of group interventions outweigh the negatives. Group interventions allow the clients to engage in social participation, practice communication skills, and process with other individuals experiencing similar difficulties.

The researchers recommend that the next step of this research project is to implement the Community-Based Occupational Therapy Wellness Program. The results of the PQoL and the clinician's observations can be used to determine the effectiveness and usefulness of the program. This information can be used to guide further research and help make adjustments to the Community-Based Occupational Therapy Wellness

Program as needed. The researchers would like to be involved in pilot testing this program and disseminating it. The researchers would like to find OT practitioners they can partner with, who can carry out the program and gather pre- and post-test results from the PQoL. The researchers would then use these results in future research.

References

Bezner, J. R. & Hunter, D.L. (2001). Wellness perception in persons with traumatic brain injury and its relation to functional independence. *Archives of Physical Medicine and Rehabilitation, 82*, 787-792. doi: 10.1053/apmr.2001.23269

Centers for Disease Control and Prevention. (2011). *Traumatic Brain Injury in the US.* Retrieved from http://www.cdc.gov/Features/dsTBI_BrainInjury/

Cicerone, K. D. & Azulay, J. (2007). Perceived self-efficacy and life satisfaction after traumatic brain injury. *The Journal of Head Trauma Rehabilitation, 22*(5), 257-266.

Cities Area Transit. (2012). *Grand Forks Route Map.* Retrieved from: http://www.grandforksgov.com/bus/GFMap.pdf

Colantonio, A., Ratcliff, G., Chase, S., Kelsey, S., Escobar, M., & Vernich, L. (2004). Long term outcomes after moderate to severe traumatic brain injury. *Disability & Rehabilitation, 26*(5), 253-261.

Department of Veterans Affairs , Department of Defense (VA/DoD) (2009). VA/DoD Clinical practice guidelines for management of concussion/mild traumatic brain injury (mTBI), version 1.0. Retrieved from: ttp://www.healthquality.va.gov/mtbi/concussion_mtbi_full_1_0.pdf.

Dirette, D., Plaisier, B., & Jones, S. (2008). Patterns and antecedents of the development of self-awareness following traumatic brain injury: The importance of occupation. *British Journal of Occupational Therapy, 71*(2), 44-51.

Doig, E., Fleming, J., Cornwell, P. L., & Kuipers, P. (2009). Qualitative exploration of a client-centered, goal-directed approach to community-based occupational therapy for adults with traumatic brain injury. *American Journal of Occupational Therapy, 64*, 559-568.

Draper, K., Ponsford, J., & Schonberger, M. (2007). Psychosocial and emotional outcomes 10 years following traumatic brain injury. *The Journal of Head Trauma Rehabilitation, 22*(5), 278-287.

Dunn, W., Brown, C., & Youngstrom, M. (2003). Ecological Model of Occupation. In Kramer, P., Hinojosa, J., & Brasic Royeen, C. (Ed.). *Perspectives in human occupation: Participation in life (pp. 222-263)*. Baltimore, MD: Lippincott Williams & Wilkins.

Evans, L., & Brewis, C. (2008). The efficacy of community-based rehabilitation programmes for adults with TBI. *International Journal of Therapy and Rehabilitation, 15*(10), 446-458.

Geurtsen, G., Martina, J., van Heugten, C., & Geurts, A. (2008). A prospective study to evaluate a new residential community reintegration programme for severe chronic brain injury: The Brain Integration Programme. *Brain Injury, 22*(7-8), 545-554.

Hawthorne, G., Gruen, L. R., & Kaye, A. H. (2009). Traumatic brain injury and long-term quality of life: Findings from an Australian study. *Journal of Neurotrauma, 26*, 1623-1633. doi: 10.1089=neu.2008.0735

Hettler, B. (1976). The six dimensions of wellness model. *National Wellness Institute.* Retrieved from http://www.nationalwellness.org/index.php?id_tier=2&id_c=25

Hibbard, M.R., Cantor, J., Charatz, H., Rosenthal, R., Ashman, T, Gundersen, N,…Gartner, A. (2002). Peer support in the community: Initial findings of a mentoring program for individuals with traumatic brain injury and their families. *The Journal of Head Trauma Rehabilitation, 17*(2), 112-131.

Lefebvre, H., Cloutier, G., & Levert M.J. (2008). Perspectives of survivors of traumatic brain injury and their caregivers on long-term social integration. *Brain Injury, 22*(7), 535-543. doi: 10.1080/02699050802158243

McPherson, K., Kayes, N., & Weatherall, M., (2009). A pilot study for self-regulation informed goal setting in people with traumatic brain injury. *Clinical Rehabilitation,* 23, 296-309.

Oddy, M. (2001). Sexual relationships following brain injury. *Sexual and Relationship Therapy, 16*(3), 247-259. doi: 1080/14681990120064487

Parsons, L., & Stanley, M. (2008). The lived experience of occupational adaptation following acquired brain injury for people living in a rural area. *Australian Occupational Therapy Journal, 55*, 231–238. doi: 10.1111/j.1440-1630.2008.00753.x

Patrick, D., & Danis, M. (2011). Perceived quality of life scale. *Seattle Quality of Life Group.* Retrieved from http://www.depts.washington.edu/yqol/PQOL

Payne, R., & Bellamy, K. (2005). *Relaxation techniques: a practical handbook for the health care professional*. (3rd Ed.). Philadelphia, PA: Churchill Livingstone.

Rhynders, P.A., & Scaffa, M.E. (2010). Enhancing community health through community partnerships. In M.E. Scaffa, S. M. Reitz, & M.A. Pizzi (Eds.),

Occupational therapy in the promotion of health and wellness (pp.208-224). Philadelphia, PA: F.A. Davis Company.

Sander, A.M., Clark, A., & Pappadis, M.R. (2010). What is community integration anyway?: Defining meaning following traumatic brain injury. *The Journal of Head Trauma Rehabilitation, 25*(2), 121-127.

Shames, J., Treger, I., Ring, H., & Giaquinto, S. (2007). Return to work following traumatic brain injury: Trends and challenges. *Disability and Rehabilitation, 29*(55), 1387–1395. doi: 10.1080/09638280701315011

Simmons, C.D., & Griswold, L.A. (2010). Using the evaluation of social interaction in a community-based program for persons with traumatic brain injury. *Scandinavian Journal of Occupational Therapy, 17*, 49-56. doi: 10.3109/11038120903350303

Teasdale, T.W., & Engberg, A.W. (2005). Subjective well-being and quality of life following traumatic brain injury in adults: A long-term population-based follow-up. *Brain Injury, 19*(12), 1041-1048. doi: 10.1080.02699050500110397

Temkin, N. R., Corrigan, J. D., Dikmen, S. S., & Machamer, J. (2009). Social functioning after traumatic brain injury. *Journal of Head Trauma Rehabilitation, 24*(6), 460-467.

Toglia & Golisz (1990). *Cognitive Rehabilitation*. Tucson, AZ: Therapy Skill Builders.

Tomberg, T., Toomela, A., Ennok, M., & Tikk, A. (2007). Changes in coping strategies, social support, optimism and health-related quality of life following traumatic brain injury: A longitudinal study. *Brain Injury, 21*(5), 479-488.

University of North Dakota (2011). Seven dimensions of wellness model. *University of North Dakota.* Retrieved from http://und.edu/health-wellness/7dimensions/index.cfm

APPENDIX A

FOCUS GROUP QUESTIONS

Questions for the Focus Group about *an Occupational Therapy Community Wellness Program for Adult Clients Following a Traumatic Brain Injury:*

"Wellness is a multidimensional state of being describing the existence of positive health in an individual as exemplified by quality of life and a sense of well-being."

-Charles B. Corbin of Arizona State University

Today's session is meant to provide you (and us) with understanding about wellness activities in your life so that we can design an outpatient Wellness Program for people who have experienced traumatic brain injury. At times, you may wish to refer to a *Seven Dimensions of Wellness* handout that we will provide toady for you. (See Appendix C).

1. So, to begin what strategies help you to keep a positive/optimistic attitude about life and your recovery?
2. What current wellness activities do you engage in?
3. If you were to join a wellness group what sort of wellness activities would you like to be included?
4. For the following questions please refer to the *Seven Dimensions of Wellness* handout.
    a. Which of these areas are you currently most successful in?
    b. Explain how you incorporate certain areas into your everyday life.
    c. Which of the seven dimensions are you least successful in?
    d. Do you believe your quality of life is affected by these unsuccessful areas? If so, how?
5. How would you define wellness as it relates to your everyday life?

THANK YOU SO MUCH FOR YOUR PARTICIPATION TODAY!

6. How have you continued with your recovery from your brain injury after you left the hospital?
7. Are there areas you would have liked to focus on that were not addressed in your rehabilitation process?
    a. Social, emotional, physical, or other areas
8. What have been some of the most useful strategies you have used to overcome problems/difficulties you may have had?
9. What resources do you have access to in the community regarding TBI?
    a. How have you utilized them to your advantage?
10. What things are you currently doing to maintain a healthy life balance?
11. How important are meaningful leisure activities to you and your quality of life?

APPENDIX B

IRB APPROVAL STATEMENT

UNIVERSITY OF UND NORTH DAKOTA

INSTITUTIONAL REVIEW BOARD
c/o RESEARCH DEVELOPMENT AND COMPLIANCE
DIVISION OF RESEARCH
TWAMLEY HALL ROOM 106
264 CENTENNIAL DRIVE STOP 7134
GRAND FORKS ND 58202-7134
(701) 777-4279
FAX (701) 777-6708
http://und.edu/research/research-economic-development/institutional-review-board/

January 26, 2012

Cody Link, MOTS and Amanda Myklebust, MOTS
c/o Cody Link
3200 11th Street South #317
Fargo, ND 58104

Dear Mr. Link and Ms. Myklebust:

We are pleased to inform you that your project titled, "An Occupational Therapy Community Wellness Program for Adult Clients Following a Traumatic Brain Injury" (IRB-201201-223) has been reviewed and approved by the University of North Dakota Institutional Review Board (IRB). The expiration date of this approval is January 24, 2013. Your project cannot continue beyond this date without an approved Research Project Review and Progress Report.

As principal investigator for a study involving human participants, you assume certain responsibilities to the University of North Dakota and the UND IRB. Specifically, an unanticipated problem or adverse event occurring in the course of the research project must be reported within 5 days to the IRB Chairperson or the IRB office by submitting an Unanticipated Problem/Adverse Event Form. Any changes to or departures from the Protocol or Consent Forms must receive IRB approval prior to being implemented (except where necessary to eliminate apparent immediate hazards to the subjects or others.)

All Full Board and Expedited proposals must be reviewed at least once a year. Approximately ten months from your initial review date, you will receive a letter stating that approval of your project is about to expire. If a complete Research Project Review and Progress Report is not received as scheduled, your project will be terminated, and you must stop all research procedures, recruitment, enrollment, interventions, data collection, and data analysis. The IRB will not accept future research projects from you until research is current. In order to avoid a discontinuation of IRB approval and possible suspension of your research, the Research Project Review and Progress Report must be returned to the IRB office at least six weeks before the expiration date listed above. If your research, including data analysis, is completed before the expiration date, you must submit a Research Project Termination form to the IRB office so your file can be closed. The required forms are available on the IRB website.

If you have any questions or concerns, please feel free to call me at (701) 777-4279 or e-mail michelle.bowles@research.und.edu.

Sincerely,

Michelle L. Bowles, M.P.A., CIP
IRB Coordinator

MLB/jle

Enclosures

REPORT OF ACTION: EXEMPT/EXPEDITED REVIEW

University of North Dakota Institutional Review Board

Date: 1/20/2012 **Project Number:** IRB-201201-223

Principal Investigator: Link, Cody; Myklebust, Amanda

Department: Occupational Therapy

Project Title: An Occupational Therapy Community Wellness Program for Adult Clients Following a Traumatic Brain Injury

The above referenced project was reviewed by a designated member for the University's Institutional Review Board on January 25, 2012 and the following action was taken:

☑ Project approved. **Expedited Review** Category No. Seven (7)
Next scheduled review must be before: January 24, 2013

☑ **Copies of the attached consent form with the IRB approval stamp dated** January 25, 2012 **must be used in obtaining consent for this study.**

☐ Project approved. **Exempt Review** Category No. ______
This approval is valid until ______ as long as approved procedures are followed. No periodic review scheduled unless so stated in the Remarks Section.

☐ **Copies of the attached consent form with the IRB approval stamp dated** ______ **must be used in obtaining consent for this study.**

☐ Minor modifications required. The required corrections/additions must be submitted to RDC for review and approval. **This study may NOT be started UNTIL final IRB approval has been received.**

☐ Project approval **deferred. This study may not be started until final IRB approval has been received.** (See Remarks Section for further information.)

☐ Disapproved claim of exemption. This project requires Expedited or Full Board review. The Human Subjects Review Form must be filled out and submitted to the IRB for review.

☐ Proposed project is not human subject research and does not require IRB review.

☐ Not Research ☐ Not Human Subject

PLEASE NOTE: **Requested revisions for student proposals MUST include adviser's signature. All revisions MUST be highlighted.**

☒ Education Requirements Completed. (Project cannot be started until IRB education requirements are met.)

cc: Jan Stube, Ph.D, OTR/L

Signature of Designated IRB Member
UND's Institutional Review Board

Date

f the proposed project (clinical medical) is to be part of a research activity funded by a Federal Agency, a special assurance statement or a completed 310 Form may be required. Contact RDC to obtain the required documents.

(Revised 10/2006)

Appendix A

INFORMED CONSENT

TITLE:	*An Occupational Therapy Community Wellness Program for Adult Clients Following a Traumatic Brain Injury*
PROJECT DIRECTOR:	*Amanda Myklebust, MOTS & Cody Link, MOTS*
PHONE #	*701-777-2209*
DEPARTMENT:	*Occupational Therapy*

STATEMENT OF RESEARCH

A person who is to participate in the research must give his or her informed consent to such participation. This consent must be based on an understanding of the nature and risks of the research. This document provides information that is important for this understanding. Research projects include only subjects who choose to take part. Please take your time in making your decision as to whether to participate. If you have questions at any time, please ask.

WHAT IS THE PURPOSE

You are invited to participate in a focus group to gather insight into the needs of community dwelling individuals who are post-traumatic brain injury (TBI). This information will be used to aid in the development of an occupational therapy community-based outpatient wellness program guide. This research study is part of the University of North Dakota School of Medicine and Health Sciences requirements for students in the occupational therapy program.

RESEARCH PARTICIPANTS

One or two focus groups will be held at Sharon Lutheran Church in Grand Forks, ND. Participants will be members of a support group for individuals who have experienced a TBI.

HOW LONG WILL I BE IN THIS STUDY?

Your participation in the study will last approximately one hour. You will be asked to be present after the conclusion of the TBI support group at Sharon Lutheran Church in January, February, or March to participate. You will only need to participate in one focus group.

iiversity of North Dakota
stitutional Review Board
ıproved on JAN 25 2012
pires on JAN 24 2013

Date__________
Subject Initials: ________

WHAT WILL HAPPEN DURING THIS STUDY?

During the focus group you will be asked to answer questions related to your experiences with wellness following a TBI. You will be given an opportunity to participate in the discussion with your peers and the OT researchers. You are not required to answer questions and are free to skip questions without consequence. The OT researchers will record/audiotape the discussion and take handwritten notes.

WHAT ARE THE RISKS OF THE STUDY?

There may be mild risk from being in this study. You may feel mildly uncomfortable discussing your experiences following your TBI. However, such risks are not viewed as being in excess of minimal risk. There are no other foreseeable risks of participating in this study.

If you become upset by questions, you may stop participating in the focus group at any time or choose not to answer a question.

WHAT ARE THE BENEFITS OF THIS STUDY?

You may not benefit personally from being in this study. It is possible that you will benefit from additional discussion on health and wellness with your peers and OT researchers. However, we hope that, in the future, other people might benefit from this study through the development of a community-based wellness program for clients following a TBI.

WILL IT COST ME ANYTHING TO BE IN THIS STUDY?
You will not have any costs for being in this research study.

WILL I BE PAID FOR PARTICIPATING?
You will not be paid for being in this research study, however you will receive a token thank-you gift for your participation.

WHO IS FUNDING THE STUDY?

The University of North Dakota School of Medicine and Health Sciences and the research team are receiving no payments from other agencies, organizations, or companies to conduct this research study.

CONFIDENTIALITY

The records of this study will be kept private to the extent permitted by law. In any report about this study that might be published, you will not be identified. Your study record may be reviewed by Government agencies, and the University of North Dakota Institutional Review Board.

University of North Dakota
Institutional Review Board
Approved on JAN 25 2012
Expires on JAN 24 2013

Date________
Subject Initials:________

The researchers will take written notes of the sessions without using names, and the audiotapes will be transcribed by the researchers using no names. Transcribed data will be kept bound together and labeled by city and date only. There will be no storage of names on the transcribed date. Immediately after transcription of data is completed, original hand-written recorded notes and audiotapes will be destroyed by shredding by the researchers. In any written report of this study we will describe the study results in a summarized, grouped manner so that you cannot be identified individually.

IS THIS STUDY VOLUNTARY?

Your participation is voluntary. You may choose not to participate or you may discontinue your participation at any time without penalty or loss of benefits to which you are otherwise entitled. Your decision whether or not to participate will not affect your current or future relations with the University of North Dakota School of Medicine and Health Sciences.

CONTACTS AND QUESTIONS

The researchers conducting this study are Amanda Myklebust, MOTS and Cody Link, MOTS. They are supervised by their UND Occupational Therapy Department faculty advisor, Dr. Jan Stube. You may ask any questions you have now. If you later have questions or concerns about the research please contact Amanda Myklebust, MOTS, Cody Link, MOTS, or Dr. Jan Stube at 701-777- 2209 during the day.

If you have questions regarding your rights as a research subject, or if you have any concerns or complaints about the research, you may contact the University of North Dakota Institutional Review Board at (701) 777-4279. Please call this number if you cannot reach research staff, or you wish to talk with someone else.

Your signature indicates that this research study has been explained to you, that your questions have been answered, and that you agree to take part in this study. You will receive a copy of this form.

Subject's Name: ____

______________________________ ____________________

Signature of Subject Date

University of North Dakota
Institutional Review Board
Approved on JAN 25 2012
Expires on JAN 24 2013

Date__________
Subject Initials: ________

APPENDIX C

PERMISSION TO USE MATERIALS

From the Desk of
Ali Rood
arood@grandforksgov.com

City of Grand Forks

P. O. Box 5200 - Grand Forks, ND 58206-5200

Tele# (701) 746-8108
Fax # (701) 746-2582

February 22, 2012

Cody Link
110 State Street #19
Grand Forks, ND 58203

Dear Cody,

This letter gives you permission to use the Cities Area Transit paratransit application and rider's guide as part of your thesis project "An Occupational Therapy Community Wellness Program for Clients Following a Traumatic Brain Injury." If you have any questions or concerns, please contact our office at 701-746-8108.

Sincerely,

Ali Rood