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Proposed process: practice analysis, design & implementation of occupational therapy in community behavioral health hospitals (CBHH)

Jill Gill
University of North Dakota

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Proposed Process: Practice Analysis, Design & Implementation of Occupational Therapy In Community Behavioral Health Hospitals (CBHH)

by

Jill Gill, MOTS

Advisor: LaVonne Fox, OTR/L, PhD

A Scholarly Project
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

July 2008
Approval Page

This Scholarly Project Paper, submitted by Jill Gill 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.

[Signature]
Faculty Advisor

7-22-08
Date
Title: Proposed Process: Practice Analysis, Design & Implementation of Occupational Therapy In Community Behavioral Health Hospitals (CBHH)

Department: Occupational Therapy

Degree: Master's of Occupational Therapy

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ABSTRACT

The Minnesota Department of Human Services has adopted the Illness Management and Recovery (IMR) Program, developed by the Substance Abuse and Mental Health Services Administration. The IMR Program is an evidence-based and recovery focused model of intervention. The primary aim of the IMR Program is to empower consumers with severe mental illness (SMI) to manage their illness, find their own goals for recovery, and make informed decisions about their treatment by teaching them the necessary knowledge and skills to do so. The first Community Behavioral Health Hospital (CBHH), operated by the Minnesota Department of Human Services, was opened in 2006.

Within the Community Behavioral Health Hospitals the role and interventions of Occupational Therapy (OT) is being refined. Occupational Therapy has two primary roles in the provision of services at CBHH. Within both of these roles, clarity of the unique skills, programming, and assessment that OT can provide is not present.

An extensive review of the literature regarding the current OT programming and the IMR program reveals that there are no clear standards of practice for occupational therapists (OT) in the CBHH setting. The lack of clear OT theory-based practice standards in this setting can limit the understanding, integration, and application of occupational therapy services at CBHH. This results in the loss of
valuable insight and therapeutic approaches from occupational therapists for both their potential clients and healthcare colleagues. This can be problematic for not only the OT practitioners, but for OT’s colleagues and students as well.

The methods used to investigate and examine these issues included: professional journals, publications, and OT standards of practice and clinical guidelines. In addition, the author of this project has significant clinical experience in the practice area of psychosocial disabilities and intervention.

The proposed solution, to the problem defined above, was the development of the Practice Analysis, Design & Implementation of Occupational Therapy In Community Behavioral Health Hospitals (CBHH) programming process. This process was designed for occupational therapists that provide services at CBHH to use. The Model of Human Occupation (MOHO) Theory and the OT Practice Framework Professional Model guide this process. It is proposed that this process will strengthen the occupational therapy CBHH programming and assist current and future occupational therapists in the process of analyzing their practice to strengthen each intervention group that it has been assigned. In addition, it is believed that it will ensure that a more comprehensive program is designed, updated, and maintained to effectively meet patients’ needs and support recovery in the Community Behavioral Health Hospital at Alexandria, Minnesota utilizing the unique professional skills of the occupational therapist.
CHAPTER I
INTRODUCTION

The Minnesota Department of Human Services has adopted the Illness Management and Recovery (IMR) Program, developed by the Substance Abuse and Mental Health Services Administration. The IMR Program is an evidence-based and recovery focused model of intervention. The primary aim of the IMR Program is to empower consumers with severe mental illness (SMI) to manage their illness, find their own goals for recovery, and make informed decisions about their treatment by teaching them the necessary knowledge and skills to do so. The first Community Behavioral Health Hospital (CBHH), operated by the Minnesota Department of Human Services, was opened in 2006.

Within the Community Behavioral Health Hospitals the role and interventions of Occupational Therapy (OT) is being refined. An initial primary role was the provision and implementation of four assigned modules of the IMR Program to clients. A secondary role was the design and implementation of additional programming to meet the needs of the patients served who do not fit into the current parameters of the IMR Program. This secondary role provides occupational therapy practitioners with the opportunity to design occupational therapy specific modalities, which has yet to be fully developed. Clarity into the unique skills, programming, and assessment that OT can provide is also not present.
The literature review investigated the basic constructs of the IMR program, the current role of OT in regard to the four IMR psychoeducation modules to which OT has been assigned and supplemental OT groups in inpatient mental health settings. Based upon this information the focus then turned to identifying additional methods of intervention and professional perspectives that occupational therapy can use to contribute to the successful implementation of the IMR program. It was important to identify a theoretical framework and activities that could be effectively integrated into the IMR Program modules to make them more purposeful and occupation-based OT. The final purpose of the literature review was to identify appropriate assessments that are congruent with the theoretical bases of the IMR program as well as OT.

**Process Design**

The following process was designed to analyze each of the assigned OT IMR module activities as well as new/additional activities for the Engagement Track as well. The steps in the process are:

1. Each activity or intervention is analyzed by occupational therapists prior to implementation. The practice analysis will identify if the activity or intervention is preparatory, purposeful or occupation based.
2. Following the practice analysis, each activity is then assessed to see how and where it fits into one or more of the three elements; volition, habituation, and performance capacity of the MOHO theory.
3. The next step in the process is to identify how the activity fits into occupation and daily life activities via the Occupational Therapy Practice Framework Professional Model.
4. Utilize an assessment or screening that is congruent with MOHO to appropriately identify the occupational needs of clients.
5. In the future, assess the effectiveness of each client’s occupational therapy intervention via the development of an outcome process.
Theoretical Model

The Process is designed based on the Occupational Therapy (OT) Practice Framework Professional Model and the Model of Human Occupation Theory. The OT Practice Framework Professional Model offers “a context of occupation [which] enables more reflection through the ‘doing’ process, where the client may be more able to learn and to deal with issues, whether occupation related or not” (Whitcher and Tse, 2004, p. 367). The Model of Human Occupation (MOHO) Theory was chosen because it reflects a focus on occupation and provides a theoretical base that accompanies the OT Practice Framework. The MOHO Theory focus on interests, values, personal causation, and habits also are congruent with the principles of IMR. MOHO is designed for use with any individual who is experiencing problems in their occupational life and it is applicable across the life span.

Both the OT Practice Framework Professional Model and MOHO theory complement the Transtheoretical Model of Change and the Stress-vulnerability Model upon which the IMR Program is based. This ensures that the integrity of the IMR Program remains consistent. The use of the OT Practice Framework Professional Model and MOHO Theory provides an OT base and professional terminology to the design of the occupation-based activities, which can be effectively integrated into the IMR modules making them more OT occupation based.

Conclusion

The process and resultant manual was developed to provide both the current and future therapists with clear examples of how to implement and utilize this process to increase effectiveness of therapeutic interventions for clients at CBHH. It can also be
used to inform other healthcare professionals and students about the unique services OT provides within this setting. It is proposed that the integration of this project will contribute to the delivery of a more comprehensive program to meet patients’ needs and support recovery in the Community Behavioral Health Hospital at Alexandria, Minnesota utilizing the unique professional skills of the occupational therapist.

The scholarly project is presented in the following four chapters. Chapter II presents the review of professional literature regarding the: 1) basic constructs of the IMR program; 2) current role of OT in regard to the four IMR psychoeducation modules; 3) identify the current role of OT in regard to supplemental groups OT has been assigned to; 4) identification of additional methods of intervention and professional perspectives that occupational therapy can use to contribute to the successful implementation of the IMR program; 5) identification of a theoretical framework and activities that could be effectively integrated into the IMR Program modules to make them more purposeful and occupation based OT and; 6) identification of appropriate OT theory driven assessments that are congruent with the theoretical bases of the IMR program. Chapter III will present the methodology of how the information from the literature review and clinical experience was used to develop the Proposed Process: Practice Analysis, Design & Implementation of Occupational Therapy In Community Behavioral Health Hospitals (CBHH). Chapter IV presents the process in it entirety. Chapter V provides the conclusion, recommendations and limitations of the scholarly project.
CHAPTER II
LITERATURE REVIEW

Introduction

The Minnesota Department of Human Services has adopted and modified the Illness Management and Recovery (IMR) Program as developed by the Substance Abuse and Mental Health Services Administration (SAMHSA). The modification of the IMR program occurred in the delivery format for participants within an acute inpatient hospital setting. This program is an evidenced-based and recovery focused model of intervention designed for psychiatric rehabilitation practice. The Illness Management and Recovery Program is composed of ten specific modules:

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<thead>
<tr>
<th>Recovery strategies</th>
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<td>Drug and alcohol use</td>
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</table>

The primary aim of IMR is to empower consumers with severe mental illness (SMI) to manage their illness, find their own goals for recovery, and make informed decisions about their treatment by teaching them the necessary knowledge and skills to do so. “IMR involves a variety of interventions designed to help consumers improve their ability to overcome the debilitating effects of their illness on social and role
functioning (SAMHSA, 2003e, p.6). These interventions are presented in the following (SAMHSA, 2003e, p. 6):

The core evidence-based components of illness management are psychoeducation, behavioral tailoring for medication, relapse prevention training, and coping skills training.

1. Psychoeducation provides the basic information about the nature of specific psychiatric disorders and the principles of treatment.
2. Behavioral tailoring helps consumers manage daily medication regimes by teaching them strategies that make taking medication a part of their daily routine.
3. Relapse prevention training teaches consumers to identify triggers of past relapses and early warning signs of an impending relapse, and helps them develop plans for preventing relapse.
4. Coping skills training involves identifying people’s current coping strategies for dealing with persistent psychiatric symptoms and either increasing their use of these strategies or teaching new strategies.

To effectively teach these components and to ensure that knowledge is put into practice, practitioners use a variety of techniques including motivational, educational and cognitive-behavioral strategies. Throughout the IMR program, practitioners help people to set and achieve their personal goals.

The role of occupational therapy (OT) services, in the Community Behavioral Health Hospitals (CBHH), is two-fold. The first is to provide the following IMR psychoeducation modules: 1) Recovery Strategies; 2) Stress Vulnerability Model; 3) Building Social Support and; 4) Coping with Stress. The second is the design and implementation of supplemental OT groups for the clients in the Engagement track who are in the pre-contemplation and contemplation stages of change. This track focuses on building rapport, increasing self awareness and supporting readiness for change to prepare the clients for engagement in the IMR track.
The purposes of this scholarly project are to:

1. Analyze occupational therapy’s current IMR activities or interventions to assess the number that are preparatory, purposeful and occupation based.
2. Provide a framework for occupational therapy practitioners to define, develop, and strengthen occupational therapy specific services.
3. Expand therapeutic options for the integration of both purposeful and occupation-based OT interventions based upon the practice analysis and congruent with MOHO Theory. In addition, to identify how the activity fits into occupation and daily life activities via the Occupational Therapy Practice Framework Professional Model.
4. Identify assessments that meet the occupational needs of the client working within the context of the IMR program as well as the philosophy of occupational therapy.
5. Strengthen Occupational Therapy in CBH Programming to assist current and future occupational therapists in the process of analyzing their practice to strengthen each intervention group that OT has been assigned.
6. Ensure that a more comprehensive program is designed, updated, and maintained to effectively meet patients’ needs and support recovery in the Community Behavioral Health Hospital at Alexandria, Minnesota utilizing the unique professional skills of the occupational therapist.

It is proposed that the integration of this project will contribute to the delivery of a more comprehensive program to meet patients’ needs and support recovery in the Community Behavioral Health Hospital at Alexandria, Minnesota utilizing the unique professional skills of the occupational therapist. The implementation of this process will strengthen Occupational Therapy in CBH Programming to assist current and future occupational therapists in the process of analyzing their practice to strengthen each intervention group that OT has been assigned. In addition, it is believed that it will ensure that a more comprehensive program is designed, updated, and maintained to effectively meet patients’ needs and support recovery in the Community Behavioral Health Hospital at Alexandria, Minnesota utilizing the distinct professional skills of the occupational therapist.

A review of the literature was conducted to: 1) present the basic constructs of the IMR program; 2) present the current role of OT in regard to the four IMR
psychoeducation modules; 3) identify the current role of OT in regard to the OT supplemental groups in the Engagement Track; 4) identify additional methods of intervention and professional perspective that occupational therapy can contribute to the successful implementation of the IMR program; 5) identify a theoretical framework and activities that can be effectively integrated into these modules making them more purposeful and occupation based OT and; 6) identify appropriate OT driven assessments that are congruent with the theoretical bases of the IMR program as well as OT.

**Illness Management and Recovery (IMR) Program**

The Illness Management and Recovery (IMR) Program is an evidence-based program developed to be used to assist persons experiencing schizophrenia, bipolar disorder, or major depression “learn to manage their illnesses more effectively in the context of pursuing their personal goals” (Mueser, Meyer, Penn., Clancy, Clancy, & Salyers, 2006, p.S33). A multidisciplinary comprehensive treatment plan is developed focusing on the development of the overall long and short-term goals.

The IMR program was developed to incorporate approaches which research has proven to be helpful for persons with chronic mental illnesses to develop illness management strategies. These strategies include psychoeducation, cognitive-behavioral approaches, relapse prevention plan development, social skills training, and coping skills training. IMR is based upon two theoretical models; the transtheoretical and stress-vulnerability models.

**Transtheoretical Model of Change**

Prochaska and DiClemente’s Transtheoretical Model of Change is utilized to determine patient’s readiness for participation in the IMR program during their inpatient
treatment at a CBHH. Prochaska & DiClemente propose that change does not happen in one step but rather that people tend to move through different stages progressing toward successful change (Addiction Alternatives, n.d. ¶1). According to Tomlin and Richardson (2004), “the stages are a pathway that people take through change at their own pace and timing.” (p. 14).

The model consists of five distinct stages of change that are based upon people’s perceptions of current personal behavior and intentions for future changes in his or her behavior. Each person must decide for himself or herself when a stage is completed and when it is time to move on to the next stage. Moreover, this decision must come from the person, internal motivation versus external. Clients are referred to the CBHH Illness Management and Recovery groups based upon their current stage of change. The stages with a brief description are as follows:

1. Pre-Contemplation Stage: the person does not realize they have a problem, despite feedback from others around them.
2. Contemplation Stage: the person does acknowledge their behavior as problematic, however are ambivalent regarding change. When a person is functioning at pre-contemplation or contemplation levels, intervention centers on establishing rapport, increasing self-awareness and increasing motivation (Mueser et al., 2006; Tomlin & Richardson, 2004).
3. Preparation Stage: People have made the decision that change is necessary and are intending to take action in the immediate future, usually measured as the next month. They have typically taken some significant action in the past year. These individuals have a plan of action, such as joining a health education class, consulting a counselor, talking to their physician, buying a self-help book, or relying on a self-change approach.
4. Action Stage: The action stage encompasses the greatest level of behavioral change, as the person is implementing a plan for change. People have made specific overt modifications in their life-styles within the past six months. Since action is observable, behavior change often has been equated with action. The Action stage is also the stage where vigilance against relapse is critical.
5. Maintenance Stage: A person reaching the maintenance stage is comfortable with the change made and these new behaviors are integrated into routines and they use relapse prevention strategies to maintain the changes. Relapse is of concern when persons reach this stage of change.
Clients at the first two levels (pre-contemplation and contemplation), are not referred to the inpatient IMR program, rather they are offered other treatment activities based upon goals of increasing rapport, self-awareness and motivation through supplemental groups in the Engagement Track. The emphasis of IMR treatment and intervention at CBHH is on clients in stages three and four (preparation and action stages). These clients prioritize the IMR modules, thus indicating areas of greatest readiness for change, and IMR treatment proceeds. Clients at CBHH will rarely reach the maintenance stage of change because of the length of their hospitalization.

**Stress-Vulnerability Model**

The Stress-vulnerability Model is based upon the interaction between biological vulnerability, stress, and coping. “Biology plays a part in whether someone is vulnerable to developing a mental illness. Biological factors contribute to the chemical imbalance in the brain that scientists have associated with psychiatric symptoms.” (SAMHSA, 2003b, p.1). Mueser et al. identify that “IMR is aimed at interrupting the cycle of stress and vulnerability that leads to relapse and poor functioning” (2006, p. S33).

**Five Core Values of IMR**

There are five core values espoused by the Illness Management and Recovery Program. The first core value is hope. SAMSHA (2003g, p.13) identifies the ability of IMR to offer individuals hope for the future because “…individuals who actively participate in their treatment and who develop effective coping skills have the most favorable course and outcome, including a better quality of life.” The second core value is that the person is viewed as the expert in his or her own experience of mental illness and what has and has not been helpful. Personal choice is the third core value of IMR.
This is acted upon by providing the person information and skill building to make choices related to their own treatment. Collaboration between the practitioner and client in working towards his or her goals and learning to manage his or her illness is the fourth core value of IMR. The final core value is respect. SAMHSA (2003g, p. 14) identified “respect is a key ingredient for successful collaboration in Illness Management and Recovery.” This also includes the recognition that the person’s values may differ from those of the practitioner and they must work together to find common ground to address in recovery.

**Goals of IMR**

SAMHSA identifies the following goals of IMR (2003g, p.7):

- Instill hope that change is possible
- Develop a collaborative relationship with a treatment team
- Help people establish personally meaningful goals to strive towards
- Teach information about mental illness and treatment options
- Develop skills for reducing relapses, dealing with stress, and coping with symptoms
- Provide information about where to obtain needed resources
- Help people develop or enhance their natural supports for managing their illness and pursuing goals.

**Client Access**

In the Community Behavioral Health Hospitals, clients are referred to the daily IMR groups based upon their readiness when they are determined to be at the preparation or action stage of the stages of the change model. Modules emphasized during the client’s hospitalization will be those he/she indicated are priorities. Teaching strategies used in the IMR program include motivational strategies, educational methods, cognitive-behavioral techniques, and homework assignments.
Clients will work with mental health practitioners in the IMR Program at CBHH up to three times a day. In community treatment settings, the IMR Program consists of a series of weekly sessions with mental health practitioners. These practitioners are trained to help people who have experienced psychiatric symptoms to develop personal strategies for coping with mental illness and moving forward in their lives (SAMHSA, 2003g). The program can be provided in individual or group formats and generally lasts between 3 to 6 months in an outpatient setting. As stated prior, the Illness Management and Recovery Program is composed of ten specific modules which include:

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**Practitioner Qualifications**

Social work, occupational therapy, counseling, case management, nursing, and psychology clinician’s may provide the IMR program with training and supervision. IMR practitioner’s qualifications identified by SAMHSA (Practitioner Workbook, 2003) as important include empathy, knowledge about mental illness and treatment, listening skills, eye contact, and a sense of humor. Additionally, teaching skills, the ability to provide positive feedback for efforts and small successes, and to use shaping to work on personal goals are identified as important qualities for the practitioners.

**Occupational Therapy Role in IMR Program**
A review of the IMR program indicates that the majority of the activities provided are either preparatory or purposeful activities as defined from an occupational therapy perspective. Schell, Crepeau and Cohn (2003) define preparatory activities as being used to “facilitate performance by helping some part of the client’s body or mind perform more effectively in preparation for engaging in an activity” (p. 459). Rogers (2007, p. 1) simplified it by stating that a preparatory activity “helps prepare clients for purposeful and occupation-based activities such as standing in a frame to improve endurance for showering.”

Schell, Crepeau and Cohn also define purposeful activities as activities that are “selected because they are congruent with the person’s general interests and because they promote specific outcomes” (2003, p. 459). “Purposeful activity: Allows clients to engage in goal-directed behaviors or activities that are therapeutically designed and will lead to participation in occupation(s) (e.g. getting in and out of a clinic bathtub with a variety of grab bars” (Rogers, 2007, p. 1).

Occupational therapy services, in the Community Behavioral Health Hospitals, include implementing the four IMR psychoeducation modules identified previously. A brief description of each module is as follows:

1. Recovery Strategies Module: This module “introduces the concept of ‘recovery’ and encourages people to develop their own definitions of recovery and to develop personal strategies for taking steps towards recovery. In this module, practitioners help people to establish personally meaningful goals” (SAMHSA, 2003g, p. 38) which are focused on throughout the rest of the IMR program. This module is designed to be covered in two to four sessions.

2. Stress Vulnerability Module: This module focuses on what causes mental illness and what factors affect its course. It is based on the belief that knowledge about the causes and treatments for mental illness can help people make informed decisions and engage them actively in the treatment process. It is designed to be covered in two to four sessions (SAMHSA, 2003g, and p.52).
3. Building Social Support Module: “This module helps people evaluate their social supports, identify places where they might meet people and develop strategies for increasing closeness in personal relationships” (SAMHSA, 2003g, p. 58). This module is designed to be covered in two to four sessions.

4. Coping with Stress Module: “This module helps people to recognize the different types of stress and to identify the signs that they are under stress. It also provides a variety of strategies that people can use to cope with stress” (SAMHSA, 2003g, p. 78).

The practitioner guidelines for each module are currently organized with the following headings:

1. Introduction (to module)
2. Goals
3. Number and pacing of sessions
4. Structure of sessions
5. Strategies to be used in each session
   a. Motivational strategies
   b. Educational strategies
   c. Cognitive-behavioral strategies
6. Homework
7. Tips for common problems
8. Review Questions

In addition to these four modules, Occupational Therapists are responsible for the provision of supplemental groups in the Engagement track.

**Supplemental Groups/Engagement Track**

As previously stated, the second role of OT is the design and implementation of supplemental OT groups for the clients in the Engagement track who are in the pre-contemplation and contemplation stages. This track focuses on supporting readiness for change to prepare the clients for engagement in the IMR track. The number of these groups varies for each Community Behavioral Health Hospital in Minnesota. The CBHH - Alexandria offers five supplemental groups which include: a craft based group once a week; two general groups per week that includes topics on healthy living, leisure
exploration, relaxation, communication, assertiveness, or time management; and two sensory approaches and coping groups.

Need for OT Process

The IMR provides a step-by-step approach with ready-to-use materials for conducting the sessions. The IMR manual indicates that the materials have a recovery orientation and are user friendly both for practitioners and for persons who have experienced psychiatric symptoms. As a part of intervention, the occupational therapist would only need review the standard protocol for each module and choose which of the ready-to-use materials she or he would like to implement that session. So why may occupational therapists feel that something is missing or limited in the program?

It is not that the IMR program is not well written or that it does not provide valuable resources and ideas for program implementation because it is a very valuable resource. “Using relevant occupational based activities as intervention works because clients attach meaning to these occupational activities, which in turn help them develop or regain their identities” (Christensen, 1999, as quoted in Schell, Crepeau and Cohn, 2003, p. 459).

As stated prior, the purposes of this scholarly project are to:

1. Analyze occupational therapy’s current IMR activities or interventions to assess the number that are preparatory, purposeful and occupation based.
2. Provide a framework for occupational therapy practitioners to define, develop, and strengthen occupational therapy specific services.
3. Expand therapeutic options for the integration of both purposeful and occupation-based OT interventions based upon the practice analysis and congruent with MOHO Theory. In addition, to identify how the activity fits into occupation and daily life activities via the Occupational Therapy Practice Framework Professional Model.
4. Identify assessments that meet the occupational needs of the client working within the context of the IMR program as well as the philosophy of occupational therapy.
5. Strengthen Occupational Therapy in CBH Programming to assist current and future occupational therapists in the process of analyzing their practice to strengthen each intervention group that OT has been assigned.

6. Ensure that a more comprehensive program is designed, updated, and maintained to effectively meet patients’ needs and support recovery in the Community Behavioral Health Hospital at Alexandria, Minnesota utilizing the unique professional skills of the occupational therapist.

Proposed Process: Practice Analysis, Design & Implementation of Occupational Therapy In Community Behavioral Health Hospitals (CBHH)

Introduction

At Community Behavioral Health Hospital-Alexandria, occupational therapy services include implementing the four IMR psychoeducation modules as well as providing supplemental groups. The contribution is the profession’s unique ability to identify activities that will transition the current largely preparatory and purposeful activities to the next level of engagement. Mahaffey (2006) emphasizes the importance of theory stating, “Knowing how to apply a theoretical framework like MOHO allows practitioners to be very clear about what they provide to the clients and the facility, and sets up access to a body of evidence to back up that intervention philosophy” (p.15).

Therefore, the Occupational Therapy Practice Framework Professional Model was used as well as the Model of Human Occupation (MOHO) Theory in the design of the occupation-based activities and the process for integrating these activities in the current OT Program. Additionally, assessments based upon MOHO theory were identified to support OT IMR groups as well as the OT supplemental groups for the clients in the Engagement track who are in the pre-contemplation and contemplation stages.
Professional Model and Theory Base

*Occupational Therapy Practice Framework Professional Model:* The Occupational Therapy Practice Framework defines “occupational therapy’s unique focus on occupation and daily life activities and the application of an intervention process that facilitates engagement in occupation to support participation in life” (AOTA, 2002, p. 609). Whitcher and Tse conclude that “…a context of occupation enables more reflection through the ‘doing’ process, where the client may be more able to learn and to deal with issues, whether occupation related or not” (2004, p. 367).

The Model of Human Occupation (MOHO): MOHO was chosen because it reflects a focus on occupation and provides a theoretical base that accompanies the OT Practice Framework Professional Model. It provides a way to think about people’s occupational adaptation, motivation for adaptation, the routine patterns of occupations, the nature of skill performance, and the influence of environment on occupation (Kielhofner, Forsyth, Barrett, 2003, p. 212). MOHO Theory is designed for use with any individual who is experiencing problems in their occupational life and it is applicable across the life span. MOHO is based upon the following assumptions (Kielhofner, Forsyth, Barrett, 2003, p. 213):

1. Occupational Adaptation is dynamic and context dependent; meaning that all clients have the potential for change and to become more occupationally adaptive.
2. Occupation is essential to self-organization; meaning that the central mechanisms of change are what the client does, thinks and feels about his or her doing.
3. Occupational problems tend to be complex and deserve careful attention of a comprehensive theoretical approach and well-developed tools of intervention.
4. Practitioners must actively use theory as a way to understand clients and decide the course of intervention.
5. Intervention is client centered; the unique characteristics of the client should inform intervention and should be based on a collaborative approach with the client.

6. The human is composed of three elements; volition, habituation and performance capacity. Volition is the process by which persons are motivated toward and choose what they do and include; personal causation values and interests. Habituation is the process that people use to organize their actions into patterns and routines; habits and roles. Performance capacity refers both to a person’s underlying objective mental and physical abilities and to their lived experience that shapes his or her performance.

Both the OT Practice Framework Professional Model and MOHO Theory complement the Transtheoretical Model of Change and the Stress-vulnerability Model that the IMR Program is based upon. This ensures that the integrity of the IMR Program remains consistent. The use of the OT Practice Framework Professional Model and MOHO Theory provides an OT base and professional terminology to the design of the occupation-based activities, which can be effectively integrated into the IMR modules making them more OT occupation based.

**Process Description**

The outcome of this scholarly project is not a formal program since there is already an established IMR program at the CBHH in Alexandria, Minnesota. The outcome is the development of a framework and process upon which to build a strong OT program. The following process analyzed each of the assigned OT module activities as well as new or additional activities for the Engagement Track as well. The process to continue to build and strengthen the OT program is identified in the following steps:

1. Each activity or intervention is analyzed by occupational therapists prior to implementation. The practice analysis will identify if the activity or intervention is preparatory, purposeful or occupation based.

2. Following the practice analysis, each activity is then assessed to see how and where it fits into one or more of the three elements; volition, habituation, and performance capacity of the MOHO theory.
3. The next step is to identify how the activity fits into occupation and daily life activities via the Occupational Therapy Practice Framework Professional Model.

4. Utilize an assessment or screening that is congruent with MOHO to appropriately identify the occupational needs of clients.

5. In the future, assess the effectiveness of each client’s occupational therapy intervention via the development of an outcome process.

As stated prior, the four IMR modules that are addressed in this process include: Recovery Strategies Module, Stress Vulnerability Module, Building Social Support Module, and the Coping with Stress Module. The activities within each module have been analyzed to identify if the activity is preparatory, purposeful, or occupation-based. Preparatory and purposeful were defined prior on page 13. Occupation-based is defined as to “allow clients to engage in valued occupations in their own context (e.g., bathing or showering in their own home with adaptive equipment)” (Rogers, 2007, p. 1). The AOTA OT Practice Framework Professional Model states that occupation-based interventions, “allows clients to engage in actual occupations that are part of their own context and that match their goals” (AOTA, 2002, p. 628).

Conclusion

The occupation-based functional activities provided in the product of this scholarly project are designed to complement the motivational, educational, and cognitive-behavioral strategies already identified in the Illness Management and Recovery Workbook as a part of the IMR sessions. In addition, many of the activities developed may be offered in the supplemental OT groups for the Engagement Track. These activities are congruent with the IMR process, MOHO theory, and the Occupational Therapy Practice Framework Professional Model. The development of these activities is a direct result of The Proposed Process: Practice Analysis, Design & Implementation of Occupational Therapy In Community Behavioral Health Hospitals
This is important as Eaton notes, “remaining focused on occupational performance is essential if occupational therapists are to retain their uniqueness” (2002, p. 325). The design of additional activities will strengthen each module that OT has been assigned. This will contribute to the delivery of a more comprehensive program to meet patients’ needs and support recovery in the Community Behavioral Health Hospital at Alexandria, Minnesota utilizing the unique professional skills of the occupational therapist.

The methodology of the design of the activities and process is presented in its entirety in Chapter III. Based upon the OT Practice Framework Professional Model and MOHO Theory, four appropriate assessments were identified and recommended. These assessments include: 1) the Model of Human Occupation Screening Tool (MOHOST); 2) the Occupational Circumstances Assessment Interview and Rating Scale (OCAIRS); 3) the Occupational Self Assessment (OSA); and 4) the Interest Checklist. These assessments are presented in detail in Chapter 4.
CHAPTER III
METHODOLOGY

The Proposed Process: Practice Analysis, Design & Implementation of Occupational Therapy In Community Behavioral Health Hospitals (CBHH), is designed for use by occupational therapists that provide services at CBHH. Within the Community Behavioral Health Hospitals the role and interventions of Occupational Therapy (OT) is being refined to develop a more comprehensive program to meet clients' needs and support recovery utilizing the specialized professional skills of the occupational therapist.

Initially, current OT roles were reviewed. These were found to include a primary role in facilitating four assigned modules of the IMR Program to clients. These four modules are: 1) Recovery Strategies; 2) Stress Vulnerability Model; 3) Building Social Support and; 4) Coping with Stress. A secondary role is the design and implementation of additional programming to meet the needs of the patients served who do not fit into the parameters of the IMR Program. This secondary role provides occupational therapy practitioners with the opportunity to design occupational therapy specific modalities, which have yet to be completely developed. The need for clarity in OT role and service provision led to the exploration as what could be done to define and improve occupational therapy programming at CBHH-Alexandria, Minnesota.

The literature review began with the IMR program. The IMR Implementation Resource Kit and related documents developed to supplement the IMR program were reviewed as well as information on the SAMSHA website. This review focused
primarily on the four modules assigned to OT which include: 1) Recovery Strategies; 2) Stress Vulnerability Model; 3) Building Social Support and; 4) Coping with Stress. Each of the activities within each module was analyzed based on the information compiled from the literature review. The analysis is described in more detail on page 24, following the discussion of the other methods that occurred prior to the analysis.

The next step was to identify OT frames of references and or theories that would complement the theoretical base of the IMR program while making sure that the OT aspects become more purposeful and occupation based. A review of OT literature regarding frames of references and theories was conducted. Several theories were applicable but the final decision was the Model of Human Occupational Theory (MOHO). The Model of Human Occupation (MOHO) Theory was chosen because it reflects a focus on occupation and provides a theoretical base that accompanies the OT Practice Framework. MOHO is designed for use with any individual who is experiencing problems in their occupational life and it is applicable across the life span. In addition, the review of literature identified another complementary model, the OT Practice Framework Professional Model. The use of the OT Practice Framework Professional Model and MOHO Theory provides an OT base and professional terminology to the design of the occupation-based activities. This can be effectively integrated into the IMR modules, related programming, and documentation, serving to strengthen OT services.

Based upon the information obtained, the focus then turned to identifying additional methods of intervention and professional perspectives that occupational therapy can use to contribute to the successful implementation of the IMR program. A review of occupational therapy literature identified a need for OT to strengthen our focus
on outcomes, evidence-based practice, and greater integration of occupation-based interventions. The identification of terminology: preparatory, purposeful, and occupation-based became significant and applicable to the process that was being designed.

The final step in the literature review was to identify appropriate OT driven assessments that are congruent with the theoretical bases of the IMR program as well as OT. A review of MOHO assessments was completed analyzing the format, purpose, and population for which the assessment was developed. Based upon this analysis, four assessments were identified as appropriate tools to use in CBHH occupational therapy services. These include: 1) the Model of Human Occupation Screening Tool (MOHOST); 2) the Occupational Circumstances Assessment Interview and Rating Scale (OCAIRS); 3) the Occupational Self Assessment (OSA); and 4) the Interest Checklist. These provide a range of assessment tools, which may be chosen, based upon the client’s current level of functioning. These client-centered assessments gather information relevant to volition, personal causation, stage of change, occupational performance, and priorities for treatment.

Based on the information solicited from the literature review the following process steps occurred.

1. Each of the assigned OT module activities underwent a practice analysis to identify if the activity or intervention was preparatory, purposeful or occupation based.
2. Each of the new /additional activities for the Engagement Track underwent a practice analysis to identify if the activity or intervention was preparatory, purposeful, or occupation-based.
3. Following the practice analysis, each activity was then assessed to see how and where it fits into one or more of the three elements; volition, habituation, and performance capacity of the MOHO theory.
4. The next step was to identify how the activity fits into occupation and daily life activities and addresses performance skills via the Occupational Therapy Practice Framework Professional Model.

The first step consisted of conducting a practice analysis of current activities in the IMR modules facilitated by OT. The practice analysis format/process is designed by Rogers (2007) as a method to analyze one’s own practice to help clarify how all components of the OT’s practice reflect an emphasis on occupation based interventions. The process begins with listing the repertoire of treatment interventions provided and then identify if each intervention if preparatory, purposeful, or occupation-based. The occupational therapist then reviews the information to identify the percentage of interventions that fall into these three categories. The next question asked is if the OT specifically asks about the needs, wants, and expectations of their clients and if not, how they could incorporate more of this into their practice. The last area of the practice analysis is to describe two issues that limit the OT’s ability to use occupation-based interventions and then to develop two strategies to minimize these barriers. In addition to analyzing the IMR modules, potential activities were also analyzed for possible incorporation into the IMR or Engagement tracks. The results of this analysis are presented in the Appendix.

Based upon the comprehensive literature review the Proposed Process: Practice Analysis, Design & Implementation of Occupational Therapy In Community Behavioral Health Hospitals (CBHH) was developed based on the MOHO Theory and OT Practice Framework Professional Model. This project supports OT’s role in refining and strengthening occupational therapy services in the CBHH. This process model is presented in its entirety in Chapter IV.
CHAPTER IV

PRODUCT

The purpose of the Proposed Process: Practice Analysis, Design & Implementation of Occupational Therapy In Community Behavioral Health Hospitals (CBHH) is to provide the current and future therapists with clear standards of practice for integrating the role of OT into the CBHH services. In addition, the implementation and utilization of this process will increase the effectiveness of therapeutic interventions for clients. It can also be used to inform other healthcare professionals and students about the unique services OT provides within this setting.

The process and resultant manual is presented in its entirety in the product section of this chapter. It is important to note that the outcome of this scholarly project is not a formal program since the Illness Management and Recovery Program is already established at CBHH in Alexandria, Minnesota. It is a process that can be utilized in any OT setting, which is clearly evident.

The outcome of this project is the development of an OT framework and OT process upon which to build stronger OT programming. This will contribute to the delivery of a more comprehensive program to meet patients’ needs and support recovery in the Community Behavioral Health Hospital at Alexandria, Minnesota utilizing the unique professional skills of the occupational therapist. The process manual presents an introduction to the design of the process as well as the theoretical base that supports it.
Theoretical Framework

The Occupational Therapy Practice Framework Professional Model conveys "occupational therapy’s unique focus on occupation and daily life activities and the application of an intervention process that facilitates engagement in occupation to support participation in life" (AOTA, 2002, p. 609). In addition, the OT Practice Framework Professional Model offers clear definitions of preparatory, purposeful, and occupation-based interventions along with process skills utilized in the activity analysis framework included in the process developed as a result of this scholarly project.

The Model of Human Occupation (MOHO) Theory was chosen because it reflects a focus on occupation and provides a theoretical base that accompanies the OT Practice Framework Professional Model. MOHO Theory is designed for use with any individual who is experiencing problems in their occupational life and it is applicable across the life span. MOHO Theory is based upon the following assumptions (Kielhofner, Forsyth, Barrett, 2003, p. 213):

1. Occupational Adaptation is dynamic and context dependent; meaning that all clients have the potential for change and to become more occupationally adaptive.
2. Occupation is essential to self-organization; meaning that the central mechanisms of change are what the client does, thinks and feels about his or her doing.
3. Occupational problems tend to be complex and deserve careful attention of a comprehensive theoretical approach and well-developed tools of intervention.
4. Practitioners must actively use theory as a way to understand clients and decide the course of intervention.
5. Intervention is client centered, the unique characteristics of the client should inform intervention and should be based on a collaborative approach with the client.
6. The human is composed of three elements; volition, habituation and performance capacity. Volition is the process by which persons are motivated toward and choose what they do and include; personal causation values and interests. Habituation is the process that people use to organize their actions into patterns and routines; habits and roles. Performance capacity refers both
to a person’s underlying objective mental and physical abilities and to their lived experience that shapes his or her performance.

Both the OT Practice Framework Professional Model and MOHO Theory complement the Transtheoretical Model of Change and the Stress-vulnerability Model that the IMR Program is based upon. This ensures that the integrity of the IMR Program remains. The use of the OT Practice Framework Professional Model and MOHO Theory provides an OT base and professional terminology to the design of the occupation-based activities, which can be effectively integrated into the IMR modules making them more OT occupation based.

*The Practice Analysis, Design & Implementation of Occupational Therapy In Community Behavioral Health Hospitals (CBHH)*

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II. MOHO Theory and Practice Framework
III. Therapeutic Options: Preparatory and Ice Breakers
IV. Therapeutic Options: Purposeful Activities
V. Therapeutic Options: Occupation-based Kits
VI. Assessment
VII. Resources
VIII. References
Proposed Process: Practice Analysis, Design & Implementation of Occupational Therapy In Community Behavioral Health Hospitals (CBHH)

Jill Gill, MOTR/L
July 2008
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Introduction
Background Information

The role of occupational therapy (OT) services, in the Community Behavioral Health Hospitals, is two-fold. The first is to provide the following IMR psychoeducation modules: 1) Recovery Strategies; 2) Stress Vulnerability Model; 3) Building Social Support and; 4) Coping with Stress. The second is the design and implementation of OT supplemental groups for the clients in the Engagement track who are in the pre-contemplation and contemplation stages. This track focuses on establishing trust and rapport, building self awareness, and supporting readiness for change to prepare the clients for engagement in the IMR track.

A review of the IMR indicates that the majority of the activities provided are either preparatory or purposeful activities as defined from an occupational therapy perspective. Schell, Crepeau and Cohn (2003) define preparatory activities as being used to “facilitate performance by helping some part of the client’s body or mind perform more effectively in preparation for engaging in an activity” (p. 459). Rogers (2007, p. 1) simplified it stating that it; “helps prepare clients for purposeful and occupation-based activities such as standing in a frame to improve endurance for showering.”

Schell, Crepeau and Cohn define purposeful activities as activities that are “selected because they are congruent with the person’s general interests and because they promote specific outcomes” (2003, p. 459). “Purposeful activities allows clients to engage in goal-directed activities or activities that are therapeutically designed and will lead to participation in occupation(s) such as getting in and out of a clinic bathtub with a variety of grab bars” (Rogers, 2007, p. 1).

Purpose & Design

The activities provided in the product are designed to complement the motivational, educational, and cognitive-behavioral strategies already identified in the Illness Management and Recovery Workbook as a part of the IMR sessions. This is important as Eaton notes, “remaining focused on occupational performance is essential if occupational
therapists are to retain their uniqueness" (2002, p. 325). The purposes of this project are to:

1. Provide a framework for occupational therapy practitioners to define, develop, and strengthen occupational therapy specific services.
2. Analyze occupational therapy's current activities or interventions to assess the number that are preparatory, purposeful and occupation based.
3. Expand therapeutic options for the integration of both purposeful and occupational based OT interventions.
4. Identify assessments that meet the occupational needs of the client working within the context of the IMR program as well as the philosophy of occupational therapy.
5. Strengthen Occupational Therapy in CBHH Programming to assist current and future occupational therapists in the process of analyzing their practice to strengthen each intervention group that OT has been assigned.
6. Ensure that a more comprehensive program is designed, updated, and maintained to effectively meet patients’ needs and support recovery in the Community Behavioral Health Hospital at Alexandria, Minnesota utilizing the unique professional skills of the occupational therapist.

This process and resultant manual was developed to provide the current and future therapists with clear examples of how to implement and utilize this process to increase effectiveness of therapeutic interventions for clients. It can also be used to inform other healthcare professionals and students about the unique services OT provides within this setting.

It is proposed that the integration of this project will contribute to the delivery of a more comprehensive program to meet patients’ needs and support recovery in the Community Behavioral Health Hospital at Alexandria, Minnesota utilizing the unique professional skills of the occupational therapist.

**Process**

The outcome of this project is not a formal program since the programming at the CBHH in Alexandria, Minnesota is already based upon the evidence-based Illness Management and Recovery Program. The outcome is the development of an OT framework and OT process upon which to clarify and strengthen the unique contributions and skills of the occupational therapists and OT programming. The following process
analyzed each of the assigned OT module activities as well as new/additional activities for the supplemental groups and the Engagement Track as well. The process to continue to build and strengthen the OT program is identified in the following steps:

1. Each activity or intervention is analyzed by occupational therapists prior to implementation. The practice analysis will identify if the activity or intervention is preparatory, purposeful or occupation based.
2. Following the practice analysis, each activity is then assessed to see how and where it fits into one or more of the three elements; volition, habituation, and performance capacity of the MOHO theory.
3. The next step is to identify how the activity fits into occupation and daily life activities via the Occupational Therapy Practice Framework Professional Model.
4. Utilize an assessment or screening that is congruent with MOHO to appropriately identify the occupational needs of clients.
5. In the future, assess the effectiveness of each client’s occupational therapy intervention via the development of an outcome process.

As stated prior, the four IMR modules that are addressed in this process include: Recovery Strategies Module, Stress Vulnerability Module, Building Social Support Module, and the Coping with Stress Module. The activities within each module have been analyzed to identify if the activity is preparatory, purposeful, or occupation-based. Additional activities have also been developed using the practice analysis and incorporating the OT framework Practice Model and MOHO Theory.

Purposeful activities are “selected because they are congruent with the person’s general interests and because they promote specific outcomes” (Schell, Crepeau and Cohn, 2003, p. 459). Occupation based activities “allows clients to engage in valued occupations in their own context such as bathing or showering in their own home with adaptive equipment” (Rogers, 2007) or going out to a restaurant versus just practicing. If a module has minimal to no occupation-based activities and heavily relies on preparatory or purposeful activities, the goal was to design several occupation-based activities to bring the client to the next level in the application of new knowledge. If the module does not have the purposeful activities to support the occupation-based, then the purposeful activities were also designed. These activities are based on the areas of occupation identified within the OT Practice Framework Model as well as the three elements in MOHO; volition, habituation and performance capacity. Based upon the
framework and MOHO theory, several appropriate assessments were identified and recommended.

**Organization (how to use)**

Although this is a “process” it is important to remember that this process started with the practice analysis of the current activities utilized in OT as well as those being considered. This manual contains the results of the practice analysis; the application of MOHO to each of the activities, and the identification of its relevance to occupation and daily activities. The following outlines how OTs can use this manual to supplement and strengthen their practice in their individual Community Behavioral Health Hospitals:

**Activities**

There are four sections as a result of the current practice analysis conducted for this project: Preparatory Therapeutic Options, Purposeful Therapeutic Options, Occupation-based Therapeutic Options, and Occupation-based Kits. Choose an activity related to the IMR module that meets the client’s current needs. Many of these activities are also applicable to your clients in the Engagement Track as well.

In each section, you will find an introduction to that section and various occupational therapy activities for an occupational therapists use. Each activity offers information which may be used in documenting interventions to address volition, habituation, performance capacity, and/or environment. This also may strengthen current OT IMR programming through incorporating OT theory and language into practice.

Each activity is organized in the following sections:

1. Title
2. Related IMR Module (if appropriate)
3. Focus of Activity
4. Volition: Interests, Values and Personal Causation
5. Habits: Outcomes
6. Performance Capacity
7. Environment: Social and Physical
8. Activity
   a. Time needed
   b. Directions
   c. Discussion Questions
   d. Wrap up
   e. Adaptations
The OT may also add analysis of additional preparatory, purposeful, or occupation-based activities to current activities. This includes initial analysis and definition of the type of activity, application of MOHO and OT Practice Framework concepts. Each activity section provides an outline, which may be used to develop an activity for incorporation into OT IMR and/or engagement sessions. This includes consideration of volition, habituation, and performance capacity, and identification of skills from the OT Practice Framework and consideration of how the activity fits into occupation and daily activities of the patient.

Assessments

The following OT driven assessments are congruent with the theoretical bases of the IMR program as well as OT. A review of MOHO assessments was completed analyzing the format, purpose, and population for which the assessment was developed. Based upon this analysis, four assessments were identified as appropriate tools to use in CBHH occupational therapy services. These include:

1. The Model of Human Occupation Screening Tool (MOHOST);
2. The Occupational Circumstances Assessment Interview and Rating Scale (OCAIRS);
3. The Occupational Self Assessment (OSA); and
4. The Interest Checklist.

These provide a range of assessment tools, which may be chosen, based upon the client’s current level of functioning. These client-centered assessments gather information relevant to volition, personal causation, stage of change, and occupational
performance, and priorities for treatment. Assessments are discussed in much more detail beginning on page 113.
MOHO Theory and Practice Framework
Model and Framework Defined

**Occupational Therapy Practice Framework Professional Model:** The Occupational Therapy Practice Framework defines “occupational therapy’s unique focus on occupation and daily life activities and the application of an intervention process that facilitates engagement in occupation to support participation in life” (AOTA, 2002, p. 609). Whitcher and Tse conclude that “…a context of occupation enables more reflection through the ‘doing’ process, where the client may be more able to learn and to deal with issues, whether occupation related or not” (2004, p. 367).

**The Model of Human Occupation (MOHO):** MOHO is chosen because it reflects a focus on occupation and provides a theoretical base that accompanies the OT Practice Framework. It provides a way to think about people’s occupational adaptation, motivation for adaptation, the routine patterns of occupations, the nature of skill performance, and the influence of environment on occupation (Kielhofner, Forsyth, Barrett, 2003, P. 212). MOHO is designed for use with any individual who is experiencing problems in their occupational life and it is applicable across the life span. MOHO is based upon the following assumptions (Kielhofner, Forsyth, Barrett, 2003, P. 213):

1. Occupational Adaptation is dynamic and context dependent; meaning that all clients have the potential for change and to become more occupationally adaptive.
2. Occupation is essential to self-organization; meaning that the central mechanisms of change are what the client does, thinks and feels about his or her doing.
3. Occupational problems tend to be complex and deserve careful attention of a comprehensive theoretical approach and well-developed tools of intervention.
4. Practitioners must actively use theory as a way to understand clients and decide the course of intervention.
5. Intervention is client centered; the unique characteristics of the client should inform intervention and should be based on a collaborative approach with the client.
6. The human is composed of three elements; volition, habituation and performance capacity. Volition is the process by which persons are motivated toward and choose what they do and include; personal causation values and interests. Habituation is the process that people use to organize their actions into patterns and routines; habits and roles. Performance capacity refers both
to a person’s underlying objective mental and physical abilities and to their lived experience that shapes his or her performance.

**How to Apply MOHO Theory and the OT Practice Framework Professional Model**

Both the OT Practice Framework Professional Model and MOHO Theory complement the Transtheoretical Model of Change and the Stress-vulnerability Model upon which the IMR Program is based. This ensures that the integrity of the IMR Program remains consistent. The use of the OT Practice Framework Professional Model and MOHO Theory provides an OT base and professional terminology to the design of the occupation-based activities, which can be effectively integrated into the IMR modules making them more OT occupation based.

**OT IMR Practice Analysis**

The following table is an analysis of the IMR modules that are assigned to occupational therapy. The analysis identified whether activities included in the IMR Program modules are preparatory, purposeful, or occupation-based. The purpose of this analysis was to assess the progression of activities, within each module, to ensure that adequate numbers of purposeful and occupation-based activities are available for those clients who are able to progress to engage or re-engage in their valued occupations. Areas where activities are missing or limited will be strengthened by the development of additional activities OT can use to grade the clients opportunities and experiences in order to successfully engage in occupations. This is an easy process and excellent to do with any activity that an occupational therapist is considering adding to their professional practice repertoire.
OT IMR Practice Analysis

| IMR Module Activity | Preparatory: purpose is to prepare the client for occupational performance. Used in preparation for purposeful and occupation-based activities. | Purposeful: Purpose is to allow the client to engage in goal-directed behaviors or activities within a therapeutically designed context that lead to an occupation or occupations. | Occupation-based: purpose is to allow clients to engage in actual occupations that are part of their own context and that match their goals such as bathing or showering in their own home with adaptive equipment" (Rogers, 2007, p. 1). |

Recovery Strategies Module
This module introduces the concept of recovery and encourages people to develop their own definitions of recovery and to develop personal strategies for taking steps towards recover. In this module, practitioners help people to establish personally meaningful goals (IMR Manual, 2003 draft, p. 38) which are focused on throughout the rest of the IMR program. This module (Handouts 1-4) was designed to be covered in 2-4 sessions.

| Handout 1: Identify personal benefits of recovery. Evaluate advantages & disadvantages of status quo and change. | X |  |
| Handout 2: Strategies for Recovery | X |  |
| Handout 3: Satisfaction with Areas in Life |  | X |
| Handout 4: Goal Setting, Strategies, Problem-solving, goal achievement |  | X |
| Handout 5: Worksheet: Reminders, guidelines, and strategies for recovery |  | X |

Stress Vulnerability Module
This module focuses on what causes mental illness and what factors affect its course. It is based on the belief that knowledge about the causes and treatments for mental illness can help people make informed decisions and engage them actively in the treatment process. This module (Handouts 1-6) was designed to be covered in 2-4 sessions.

<p>| Handout 1: Educational regarding psychiatric disorders and related factors. Psychiatric symptoms, biological factors | X |  |</p>
<table>
<thead>
<tr>
<th>Handout 2: Stress Factors in M.I.</th>
<th>X</th>
<th>Preparatory: purpose is to prepare the client for occupational performance. Used in preparation for purposeful and occupation-based activities.</th>
<th>Purposeful: Purpose is to allow the client to engage in goal-directed behaviors or activities within a therapeutically designed context that lead to an occupation or occupations.</th>
<th>Occupation-based: purpose is to allow clients to engage in actual occupations that are part of their own context and that match their goals.</th>
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</thead>
</table>

**Stress Vulnerability Module - continued**

<table>
<thead>
<tr>
<th>Handout 3: Goals of Treatment: reducing biological vulnerability, stress</th>
<th>X</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Handout 4: Reducing Stress Checklist</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Handout 5: Coping with Stress and Coping with Stress Checklist</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Handout 6: Treatment Options</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Building Social Support Module**

This module helps people evaluate their social supports, identify places where they might meet people and develop strategies for increasing closeness in personal relationships (IMR Manual, 2003 Draft, p. 58). This module (Handouts 1-7) was designed to be covered in 2-4 sessions.

<table>
<thead>
<tr>
<th>Handout 1: What Does Social Support Mean to You?</th>
<th>X</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Handout 2: How to Increase Social Support in Your Life</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Handout 3: Places to meet people checklist</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Handout 4: Tips &amp; Strategies for Starting Conversations and worksheet</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Handout 5: Things You can Say to Increase Closeness &amp; Develop Closer Relationships with worksheet</td>
<td></td>
<td>X</td>
<td>X – if participants give specific real life examples</td>
</tr>
<tr>
<td>Handout 6: Levels of Disclosure</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Handout 7: Examples of social support</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
**IMR Module Activity**

| Preparatory: purpose is to prepare the client for occupational performance. Used in preparation for purposeful and occupation-based activities. | Purposeful: Purpose is to allow the client to engage in goal-directed behaviors or activities within a therapeutically designed context that lead to an occupation or occupations. | Occupation-based: purpose is to allow clients to engage in actual occupations that are part of their own context and that match their goals. |

**Coping With Stress Module**

This module helps people to recognize the different types of stress and to identify the signs that they are under stress. It also provides a variety of strategies that people can use to cope with stress (IMR Manual, 2003 Draft, p. 78). This module (Handouts 1-8) was designed to be covered in

<table>
<thead>
<tr>
<th>Handout 1: What is Stress? What is it like when you experience stress?</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handout 2: Why is Stress Relevant to Mental Illness? Life Events Checklist</td>
<td>X</td>
</tr>
<tr>
<td>Handout 3: Daily Hassles Checklist</td>
<td>X</td>
</tr>
<tr>
<td>Handout 4: Signs you are under Stress</td>
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<td>Handout 5: How can you Prevent Stress? Strategies checklist.</td>
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<tr>
<td>Handout 6: How can you cope with stress effectively &amp; Strategies checklist</td>
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<tr>
<td>Handout 7: How to Develop a Plan for Coping with Stress and Individual Plan for coping with stress</td>
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<tr>
<td>Handout 8: Relaxation Techniques</td>
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</table>
Therapeutic Options: Preparatory, Ice Breakers and Warm ups
Definition

Schell, Crepeau and Cohn (2003) define preparatory activities as being used to “facilitate performance by helping some part of the client’s body or mind perform more effectively in preparation for engaging in an activity” (p. 459). Rogers (2007, p. 1) simplified it stating, “helps prepare clients for purposeful and occupation-based activities such as standing in a frame to improve endurance for showering.”

Activities

There will be minimal preparatory activities since the focus is on expanding the activities that are purposeful and occupation-based. It is important to have a few strong preparatory activities available to meet the needs of those clients who are not able to function, yet, at a higher level.

To determine preparatory activities, each activity will be assessed to see if there is a pre-step needed for clients, often this is addressed via the adaptations identified within each activity described.
Related IMR Module:
Type of Activity: **Preparatory**

**Focus of Activity**

**Volition: Interests, Values, and Personal Causation**

Objectives:
1. 
2. 

**Habits**

Outcomes/comprehensive treatment plan goals/objectives:
1. 
2. 

**Performance Capacity**

Skills Addressed: Refer to *Occupational Therapy Practice Framework: Domain and process*, pp. 621-622.

<table>
<thead>
<tr>
<th>Motor Skills</th>
<th>Posture</th>
<th>Mobility</th>
<th>Coordination</th>
<th>Strength and effort</th>
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<td>Organizing space and objects</td>
<td>Adaptation</td>
</tr>
<tr>
<td>Communication/Interaction Skills</td>
<td>Physicality</td>
<td>Information exchange</td>
<td>Relations</td>
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</table>

**Environment**

Social Environment
Physical Environment
Materials Needed:

•
•

Space Needed:

Activity
Time needed: ____ minutes
Directions:

Discussion Questions:
1. 
2. 
3. 

Wrap Up:

Adaptations:
Balloon Juggle

Related IMR Module: Stress Vulnerability Model
Building Social Support
Coping with Stress

Type of Activity: Preparatory

Focus of Activity
Personal impact stress plays on worsening symptoms
Importance of social supports
Personal Signs of stress

Volition: Interests, Values, and Personal Causation

Objectives:
1. Clients will increase awareness of personal effects of stress
2. Clients will identify aspects of social support they can use to manage stress
3. Clients will identify symptoms/signs of stress noted during activity

Habits
Outcomes/comprehensive treatment plan goals/objectives:
- Client will identify 2 people in their support system
- Client will identify at least 3 current stressors that impact their wellness.

Performance Capacity
Skills Addressed:

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<td>Knowledge</td>
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<td>Coordination</td>
<td>Temporal organization</td>
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<tr>
<td>Strength and effort</td>
<td>Initiates, continues, terminates</td>
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<tr>
<td>Energy</td>
<td>Organizing space and objects</td>
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<td>Adaptation</td>
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<th>Communication/Interaction Skills</th>
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<td>Contacts, gazes, maneuvers, orients, postures</td>
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<tr>
<td>Reaches, bends</td>
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<td>Coordinates, manipulates, flows</td>
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<td>Transports, lifts, calibrates, grips</td>
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<td>Endures, paces</td>
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<td>Paces, attends</td>
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<td>Heeds, inquires</td>
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<td>Initiates, continues, terminates</td>
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<td>Navigates</td>
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<td>Notices/responds, accommodates, adjusts, benefits</td>
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<td>Contacts, gazes, maneuvers, orients, postures</td>
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</table>
**Communication/Interaction Skills**

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<th>Information exchange</th>
<th>asserts, asks, engages, expresses, modulates, shares, speaks, sustains</th>
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<tbody>
<tr>
<td>Relations</td>
<td>Collaborates, conforms, focuses, relates, respects</td>
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</table>

**Environment**

**Social Environment**
This activity is best suited for use in a group.

**Physical Environment**

**Materials Needed:**
- Balloons
- Markers

**Space Needed:**
A large open area

**Activity**

**Time needed:** 5 – 10 minutes

**Directions:** Each participant blows up a balloon then writes a current stressor on the balloon. All participants then tap their balloon to keep it up in the air. Stop and ask for a volunteer. Add balloon “stressors” one by one which the volunteer is to keep in the air by themselves. After balloons start to fall because the person is unable to keep them all afloat, add other group members to help keep the balloons afloat, until balloons are easily kept in the air. At the end of the activity, ask participants to pop their balloons.

**Discussion Questions:**
1. Are there times when you have had too many stressors and haven’t been able to keep them “afloat”? What happened?
2. Who are the people in your support system who help you manage your stress?
3. What strategies can you use to bring your stress “down to size” so it is manageable for you?

**Wrap Up:** Often times we have so many stressors that we are unable to manage them all by ourselves and remain healthy. We cannot entirely get rid of stress, but having a variety of coping strategies we can use and other people in our lives who we can ask for help and support when our stress becomes overwhelming can help us to bring our stress down to a manageable size, like the popped balloon.
Adaptations:
Complete juggle starting as a group with only 1 or 2 balloons, again, adding balloons as activity progresses.
Have extra balloons with additional stressors written on them prepared and add to the activity.

Activity from Penny Hogberg, CTRS, DHS SOS Evidence Based Practice Manager
Chocolate Chips in the Cookie of Life

Related IMR Module: Stress Vulnerability Model
Coping with Stress

Type of Activity: Preparatory

Focus of Activity:
Stress reducing/wellness strategies
Routines – incorporating meaningful things, activities, and people

Volition: Interests, Values, and Personal Causation

Objectives:
1. Participants will identify important people and things in their life.
2. Participants will identify how they can incorporate these important items in his/her life

Habits
Outcomes/comprehensive treatment plan goals/objectives:
- Identification of important aspects of context to include in routines
- Patient will identify 5 important things for him/her in a discharge setting.
- Patient will identify 3 positive things about his/her life.

Performance Capacity

<table>
<thead>
<tr>
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<th>Posture</th>
<th>stabilizes, aligns, positions</th>
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<td>Motor Skills</td>
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<td>Temporal organization</td>
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<td>Accommodates</td>
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<tr>
<td></td>
<td>Information exchange</td>
<td>asserts, asks, engages, expresses, modulates, shares, speaks</td>
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</tbody>
</table>
Environment

Social Environment
This activity is may be used in either a group or individual session.

Physical Environment
Materials Needed:
- “Chocolate chips in the cookie of life” form
- pens or pencils

Space Needed:
A table or other writing surface and chairs are needed. This may be done in a large or small space.

Activity
Time needed: 5-10 minutes
Directions: Ask participants “What is the best part of a chocolate chip cookie?”
Answer: the chocolate chips. Explain the activity as identifying personal “chocolate chips” that are the good things that are part of participants life or that are important to them in their life. Distribute forms and pens/pencils. Ask group members share their answers.

Discussion Questions:
1. Do you have those “chocolate chips” present in your life? How can you include them, if not?
2. Did you add any ideas to your list hearing others’ lists?
3. How can including these good things in your life regularly be helpful?
4. How do you add “chocolate chips” if you only have a few right now?

Wrap Up: Share personal responses in the group, discuss these responses using the discussion questions and other questions as they arise. End activity relating how being aware of the good things or things that are important to us can help us to include these in our day to day life, which makes it richer and more meaningful. These good things can also be important ways to cope with stress and help support recovery and wellness.

Adaptations:
Make the topic pizza toppings or things that add “spice” to your life.
"Chocolate Chips" in the cookie of life:

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</table>
Group Juggle

Related IMR Module: Stress Vulnerability Model
Coping with Stress

Type of Activity: Preparatory

Focus of Activity
Personal impact stress plays on worsening symptoms
Importance of social supports
Personal Signs of stress

Volition: Interests, Values, and Personal Causation
Objectives:
1. Participants will increase awareness of personal effects of stress
2. Participants will identify symptoms/signs of stress noted during activity
3. Participants will become more aware of personal response to stress and impact of this on participation in valued activities.

Habits
Outcomes/comprehensive treatment plan goals/objectives:
- Client will identify 5 signs of stress
- Client will identify at least 3 strategies to prevent or manage stress

Performance Capacity
Skills Addressed:

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<tr>
<td></td>
<td>Mobility</td>
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<tr>
<td></td>
<td>Strength and effort</td>
<td>lifts, calibrates, grips</td>
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<td>endures, paces</td>
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<td></td>
<td>Adaptation</td>
<td>Notices/responds, accommodates, adjusts, benefits</td>
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</tbody>
</table>

29
**Environment**

**Social Environment**
This activity is best suited for use in a group.

**Physical Environment**

**Materials Needed:**
- A variety of balls, which can be of different shapes and sizes

**Space Needed:**
This activity can be completed seated or standing. The space must be large enough to accommodate the group and may either be an open room or closed group room.

**Activity**

**Time needed:** 5 minutes

**Directions:** Throw a ball around the group, making sure all participants get the ball once. Repeat the pattern. Then continue adding more balls to the pattern until they begin dropping.

**Discussion Questions:**
1. How does this relate to stress in your life?
2. How did you feel physically, mentally, or emotionally when having difficulty keeping up?
3. What do you do when you are unable to manage all of the stressors in your life? How do you know when you need to do something?

**Wrap Up:** We are usually able to remain well when we have just a little bit of stress, whether we use healthy coping strategies or not. But, we can only handle so much at a time. It is important to have prevention and coping strategies we can use to manage this.

**Adaptations:**
Make activity “Hot Potato” and keep adding the balls to the mix or do the activity individually. Start with 1 ball to throw and catch, add another and another if possible.

(Activity referenced in Cowls & Hale, 2005, p. 179)
Recovery Strategies Interview

Related IMR Module: Recovery Strategies
Type of Activity: Preparatory

Focus of Activity
Personal definition of recovery
Reflection on past interests and ambitions
Personal goal setting
Habits supporting wellness or recovery

Volition: Interests, Values, and Personal Causation
Objectives:
1. Facilitate self awareness to enable participant(s) to identify priorities and empower them in pursuing recovery.
2. Identify interests and values related to recovery
3. Identify interests and values supporting recovery
4. Explore potential barriers to recovery.
5. Identify useful habits supportive of personal recovery

Habits
Outcomes/comprehensive treatment plan goals/objectives:
- Establish/restore habits and routines supporting recovery
- Increase awareness of additional recovery strategies/useful habits from other participants
- Client will identify 2 strategies to support recovery this week.

Performance Capacity
Skills Addressed:

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31
### Communication/Interaction Skills

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<th>Adaptation</th>
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<td>Relations</td>
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</table>

### Environment

**Social Environment**
This is dyadic or small group activity. Participants must have some degree of trust in each other to enable disclosure.

**Physical Environment**

**Materials Needed:**
- Interview form
- Pen or pencils

**Space Needed:**
Area must be large enough for participants to pair off and have individual conversations. Chairs and table or alternative writing surface is needed.

### Activity

**Time needed:** 5-10 minutes for interview, 10 – 20 minutes to share and discuss information.

**Directions:** Introduce the activity. Participants’ pair up to complete interviews using form following this page. Group gathers again, share and discuss information gained in interviews.

**Discussion Questions:**
1. What strengths do you have that helped you reach your past successes? How can these strengths help you to reach your goals and work on your recovery?
2. Did you learn any useful habits or routines that you may want to use yourself?
3. Did you hear any other goals or definitions of recovery that fit you?
4. How can you work on your goals for recovery today?
5. Other questions related to specific answers or ideas.
Wrap Up: After discussion, review concepts of recovery strategies. Acknowledging your past successes can help you identify skills that were important in achieving these successes and which you can use to move towards your goals for recovery. Recovery is a personal journey. Defining what recovery means to you is like making a road map to help direct you towards your destination (recovery). It is important to use strategies that support recovery; this may include using or developing daily routines and habits. Encourage each participant to identify 1 thing they will do today to work towards their recovery.

Adaptations:
- Participants complete questionnaire individually and discuss
Recovery Strategies Interview

Name of person interviewed: ______________________________

What are 3 successes you have had? What helped you reach these successes?
1. 

2. 

3. 

What are some of your goals or dreams for your future?

What does Recovery mean to you?

What are 3 things you do regularly (daily or weekly) that help you in your recovery or in staying well?
Related IMR Module: Stress Vulnerability Model
Type of Activity: Preparatory

Focus of Activity
Education on Stress Vulnerability Model

Volition: Interests, Values, and Personal Causation
Objectives:
1. Participants will be able to identify aspects of Stress Vulnerability Model and identify how these pertain to them

Habits
Outcomes/comprehensive treatment plan goals/objectives:
- Participants will understand the components of Stress Vulnerability model and personal application.
- Patient will identify 3 strategies he/she will use to support his/her recovery this week

Performance Capacity
Skills Addressed:

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<td>asserts, asks, engages, expresses, modulates, shares, speaks, sustains</td>
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35
**Environment**

**Social Environment**
This activity may be used individually or in a group, but is best suited for use in a group.

**Physical Environment**
Materials Needed:
- White board
- Each part of the Stress Vulnerability Model written on individual pages, including one page for each item included under the umbrella of coping.
- Tape

Space Needed:
A group room with a white board and chairs.

**Activity**

**Time needed:** 10 minutes plus discussion

**Directions:** Group leader will write “Stress Vulnerability Model” on the white board. Following the diagram in the appendix of the Stress Vulnerability Model pamphlet, include the center rectangle “Biological Vulnerability to symptoms” then add the arrows and the words “Improves” and “Worsens”. Participants are given the individual pages to place on the board next to an appropriate arrow (improves or worsens). Discuss each item as it is placed on the board.

**Discussion Questions:**

**IMR Stress Vulnerability Pamphlet:**
1. Have medications helped you reduce symptoms? (p.5)
2. Has decreasing or avoiding alcohol or drug use helped reduce symptoms? (p.5)
3. Have there been times when you were under stress and experienced more symptoms? (p. 4). Please explain.
4. Ask participants to describe their personal coping strategies including meaningful activities, healthy lifestyle, supportive relationships, coping with problems/symptoms.

**Wrap Up:** The stress-vulnerability model identifies there is a biological basis to mental illness, but that there are things that can reduce or worsen symptoms. It's helpful to be aware of which of these impacts you and what you can do about them, so that you can minimize negative effects of mental illness on your life.
Adaptations:
Make personal sized diagrams, participants write down personal responses including whether this is a vulnerability for them personally or specific coping strategies or medications which are helpful for each component of the stress vulnerability model.
Therapeutic Options: Purposeful Activities
Definition

Purposeful activities are “selected because they are congruent with the person’s general interests and because they promote specific outcomes” (Schell, Crepeau and Cohn, 2003, p. 459). The AOTA Practice Framework identifies that purposeful activity “allows the client to engage in goal-directed behavior or activities within a therapeutically designed context that lead to an occupation or occupations” (2002, p. 628).

Activities

Purposeful activities were selected or developed to expand the occupational therapists’ therapeutic options based upon analysis of activities in the IMR modules. Analysis of IMR modules facilitated by OT indicated that Stress Vulnerability Model and Building Social Support modules had the fewest purposeful activities so efforts concentrated on developing purposeful activities for these components. It should be noted that many of the activities identified address concepts which are the focus of more than one IMR modules. Additionally, many of these activities could appropriately be used with patients in the Engagement Track with minimal adaptation in discussion or wrap-up.
Related IMR Module: Recovery Strategies
Stress Vulnerability Model
Coping with Stress

Type of Activity: Purposeful

Focus of Activity

Volition: Interests, Values, and Personal Causation

Objectives:
1. ______________________________________

Habits
Outcomes/comprehensive treatment plan goals/objectives:
• ______________________________________
• ______________________________________

Performance Capacity
Skills Addressed: Refer to Occupational Therapy Practice Framework: Domain and process, pp. 621-622.

<table>
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<td>Relations</td>
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</table>

Environment
Social Environment
Physical Environment
Materials Needed:
• __________________
• __________________

Space Needed:

Activity
Time needed:
Directions:

Discussion Questions:
1. __________________
2. __________________

Wrap Up:

Adaptations:
Humor Box

Related IMR Module: Recovery Strategies
Stress Vulnerability Model
Coping with Stress

Type of Activity: Purposeful

Focus of Activity
Exploration of strategies for recovery
Development of stress reducing/wellness strategies
Strategies to reduce the impact of stress
Prevention strategies
Hands on utilization of strategies

Volition: Interests, Values, and Personal Causation

Objectives:
1. Participants will compile humor activities/resources to use as a coping/prevention strategy

Habits
Outcomes/comprehensive treatment plan goals/objectives:
• Client will demonstrate use of a positive coping strategy daily
• Client will identify 3 positive coping strategies
• Client will incorporate positive coping activities into his/her daily routine.

Performance Capacity
Skills Addressed:

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**Environment**

**Social Environment**
This can be done either individually or as a group activity.

**Physical Environment**

**Materials Needed:**
- Cardboard or paper mache box,
- Magazines,
- Jokes,
- Newspaper comic pages,
- Paper to list funny movies, humor websites, books

**Space Needed:**
A group room with table and chairs.

**Activity**

**Time needed:** 45 minutes

**Directions:** Discuss humor and how it can be a helpful strategy to manage stress. Each participant decorates a box and fills it with things they find humorous. Share with the rest of the group.

**Discussion Questions:**
1. Does humor help you to manage stress? How?
2. How does humor help you?
3. How do you incorporate this into your routine?
4. Is all humor helpful?

**Wrap Up:** Review helpfulness of humor as a coping strategy. Encourage participants to keep adding items to their humor box and to use it regularly.

**Adaptations:**
Make a humor file rather than a box. Add funny things to it as you find them.

Contributed by Barb Anderson, COTA
Leisure Charades

Related IMR Module: Recovery Strategies
Stress Vulnerability Model
Coping with Stress

Type of Activity: Purposeful

Focus of Activity
Exploration of strategies for recovery
Development of stress reducing/wellness strategies
Prevention strategies
Strategies to reduce the impact of stress

Volition: Interests, Values, and Personal Causation

Objectives:
1. Participants will explore possible leisure activities as coping strategies.

Habits
Outcomes/comprehensive treatment plan goals/objectives:
- Participants will identify personal leisure coping strategies
- Participants may incorporate new leisure activity into their coping strategy options
- Participants will identify potential leisure coping strategies.

Performance Capacity

Skills Addressed:
Health management/maintenance,
Leisure exploration

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**Environment**

**Social Environment**

This is a group activity.

**Physical Environment**

**Materials Needed:**
- Leisure activity charade cards (see attachment)

**Space Needed:**

Large enough area to complete charades

**Activity**

**Time needed:** 10 – 45 minutes

**Directions:** Participants choose a slip with the leisure activity printed on it. They act it out and peers guess the activity. Take turns until all participants have completed at least one turn. See adaptations for further options

**Discussion Questions:**

1. What is one of the activities that you already participate in? Does it help with personal stress management?
2. Is there an activity that you have done in the past which you may be interested in pursuing again?
3. What is one new activity you would like to learn more about?
4. Do you need any materials/supplies to participate in the activity?

**Wrap Up:** Coping with stress is an important part of managing your mental illness and supporting your recovery. Participating in leisure activities that you enjoy can help by offering a distraction from stress, help you feel a sense of enjoyment and success, and in those ways help to prevent and manage stress.

**Adaptations:**

Give the option to give word clues of the activity or to draw a picture of the activity in addition to charades.

Complete one round to use as a warm up/ice breaker, or several rounds for an entire group.

Follow up the activity by making personal “business cards” listing preferred activities as reminders for coping/participation. Laminate for durability.
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<tr>
<th>Leisure Charades</th>
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<td>Go to the library</td>
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<td>Dance</td>
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<td>Weight lifting</td>
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<td>Ride a Bicycle</td>
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<td>Volunteer work</td>
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<td>Garage Sales</td>
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<td>Go to a movie</td>
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<td>Take a warm bath</td>
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<td>Hacky Sack</td>
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<td>Crossword puzzles</td>
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Life Satisfaction/Values Auction

Related IMR Module: Recovery Strategies
Type of Activity: Purposeful

Focus of Activity
Life Satisfaction Inventory

Volition: Interests, Values, and Personal Causation
Objectives:
1. Participants will gain increased awareness of their values.
2. Participants will compare important areas of life with current satisfaction.
3. Participants will identify areas they wish to develop goals for.

Habits
Outcomes/comprehensive treatment plan goals/objectives:
- Increase personal awareness and use of priority areas to set recovery goals
- Patient will identify a personal goal for recovery

Performance Capacity
Skills Addressed:
Prioritization
Money Management (remaining within allowed budget for activity)
Goal setting

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**Environment**

**Social Environment**
This is a group activity. Please refer to adaptations if individual activity is needed.

**Physical Environment**
Materials Needed:
- IMR Recovery Strategies Pamphlet
- White board to post the “Bill of Sale”
- White board marker

**Space Needed:**
Group room with chairs and a white board

**Activity**

**Time needed:** A minimum of 30 minutes

**Directions:** Group leader should post the “bill of sale” on the white board prior to group. This is the list from page 7 of the Recovery Strategies participant pamphlet. Read page 7 as a group. Identify that each participant has $1500 to spend at this auction. Instruct them to prioritize or budget for each area they wish to buy at auction. The group leader then acts as the auctioneer and “sale” of the values is completed. Group continues with discussion.

**Discussion Questions:**
1. Did you get the areas of most importance to you? If not, what was the barrier?
2. Are you currently satisfied with the areas you identified as most important to you?
3. What is a goal that you could set to increase your satisfaction with life areas?

**Wrap Up:** Things that we value drive our choices for activities we do or choose not to do. When we act in a way that doesn’t support what is important to us or we don’t have those things that we value in our lives, it is a stressful situation. Values help us to make decisions, identify goals and work towards them. Read quote from page 8 of Recovery Strategies pamphlet, “Identifying what you would like to improve in your life will help you set goals.” End with identifying goal each participant is interested in working towards.
**Adaptations:**
Participants may be given simulated $50 and $100 bills and "pay" for each value purchased.  
Auction items may be written out on cards and given to participants with the winning bid.  
Sale budget may be decreased or increased.  
If done individually, have the person complete only the budgeting area, current level of satisfaction with the area, and goal setting.  
Have participants rank their top 3 items on the chart on page 7, proceed with discussion and wrap-up.
Personalize a Journal Book

Related IMR Module: Recovery Strategies
Stress Vulnerability Model
Coping with Stress

Type of Activity: Purposeful

Focus of Activity
Exploration of strategies for recovery
Development of stress reducing/wellness strategies
Prevention strategies
Strategies to reduce the impact of stress

Volition: Interests, Values, and Personal Causation
Objectives:
1. Participants will develop their own personal journal
2. Participants will receive information about journaling and different approaches to this activity

Habits
Outcomes/comprehensive treatment plan goals/objectives:
- Patient will participate in at least 1 stress management strategy daily
- Patient will identify 3 recovery strategies or coping strategies he/she can use to support wellness
- Patient will identify 3 personal skills or abilities to build self esteem

Performance Capacity
Skills Addressed:

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<p>| Process Skills | Energy                   | Paces, attends               |
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|               | Temporal organization    | Initiates, continues, sequences, terminates |
|               | Organizing space and objects | searches/locates, gathers, organizes, restores |</p>
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**Environment**

**Social Environment**
This may be an individual or group activity.

**Physical Environment**
Materials Needed:
- Composition notebooks
- Scrapbooking paper, wallpaper samples
- Stickers
- Scissors
- Glue
- Other art supplies
- Journaling examples/references

Space Needed:
A group room with tables and chairs.

**Activity**

**Time needed:** 45 – 60 minutes

**Description:** This activity offers the opportunity for participants to make a personalized journal. It can be helpful to provide an example and pattern for a cover. Have available information about journaling. Some websites you can use for references include: [http://gerrystarnes.com/journal/index.html](http://gerrystarnes.com/journal/index.html), [http://teachers.net/lessons/posts/1492.html](http://teachers.net/lessons/posts/1492.html), [http://www.squidoo.com/journalwritingtopics](http://www.squidoo.com/journalwritingtopics)

**Discussion Questions:**
1. Have you used journaling to manage stress or symptoms?
2. How can you incorporate this into your routine/recovery strategies?

**Wrap Up:** Journaling can be a useful strategy for managing stress by offering an opportunity to sort through your emotions, to write and review your goals, to identify things you are grateful for, or simply a place to review your day and thoughts. This journal can be a tool in your recovery and wellness.

**Adaptations:** Instead of decorating a journal, use the time for journaling. Good combination with making a "Sculpey" Pen activity.
# Picturing Stress and Relaxation

**Related IMR Module:** Stress Vulnerability Model  
**Type of Activity:** Purposeful

## Focus of Activity
Exploration of personal experience of stress and relaxation

## Volition: Interests, Values, and Personal Causation

### Objectives:
1. Participants will explore personal experience of stress.  
2. Participants will have opportunity to explore personal effectiveness of a relaxation strategy.

## Habits

**Outcomes/comprehensive treatment plan goals/objectives:**
- Participants will explore potentially helpful relaxation activities  
- Explore effects of relaxation on current state of stress/relaxation  
- Participants may incorporate new relaxation activity into their coping strategy options  
- Participants verbalize feeling relaxed, calm at the end of group  
- Participants gain awareness of stress' affect on them  
- Participants gain awareness of the importance of scheduling time for relaxation.

## Performance Capacity

**Skills Addressed:**  
Relaxation

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### Environment

**Social Environment**
This activity may be used individually or in a group.

**Physical Environment**

Materials Needed:
- Colored paper, colored pencils/markers
- Relaxation CD
- CD player

Space Needed:
Room with table and chairs for drawing
Comfortable space for the relaxation activity

### Activity

**Time needed:** at least 30-45 minutes

**Directions:** Participants are given 10 minutes to draw a picture of what it looks like when they are stressed or what the word stress means to them. They may choose color of construction paper, colored pencils, words, and pictures. Then participants share their picture with the group. A relaxation or guided imagery CD is used for about 10 minutes with the lights off. Participants are encouraged to get as comfortable as they can and try to stay still while the relaxation CD is playing. Following this, participants draw another picture depicting how they feel at this time. If time allows, discussion follows about the picture and results.

### Discussion Questions:

1. Was this particular relaxation activity helpful for you?
2. Are there other relaxation activities that you find helpful?
3. How can you incorporate relaxation activities into your daily/weekly routine?
4. How do you know when you need to participate in a relaxation activity?
**Wrap Up:** Awareness of how you personally experience stress and relaxation is an important tool to use to increase your awareness of when you need to use a relaxation strategy or other coping strategy that you find helpful. This is important because of the relationship between stress and relapse or increase in symptoms which stress can produce if not managed successfully.

**Adaptations:**
If shorter time is available, final discussion can revolve around whether the music/relaxation CD helped individuals relax.

Contributed by: Jaime Plamann, OTR
Recovery Bumper Stickers

Related IMR Module: Recovery Strategies
Type of Activity: Purposeful

Focus of Activity
Personal definition of recovery

Volition: Interests, Values, and Personal Causation
Objectives:
1. Increase awareness and ownership of personal definition of recovery
2. Empower participants in recovery

Habits
Outcomes/comprehensive treatment plan goals/objectives:
- Patient will increase ability to explore and express own priorities for recovery.
- Patient will identify 2 recovery strategies he/she will use to support his/her recovery.

Performance Capacity
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**Environment**

**Social Environment**
This activity may be used individually or in a group.

**Physical Environment**

**Materials Needed:**
- Paper cut in shape of a bumper sticker
- Markers or colored pencils
- Stickers or other paper craft supplies, optional

**Space Needed:**
Table and chairs for all participants

**Activity**

**Time needed:** 15 – 20 minutes for activity, plus time for discussion.

**Directions:** Introduce the activity. Read pages 1-2 in IMR Recovery Strategies Pamphlet. Brainstorm bumper stickers people remember, such as "Proud Parent of an Honor Student", "Baby on Board", and "If you can read this, you're too close!" Discuss bumper stickers and how these tell us something about what is important to the person. Distribute materials and explain we will be making our own bumper stickers that reflect our thoughts about recovery. Follow with sharing and discussion.

**Discussion Questions:**
1. Was it easy to identify your own definition of recovery? Why or why not.
2. How can you use the bumper sticker to support your recovery? i.e.: use as a positive affirmation, use to help set priorities for setting goals for recovery, etc.

**Wrap Up:** Often it is helpful for people to have reminders of what they are working towards, having this visible reminder of what you want to reach may be a helpful reminder in working towards your own recovery.

**Adaptations:**
Participants may add pictures to their "bumper sticker".
Make a bookmark or business card size reminder of an easy size to carry in wallet or pocket as a reminder.
Have magnetic sheets available for participants who want to use it as a large refrigerator magnet.
Recovery Collage

Related IMR Module: Recovery Strategies
Type of Activity: Purposeful

Focus of Activity:
Personal definition of recovery
Reflection on past interests and ambitions
Personal goal setting

Volition: Interests, Values, and Personal Causation
Objectives:
1. Facilitate self awareness to enable client to identify priorities and empower them in pursuing recovery.
2. Identify interests and values supporting recovery
3. Explore potential barriers to recovery.

Habits
Outcomes/comprehensive treatment plan goals/objectives:
- Increased awareness of values, strengths, interests supporting or limiting recovery strategies/habits.
- Ability to establish/restore useful habits to support recovery and work towards personal goals
- Client will identify at least 4 personal strengths that help them in recovery
- Client will identify at least 2 personal recovery goals and strategies to help achieve these goals

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<td></td>
<td>shares</td>
</tr>
<tr>
<td>Relations</td>
<td>conforms, focuses,</td>
</tr>
<tr>
<td></td>
<td>relates, respects</td>
</tr>
</tbody>
</table>

**Environment**

**Social Environment**

This activity may be used individually or in a group.

**Physical Environment**

Materials Needed:

- Construction paper
- Magazines
- Glue
- Markers
- Optional: Stickers, stamps, other art supplies

Space Needed:

Table and chairs with adequate space for each participant to spread out to use materials and create personal collage is needed.

**Activity**

**Time needed:** 45 – 60 minutes

**Directions:** This is a collage activity. Explain the purpose of the collage to help focus on personal priorities and strengths that each person brings to their own recovery from mental illness. The collage will be separated into four areas: Personal strengths; interests and values; aspects of recovery; and goals for the future. Encourage participants to have at least two items for each area. (Please refer to diagram for suggested format)

<table>
<thead>
<tr>
<th>My Strengths</th>
<th>My interests and values</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Recovery</td>
<td>My goals</td>
</tr>
</tbody>
</table>

Participants share completed collages with others
Discussion Questions:
1. Which areas were easier or more difficult to complete? Why do you think this was so?
2. What strengths do you have that can help you to reach your goals and move you in the direction of recovery?
3. What are potential barriers to your recovery you may need to consider?
4. Other questions may revolve around individual responses.

Wrap Up: Each person’s recovery is individual and what recovery means must be defined by them. Strengths, abilities, interests, and values can help you to figure out what recovery is for you and to set goals that you can use to work towards that. Those things can also help you to hurdle the barriers that may get in the way of recovery as well. Discuss one way participants can work on either clarifying what is important for them in recovery or ways they can use their strengths and interests to help in recovery.

Adaptations:
Participants may draw pictures or add in words or phrases for each area
Limit collage to 1 or 2 areas
Make a Shield instead of a collage.
Recovery Game

Related IMR Module: Recovery Strategies
Stress Vulnerability Model
Coping with Stress

Type of Activity: Purposeful

Focus of Activity
Personal definition of recovery
Recovery Strategies
Values/Life satisfaction
Goal setting

Volition: Interests, Values, and Personal Causation

Objectives:
1. Participants will be able to identify personal responses and values related to recovery and personal recovery strategies.
2. Participants will demonstrate understanding of concepts covered in IMR Recovery Strategies sessions.

Habits
Outcomes/comprehensive treatment plan goals/objectives:
- Confidence in personal recovery strategies, routines/habits, ability to apply concepts
- Client will identify 3 routines or strategies that support their recovery
- Client will independently participate in personally identified recovery strategies daily

Performance Capacity
Skills Addressed:

<table>
<thead>
<tr>
<th>Motor Skills</th>
<th>Posture</th>
<th>aligns</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mobility</td>
<td>No significant involvement</td>
</tr>
<tr>
<td></td>
<td>Coordination</td>
<td>No significant involvement</td>
</tr>
<tr>
<td></td>
<td>Strength and effort</td>
<td>No significant involvement</td>
</tr>
<tr>
<td></td>
<td>Energy</td>
<td>paces</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Process Skills</th>
<th>Energy</th>
<th>Paces, attends</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Knowledge</td>
<td>heeds, inquires</td>
</tr>
<tr>
<td></td>
<td>Temporal organization</td>
<td>Initiates, continues, sequences, terminates</td>
</tr>
<tr>
<td></td>
<td>Organizing space and objects</td>
<td>No significant involvement</td>
</tr>
<tr>
<td></td>
<td>Adaptation</td>
<td>Notices/responds, benefits</td>
</tr>
</tbody>
</table>

61
<table>
<thead>
<tr>
<th>Communication/Interaction Skills</th>
<th>Physicality</th>
<th>Gazes, gestures, orients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication/Interaction Skills</td>
<td>Information exchange</td>
<td>asserts, asks, engages, expresses, modulates, shares, speaks, sustains</td>
</tr>
<tr>
<td>Relations</td>
<td></td>
<td>Collaborates, conforms, focuses, relates, respects</td>
</tr>
</tbody>
</table>

**Environment**

**Social Environment**
This is a group activity. Participants may be individual or part of a team, depending on size of group.

**Physical Environment**

**Materials Needed:**
- Game supplies, including category cards, dollar values, and questions (See attachment)
- Tape to post the game pieces
- White board or large paper to record scores/marker

**Space Needed:**
Group area with a large wall to post game categories and questions

**Activity**

**Time needed:** 45-60 minutes

**Directions:** Explain the game process and determine if activity will be played individually or in teams. Participants choose the category and dollar value question they will answer. When answered correctly, as judged by group members, participants are awarded dollars in their score column. Activity continues until all questions are answered or a predetermined length of time has passed.

**Discussion Questions:**
1. What ideas did you gain from others?
2. How will you use the information in your recovery, which you learned or shared in the group?

**Wrap Up:** Recovery has many aspects: support, stress management, goal setting, other recovery strategies, and treatment options. What are your strengths and needs related to recovery?

**Adaptations:**
Any participants can earn additional points for additional responses to questions.
<table>
<thead>
<tr>
<th>Category</th>
<th>Dollar/value</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategies for Recovery</strong></td>
<td>100</td>
<td>3 things that I can do to stay active are:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. __________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. __________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. __________</td>
</tr>
<tr>
<td></td>
<td>200</td>
<td>2 ways people can connect to their spirituality are:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. __________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. __________</td>
</tr>
<tr>
<td></td>
<td>300</td>
<td>3 ways people can be creative</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. __________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. __________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. __________</td>
</tr>
<tr>
<td></td>
<td>400</td>
<td>My personal definition of recovery is ____________________________________</td>
</tr>
<tr>
<td></td>
<td>500</td>
<td>3 treatment options that I plan to use to help me in my recovery are:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. __________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. __________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. __________</td>
</tr>
<tr>
<td><strong>Strategies for Recovery – Take 2</strong></td>
<td>100</td>
<td>3 things people do to get more physically healthy are:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. __________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. __________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. __________</td>
</tr>
<tr>
<td></td>
<td>200</td>
<td>2 of my personal accomplishments/strengths are:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. __________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. __________</td>
</tr>
<tr>
<td></td>
<td>300</td>
<td>A support group I can get involved with in the community after discharge is:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>________________________________________________________________________</td>
</tr>
</tbody>
</table>
| Strategies for Recovery – Take 2 | 400 | 2 things that I can do to maintain my relationships with supportive people are:
1. _________
2. _________ |
|---------------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------|
| 500 | 2 ways I can cope with things that trigger my symptoms are:
1. _________
2. _________
Extra points: My triggers include: _________ |
| Recovery at CBHH -  | 100 | One group offered is: _________ |
| 200 | _________ is a helpful nurse here _________ & _________ are the occupational therapy staff here |
| 300 | _________ is the hospital administrator |
| 400 | 2 things I have learned here are:
1. _________
2. _________ |
| Goal Setting | 100 | 2 areas of life people may set goals for are:
1. _________
2. _________ |
| 200 | 2 possible barriers to meeting your goals are:
1. _________
2. _________ |
| 300 | 2 things that help motivate people to reach their goals:
1. _________
2. _________ |
| 400 | 2 helpful suggestions for setting goals you can reach
1. _________
2. _________ |
| 500 | A goal I have is to _________ and 2 steps I will take to reach it are _________ & _________ |
| This and That | 100 | 2 people in my support system are:  
1. __________  
2. __________ |
| 200 | 3 enjoyable recreational or leisure activities are:  
1. __________  
2. __________  
3. __________ |
| 300 | 1 goal or objective on my treatment plan is: __________ |
| 400 | An example of a positive affirmation I may use is: __________ |
| 500 | 5 helpful coping strategies are:  
1. __________  
2. __________  
3. __________  
4. __________  
5. __________ |
| Final Round Question | ? | 3 things that I do everyday to support my recovery and wellness are:  
1. __________  
2. __________  
3. __________ |

(participants can wager all or some of their points)
Reese’s Pieces Recovery Strategies Review

Related IMR Module: Recovery Strategies
Type of Activity: Purposeful

Focus of Activity
Review of IMR Recovery Strategies Concepts

Volition: Interests, Values, and Personal Causation
Objectives:
1. Participants will identify priorities, plans, strategies for recovery
2. Establish/restore useful habits to support recovery

Habits
Outcomes/comprehensive treatment plan goals/objectives:
- Participants will have a clear understanding/plan to use strategies for personal recovery.
- Participants will identify 3 recovery strategies

Performance Capacity
Skills Addressed:
Recovery strategies

<table>
<thead>
<tr>
<th>Motor Skills</th>
<th>Posture</th>
<th>stabilizes, aligns, positions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mobility</td>
<td>reaches, bends</td>
</tr>
<tr>
<td></td>
<td>Coordination</td>
<td>manipulates, flows</td>
</tr>
<tr>
<td></td>
<td>Strength and effort</td>
<td>calibrates, grips</td>
</tr>
<tr>
<td></td>
<td>Energy</td>
<td>endures, paces</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Process Skills</th>
<th>Energy</th>
<th>Paces, attends</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Knowledge</td>
<td>heeds, inquires</td>
</tr>
<tr>
<td></td>
<td>Temporal organization</td>
<td>Initiates, continues, sequences, terminates</td>
</tr>
<tr>
<td></td>
<td>Organizing space and objects</td>
<td>gathers, organizes,</td>
</tr>
<tr>
<td></td>
<td>Adaptation</td>
<td>Notices/responds, accommodates, adjusts, benefits</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communication/ Interaction Skills</th>
<th>Physicality</th>
<th>Gazes, gestures, orients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information exchange</td>
<td></td>
<td>asserts, asks, engages, expresses, shares, speaks, sustains</td>
</tr>
<tr>
<td>Relations</td>
<td></td>
<td>conforms, focuses, relates, respects</td>
</tr>
</tbody>
</table>
**Environment**

**Social Environment**
This activity may be used individually or in a group.

**Physical Environment**

**Materials Needed:**
- Reese’s pieces
- Med cups or other small container to put candy pieces in
- White board to write areas to discuss for each color of candy for easy reference

**Space Needed:**
A group room with a white board available. A table may be helpful but is not necessary.

**Activity**

**Time needed:** 10 – 15 minutes

**Directions:** Participants are offered Reese’s Pieces candy and a med cup to place these in. Give the group time to gather their thoughts and then share their answers. For each candy of a color they are to identify the following information, they may use their Recovery Strategies pamphlet if desired to help them answer the questions:
- Brown – Priorities and Goals (page 9-12)
- Orange – Recovery Strategies (pages 3-5, 14-15)
- Yellow – Daily routines supporting wellness and recovery

**Discussion Questions:**
1. What areas are you more confident in your ability?
2. What areas do you continue to have concerns?
3. What are you doing today that will help you in your recovery?

**Wrap Up:** This was an opportunity to review what we have discussed and learned in the Recovery Strategies module. It is important to consider what tools and supports you can use to reach your recovery goals and then maintain your wellness.

**Adaptations:**
Use a non-food item such as beads or buttons
Change the number or responses expected in discussion for each color, i.e. limit maximum expected responses to 3 or 4 per topic.
"Sculpey" Pen

Related IMR Module: Recovery Strategies
Stress Vulnerability Model
Coping with Stress

Type of Activity: Purposeful

Focus of Activity:
Exploration of strategies for recovery
Development of stress reducing/wellness strategies
Prevention strategies
Strategies to reduce the impact of stress
Hands on utilization of strategies

Volition: Interests, Values, and Personal Causation

Objectives:
1. Leisure participation/leisure exploration
2. Participant will make a pen to use for journaling and other treatment related writing during hospitalization and for use after discharge.

Habits

Outcomes/comprehensive treatment plan goals/objectives:
- Clients will engage in task for 15 minutes.
- Client will make a positive self statement.
- Client will identify 2 activities he/she can use to support recovery

Performance Capacity

Skills Addressed:

<table>
<thead>
<tr>
<th>Motor Skills</th>
<th>Posture</th>
<th>stabilizes, aligns, positions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mobility</td>
<td>reaches, bends</td>
</tr>
<tr>
<td></td>
<td>Coordination</td>
<td>coordinates, manipulates, flows</td>
</tr>
<tr>
<td></td>
<td>Strength and effort</td>
<td>moves, transports, calibrates, grips</td>
</tr>
<tr>
<td></td>
<td>Energy</td>
<td>endures, paces</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Process Skills</th>
<th>Energy</th>
<th>Paces, attends</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Knowledge</td>
<td>Chooses, uses, handles, heeds, inquires</td>
</tr>
<tr>
<td></td>
<td>Temporal organization</td>
<td>Initiates, continues, sequences, terminates</td>
</tr>
<tr>
<td></td>
<td>Organizing space and objects</td>
<td>searches/locates, gathers, organizes, restores, navigates</td>
</tr>
</tbody>
</table>
### Process Skills

<table>
<thead>
<tr>
<th>Communication/Interaction Skills</th>
<th>Adaptation</th>
<th>Notices/responds, accommodates, adjusts, benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicality</td>
<td>Gazes, maneuvers, orients, postures</td>
<td></td>
</tr>
<tr>
<td>Information exchange</td>
<td>asserts, asks, engages, expresses, modulates, shares, speaks, sustains</td>
<td></td>
</tr>
<tr>
<td>Relations</td>
<td>Collaborates, conforms, focuses, relates, respects</td>
<td></td>
</tr>
</tbody>
</table>

### Environment

**Social Environment**

This may be an individual or group activity.

**Physical Environment**

**Materials Needed:**
- Disposable bic pens
- Sculpey or Fimo clay
- other embellishments such as beads or feathers
- wax paper to work on
- baking sheet with aluminum foil
- oven

**Space Needed:**
Table and chairs

### Activity

**Time needed:** 30 – 60 minutes

**Directions:** Using pliers, remove the ink cartridge from pens prior to group. Do not put clay directly onto table top, work on wax paper or aluminum foil. Participants choose their clay. Condition clay by rolling and squeezing it in your hands until it is soft. Using the pen as a rolling pin, roll the clay out thin. Cover the pen with the clay, rolling it to attach it and blend the seams. Cover the end of the pen as well, but trim the clay to leave the tip open to allow the ink cartridge to be put back in after it has baked. Add other clay shapes, beads, or other embellishments. Place on a baking sheet lined with aluminum foil. Bake at 225 degrees for 15 minutes. You may need to roll it once or twice during the baking process so that it doesn't have a flat side. It is easier to replace the ink cartridge while the pen is still somewhat warm.

A website that offers clear directions for this activity is: [http://www.sculpey.com/Projects/projects_Nick_SpiralPens.htm](http://www.sculpey.com/Projects/projects_Nick_SpiralPens.htm)
Discussion Questions:
1. Is this an activity that you would enjoy participating in more often? How could you do this?
2. Was this activity relaxing or stressful for you?
3. How can you use this activity to help in your recovery?
4. Are creative activities helpful for you in managing stress?

Wrap Up: Using discussion questions, discuss leisure activities and ways participants may use this activity to manage stress. Explore other options that participants use to manage stress.

Adaptations:
Make other creative items from the clay, such as beads for jewelry making, small sculptures, etc.

Contributed by Lainie Donahue, OTR/L, MOT
Self Affirmation Collage

Related IMR Module: Recovery Strategies
  Stress Vulnerability Model
  Coping with Stress

Type of Activity: Purposeful

Focus of Activity
Reflection on past interests/ambitions
Development of stress reducing/wellness strategies
Strategies to reduce the impact of stress
Prevention strategies
Hands on utilization of strategies

Volition: Interests, Values, and Personal Causation

Objectives:
  1. Participants will identify positive affirmations they feel apply to them and are useful for them.
  2. Participants will have a visual cue to facilitate use of positive affirmations.

Habits
Outcomes
  • Client will identify 3 positives about themselves
  • Client will identify 5 positive coping strategies he/she can use to manage stress
  • Client will display increased attention and concentration by participating in activity for at least 20 minutes.

Performance Capacity
Skills Addressed:

<table>
<thead>
<tr>
<th>Motor Skills</th>
<th>Posture</th>
<th>stabilizes, aligns, positions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mobility</td>
<td>reaches, bends</td>
</tr>
<tr>
<td></td>
<td>Coordination</td>
<td>coordinates, manipulates, flows</td>
</tr>
<tr>
<td></td>
<td>Strength and effort</td>
<td>calibrates, grips</td>
</tr>
<tr>
<td></td>
<td>Energy</td>
<td>endures, paces</td>
</tr>
</tbody>
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<td>Chooses, uses, handles, heeds, inquires</td>
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<td></td>
<td>Temporal organization</td>
<td>Initiates, continues, sequences, terminates</td>
</tr>
<tr>
<td>Process Skills</td>
<td>Environment</td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td><strong>Organizing space and objects</strong></td>
<td><strong>Social Environment</strong></td>
<td></td>
</tr>
<tr>
<td>Searches/locates, gathers, organizes, restores</td>
<td>This can be completed as an individual or group activity.</td>
<td></td>
</tr>
<tr>
<td><strong>Adaptation</strong></td>
<td><strong>Physical Environment</strong></td>
<td></td>
</tr>
<tr>
<td>Notices/responds, accommodates, adjusts, benefits</td>
<td><strong>Materials Needed:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Communication/Interaction Skills</strong></td>
<td>• Construction paper or tagboard</td>
<td></td>
</tr>
<tr>
<td><strong>Physicality</strong></td>
<td>• Magazines</td>
<td></td>
</tr>
<tr>
<td>Gazes, Orient, postures</td>
<td>• Markers</td>
<td></td>
</tr>
<tr>
<td><strong>Information exchange</strong></td>
<td>• Stickers, other creative activity supplies</td>
<td></td>
</tr>
<tr>
<td>Asserts, asks, engages, expresses, modulates, shares, speaks, sustains</td>
<td>• Scissors</td>
<td></td>
</tr>
<tr>
<td><strong>Relations</strong></td>
<td>• Glue</td>
<td></td>
</tr>
<tr>
<td>Conforms, focuses, relates, respects</td>
<td>• Examples of positive affirmations</td>
<td></td>
</tr>
</tbody>
</table>

**Space Needed:**
Group room with table and chairs

**Activity**
Time needed: 45 – 60 minutes

Directions: Review examples of positive affirmations. Encourage participants to identify at least 2 they feel apply to them and to incorporate these into their personal collage. Explain collages and how to make these to participants if they are not familiar with the process. Participants share these with the group.

Discussion Questions:
1. Are positive affirmations a part of your regular routine? How could you add it to your recovery strategies?
2. Does this activity help you to manage stress? If so, how?
3. Are there additional affirmations you may include?

Wrap Up: Discuss how positive affirmations can be effectively used to cope and support self-esteem.
Adaptations:
Make a personal list or a business size card with positive affirmations on for easy reference.
**Social Skills Bingo**

**Related IMR Module:** Building Social Support  
**Type of Activity:** Purposeful

**Focus of Activity**  
Exploration of Social Opportunities  
Conversation basics/tips  
How to develop closer relationships

**Volition: Interests, Values, and Personal Causation**

**Objectives:**
1. Participants will identify interests, values, and activities that support or limit social participation and social support

**Habits**

**Outcomes/comprehensive treatment plan goals/objectives:**
- Patient will identify 3 strategies he/she will use to increase social support as a strategy for wellness/recovery.  
- Patient will identify 3 barriers to having adequate social support in the community

**Performance Capacity**

**Skills Addressed:**

<table>
<thead>
<tr>
<th>Motor Skills</th>
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<th>Stabilizes, aligns, positions</th>
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<tbody>
<tr>
<td></td>
<td>Mobility</td>
<td>Reaches</td>
</tr>
<tr>
<td></td>
<td>Coordination</td>
<td>Coordinates, manipulates</td>
</tr>
<tr>
<td></td>
<td>Strength and effort</td>
<td>Grips</td>
</tr>
<tr>
<td></td>
<td>Energy</td>
<td>Paces</td>
</tr>
</tbody>
</table>

| Process Skills               | Energy                       | Paces, attends                |
|------------------------------| Knowledge                    | Heeds, inquires               |
|                              | Temporal organization        | Continues, terminates         |
|                              | Organizing space and objects | Gathers, organizes, restores  |
|                              | Adaptation                   | Notices/responds, benefits    |

<table>
<thead>
<tr>
<th>Communication/Interaction Skills</th>
<th>Physicality</th>
<th>Gazes, gestures</th>
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<tbody>
<tr>
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<tr>
<td>Relations</td>
<td></td>
<td>Collaborates, conforms, focuses, relates, respects</td>
</tr>
</tbody>
</table>

73
Environment
Social Environment
This is a group activity.

Physical Environment
Materials Needed:
• Social Skills Bingo game from Wellness Reproductions Products
• Bingo prizes (optional)

Space Needed:
Space needs to have a table and chairs large enough for all participants to place their Bingo cards on the table.

Activity
Time needed: 30 minutes
Directions: Follow the directions included with the Social Skills Bingo activity

Discussion Questions:
1. What is one of your strengths in communicating and getting along with others?
2. What is something that you wish to improve about your social skills?
3. What did you learn about yourself or someone else in the group during this activity?
4. Are you satisfied with your current social support? If not, what would help you to change that?

Wrap Up:
Having people around you to support you, enjoy leisure and recreational activities with, and be available to help when needed is an important part of recovery and maintaining wellness.

Adaptations:
To complete individually, simply draw the topic cards and discuss these.
Stress "Jenga"

Related IMR Module: Stress Vulnerability Model
Coping with Stress

Type of Activity: Purposeful

Focus of Activity
Awareness of stressors, signs of stress, and coping strategies

Volition: Interests, Values, and Personal Causation

Objectives:
1. Participants will identify awareness of personal stressors, signs of stress, and coping strategies upon completion of group activity

Habits
Outcomes/comprehensive treatment plan goals/objectives:
- Increased options for coping strategies, establish/restore coping as useful habits.
- Client will identify 3 coping strategies he/she uses to manage stress.
- Client will identify 2 triggers to use coping strategies

Performance Capacity
Skills Addressed:

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<th>Motor Skills</th>
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Environment
Social Environment
This is best suited as a group activity however, may be completed in a 1:1 session.

Physical Environment
Materials Needed:
- "Jenga" or "Tumbling Tower" game, with wood pieces numbered 1 – 54
- Question sheet (see attachment)

Space Needed:
Steady table and chairs for participants

Activity
Time needed: 15 – 30 minutes
Directions: Play game as usual, however after each game piece is successfully placed on the tower, participants answer question corresponding to the number on the game piece.

Discussion Questions:
1. What did you learn about stress and coping in this activity?
2. What is a healthy strategy you will use in the next day to manage stress?

Wrap Up:
Awareness of how you personally experience stress and relaxation is an important tool to use to increase your awareness of when you need to use a relaxation strategy or other coping strategy that you find helpful. It is important to have a variety of coping strategies you can use to manage stress, since at times you need to use more than one to manage current stressors. This is important because of the relationship between stress and relapse or increase in symptoms which stress can produce if not managed successfully.

Adaptations:
Do not mark game pieces, participants merely pick a number of a question to answer.
Use the questions while playing a "Yahtzee" game. Identify how many rounds participants will answer questions for. The question is chosen by the score for that round.
Use a commercially available version of the activity.
Stress "Jenga"

Questions

1 & 54: What is a physical symptom that you experience when you are stressed?
2 & 53: Identify 3 ways that you cope when you are stressed
3 & 52: Name 1 person you can talk to when you are feeling stressed
4 & 51: Identify 3 things that stress you out
5 & 50: Name 2 external stressors that affect you
6 & 49: Identify your most successful stress reliever
7 & 48: What holiday is most stressful for you? Why?
8 & 47: Name an outdoor activity you could do to relieve stress?
9 & 46: Name a time you helped someone else cope with their stress.
10 & 45: Where is one place you like to go when you are stressed?
11 & 44: What is one way you can cope with negative self talk?
12 & 43: How can you tell if you are slightly affected by stress or very stressed?
13 & 42: What day of the week do you find to be most stressful?
14 & 41: When you are stressed, what part of your daily routine is most affected?
15 & 40: What is your biggest stressor in life right now?
16 & 39: How often do you feel overwhelmed by stress?
17 & 38: What is a way you mentally remove yourself from a stressful situation?
18 & 37: Where do you go physically to remove yourself from a stressful situation?
19 & 36: Name 2 places in your community that offer a stress-free or low stress environment.
20 & 35: Share a time you successfully coped with stress in a positive manner
21 & 34: Have you ever made a "mountain out of a molehill"?
22 & 33: Name 2 physical symptoms of stress you experience
23 & 32: Name one unhealthy stress reliever you use and how you could change it to a healthier one.
24 & 31: Identify 2 internal stressors
25 & 30: What is one way you can reduce financial stress?
26 & 29: Ask each person in the group one positive way to relieve stress.
27 & 28: Is there any symptom of your illness that gets worse when you are stressed?

Compiled by Brett Anderson, COTA
Therapeutic Options: Occupation-based Activity
**Definition**

Occupation-based activity “allows clients to engage in actual occupations that are part of their own context and that match their goals” (AOTA, 2002, p. 628). Christensen (1999) identifies the importance of occupation-based activity “using relevant occupational based activities as intervention works because clients attach meaning to these occupational activities, which in turn help them develop or regain their identities” (quoted in Schell, Crepeau, and Cohn, 2003, p. 459).

**Activities**

The focus of this project is to expand the development and integration of purposeful and occupation-based activities into OT programming. This section includes a format to assist occupational therapists to conduct a practice analysis of the current interventions they provide as well as integrate MOHO theory, and the OT Practice Framework. An occupation-based intervention takes the client and occupational therapy to the next level, the act of ‘doing’. Supporting the use of desired occupation helps clients to reclaim their lives (Rogers, 2007, p. 3). Rogers also stated “our occupation-based approach intervention demonstrates our unique services in medical based settings” (p. 5).
Related IMR Module
Type of Activity: Occupation-Based

Focus of Activity

Volition: Interests, Values, and Personal Causation
Objectives:
1. ________________________________

Habits
Outcomes/comprehensive treatment plan goals/objectives:
• ________________________________

Performance Capacity
Skills Addressed: Refer to Occupational Therapy Practice Framework: Domain and process, pp. 621-622.

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Environment
Social Environment
This is an individual activity.

Physical Environment
Materials Needed:
• Phone or computer
Space Needed:
Quiet area with phone or computer depending upon choice

**Activity**

*Time needed:* Dependent upon activity

*Directions:* Participants are offered the homework assignment to contact a current supporter or gather information about potential support group of interest to them prior to the next scheduled OT IMR group session.

**Discussion Questions:**
At next scheduled OT IMR group:
1. Were you able to make contact? Why or why not?
2. What did you learn about the new support group you looked into?
3. Do you regularly keep in contact with others or reach out to others when you are doing well? How can you use this recovery strategy after discharge?

**Wrap Up:**
Discussion revolves around establishing habits and routines that support recovery and wellness and building social connections.

**Adaptations:**
Utilize a purposeful activity prior to this, such as making a list of questions the person has for the supporter or support group, or making preparations to attend a group or visit the site.
Contact self-help group or supporter

Related IMR Module: Recovery Strategies
Building Social Support
Stress Vulnerability Model
Coping with Stress

Type of Activity: Occupation-Based

Focus of Activity
Exploration of strategies for recovery
Development of stress reducing/wellness strategies
Identification of personal social supports
Exploration of social opportunities
Stress prevention/reduction strategies
Hands on utilization of strategies

Volition: Interests, Values, and Personal Causation
Objectives:
1. Participants will initiate contact with current supporter or gain further information about a support group in their area.

Habits
Outcomes/comprehensive treatment plan goals/objectives:
- Patient will demonstrate use of a positive stress management strategy at least 1 time a day
- Patient will identify a minimum of 3 recovery strategies he/she will use
- Patient will identify at least 2 important social supports he/she currently uses or wishes to use in the future.
- Patient will maintain contact with his/her supporters in the community.

Performance Capacity
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**Environment**

**Social Environment**
This is an individual activity.

**Physical Environment**
Materials Needed:
- Phone or computer

Space Needed:
Quiet area with phone or computer depending upon choice

**Activity**

**Time needed:** Dependent upon activity

**Directions:** Participants are offered the homework assignment to contact a current supporter or gather information about potential support group of interest to them prior to the next scheduled OT IMR group session.

**Discussion Questions:**
At next scheduled OT IMR group:
4. Were you able to make contact? Why or why not?
5. What did you learn about the new support group you looked into?
6. Do you regularly keep in contact with others or reach out to others when you are doing well? How can you use this recovery strategy after discharge?

**Wrap Up:**
Discussion revolves around establishing habits and routines that support recovery and wellness and building social connections.
Adaptations:
Utilize a purposeful activity prior to this, such as making a list of questions the person has for the supporter or support group, or making preparations to attend a group or visit the site.

Activity idea contributed by Alyson Wilhelmi, OTR/L
Participation in hobby/leisure activity

Related IMR Module: Recovery Strategies
Building Social Support
Stress Vulnerability Model
Coping with Stress

Type of Activity: Occupation-Based

Focus of Activity
Exploration of strategies for recovery
Development of stress reducing/wellness strategies
Conversation basics
How to develop closer relationships
Stress prevention/reduction strategies
Hands on utilization of strategies

Volition: Interests, Values, and Personal Causation
Objectives:
1. Participants will initiate participation in hobby/leisure activity of their choice.
2. Participants will engage in social activity to increase skills in developing closer relationships.
3. Participants will initiate request to another to engage in social leisure activity and/or use tips for starting conversation.

Habits
Outcomes/comprehensive treatment plan goals/objectives:
- Patient will initiate interaction one time during group
- Patient will demonstrate use of a stress management strategy at least 1 time a day
- Patient will identify a minimum of 3 recovery strategies they will use
- Patient will increase daily structure/routine through initiating 1 leisure activity daily.

Performance Capacity
Skills Addressed:

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**Environment**

**Social Environment**
This may be a social or individual activity.

**Physical Environment**

Materials Needed:
- Dependent upon activity chosen by the client

Space Needed:
Space needed depends upon chosen activity.

**Activity**

**Time needed:** Dependent upon activity

**Directions:** Participants are offered the homework assignment to engage in a leisure activity prior to the next scheduled OT IMR group session. They are encouraged to initiate this during free time, to request staff to include this activity during an engagement group time, or to obtain the supplies from the unit or request family/friends to bring activity supplies to allow participant to engage in the activity.

**Discussion Questions:**

At next scheduled OT IMR group:
1. Were you able to follow through with your chosen activity? Why or why not?
2. How much did this activity help you to relax or cope with stress?
3. Is this something you regularly do when you are doing well? How can you use this recovery strategy after discharge?
4. What tips for starting conversation or developing a closer relationship were successful? Which ones do you need to continue to work on developing?
Wrap Up:
Discussion revolves around establishing habits and routines that support recovery and wellness and building social connections.

Adaptations:
Participants identify individual activity choice; make a plan for participating in this during the next scheduled OT IMR group.
Participants identify group choice for activity to complete during next scheduled OT IMR group session.
Relaxation

Related IMR Module: Recovery Strategies
Stress Vulnerability Model
Coping with Stress

Type of Activity: Occupation-Based

Focus of Activity
Exploration of strategies for recovery
Development of stress reducing/wellness strategies
Stress prevention/reduction strategies
Hands on utilization of strategies

Volition: Interests, Values, and Personal Causation

Objectives:
1. Participants will choose and engage in a relaxation activity which is a strategy they have used in the past or which they wish to incorporate into their routines/habits

Habits
Outcomes/comprehensive treatment plan goals/objectives:
- Patient will demonstrate use of a positive stress management strategy at least 1 time a day
- Patient will identify a minimum of 3 recovery strategies they will use

Performance Capacity

Skills Addressed:

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**Environment**

**Social Environment**
This may be a social or individual activity.

**Physical Environment**
Materials Needed:
- Dependent upon activity chosen by the client

Space Needed:
Space needed depends upon chosen activity.

**Activity**

**Time needed:** Dependent upon activity

**Directions:** Participants are offered the homework assignment to engage in a relaxation activity prior to the next scheduled OT IMR group session. They are encouraged to initiate this during free time, to request staff to include this activity during an engagement group time, or to obtain the supplies from the unit or request family/friends to bring activity supplies to allow participant to engage in the activity. This activity may include relaxation CD, relaxation breathing, meditation, listening to calming music, visualization, or other activity.

**Discussion Questions:**
At next scheduled OT IMR group:
1. Were you able to follow through with your chosen activity? Why or why not?
2. How much did this activity help you to relax or cope with stress?
3. Is this something you regularly do when you are doing well? How can you use this recovery strategy after discharge?

**Wrap Up:**
Discussion revolves around establishing habits and routines that support recovery and wellness and building social connections.

**Adaptations:**
None
Therapeutic Options: Occupation-based Kits
Definition

Occupation-based activity "allows clients to engage in actual occupations that are part of their own context and that match their goals" (AOTA, 2002, p. 628). Rogers (2007) offers occupation-based kits as a strategy to increase the use of occupation-based interventions, stating "using kits allows one to choose a more occupation-based activity for a client with less reliance on preparatory or purposeful activity, when practical and possible" (p. 14). Once assembled, these kits should be stored for easy access during OT treatment.

Activities

This section offers ideas of occupation-based kits, which can be assembled and utilized in providing OT interventions in the CBHH. This is another way to increase occupation-based interventions. An occupation-based kit helps the therapist choose a more occupation–based activity when it is practical or possible (Rogers, 2007).
Occupation-Based Kits Template

**Related IMR Module:**

**Type of Activity:** Occupation-Based

**Description:** Additional occupation based kits may be developed based upon interest checklist and/or other additional assessments of client’s occupations

**Focus of Activity:**

**Volition:** Interests, Values, and Personal Causation

**Objectives of activity:**

1.

**Habits**

**Outcomes/comprehensive treatment plan goals/objectives:**

- 

**Performance Capacity**

**Skills Addressed:** Refer to *Occupational Therapy Practice Framework: Domain and process*, pp. 621-622.

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**Environment**

**Social Environment**

**Physical Environment**

**Materials Needed:**

- 

**Space Needed:**
Activity

Time needed:

Directions:

Discussion Questions:

Wrap Up:

Adaptations:
Bird Feeding/Bird Watching Kit

Related IMR Module: Stress vulnerability model  
Coping with Stress
Type of Activity: Occupation-Based

Focus of Activity:
Development of stress reducing/wellness strategies
Strategies to reduce the impact of stress
Hands on utilization of strategies

Volition: Interests, Values, and Personal Causation
Objectives of activity:
1. Participation in leisure activity to support successful coping with stress

Habits
Outcomes/comprehensive treatment plan goals/objectives:
- Establish/restore meaningful leisure participation as useful habits for coping with stress (health maintenance)
- Patient will identify 5 leisure activities/coping strategies to support recovery

Performance Capacity
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Environment

Social Environment
This activity may be done either individually or in a group.

Physical Environment

Materials Needed:
- Bird feeders
- Bird seed
- Bird book
- Binoculars

Space Needed:
An outdoor space with birdfeeders is needed.

Activity

Time needed: Variable, minimally 15 minutes

Directions: Activity may include filling bird feeders, discussing birds observed, keeping a log of birds observed.

Discussion Questions:
1. Is this activity part of your regular routine?
2. Are there some groups in your area that you can join to build your skills and/or participate in this activity?
3. What is the most interesting bird you have seen?
4. Do you have any goals related to this activity?
5. Does this help you to manage stress? If so, how?
6. Is being able to participate in this activity an important consideration in considering your discharge setting?

Wrap Up: It is helpful to participate in activities that you find meaningful and enjoyable to support your recovery. Bird watching can also be a relaxing activity and useful to support a balance in your daily schedule to manage stress more effectively and decrease relapse.

Adaptations:
The activity could include making birdseed mixtures or a suet mixture for client's to bring home for their personal feeders.
Budgeting/Financial Management Kit

Related IMR Module: Stress vulnerability model
Coping with Stress

Type of Activity: Occupation-Based

Focus of Activity:
Development of stress reducing/wellness strategies
Prevention strategies
Hands on utilization of strategies

Volition: Interests, Values, and Personal Causation
Objectives of activity:
1. Participants will engage in bill paying and/or budgeting to address financial related stressors

Habits
Outcomes/comprehensive treatment plan goals/objectives:
- Establish/restore skills in the occupation of financial management
- Patient will complete IADL tasks with minimal assistance
- Patient will identify 5 skills which help him/her prevent or manage stress
- Patient will manage finances successfully to minimize this trigger to stress

Performance Capacity
Skills Addressed:

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|                       | Temporal organization | Initiates, continues, sequences, terminates |
|                       | Organizing space and objects | organizes, restores |
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Environment
Social Environment
This is most suited for an individual activity, but may be done in small group depending on participants.

Physical Environment
Materials Needed:
- Patient’s personal bills and checkbook or account for bill paying as needed.
- Pen, pencil, paper
- Calculator
- Budgeting and financial management information, worksheets, or forms

Space Needed:
An area with table and chair

Activity
Time needed: Variable depending on complexity and number of financial tasks
Directions: Patient completes individual financial management tasks or learning related to financial management.

Discussion Questions:
1. Are finances a stressor for you?
2. What information, skills, or supports would be helpful for you in managing finances more effectively?

Wrap Up: Finances can be a major stressor; managing money well, paying bills, and working on solving problems can be helpful strategies to manage stress more effectively. Better stress management can help reduce relapses. Discuss additional strategies for financial management or resources he/she may want to consider.

Adaptations:
Use phone or internet banking resources.
Card Making and Scrapbooking Kit

Related IMR Modules: Stress Vulnerability Model
Building Social Support
Coping with Stress

Type of Activity: Occupation-Based

Focus of Activity
Development of stress reducing/wellness strategies
How to develop closer relationships
Strategies to reduce the impact of stress
Prevention strategies
Hands on utilization of strategies

Volition: Interests, Values, and Personal Causation

Objectives of activity:
1. Leisure participation to support coping skills and maintain social supports.

Habits
Outcomes/comprehensive treatment plan goals/objectives:
- Establish/restore meaningful leisure participation as useful habits for coping with stress (health maintenance)
- Patient will participate in at least 2 healthy coping strategies to effectively manage stress daily

Performance Capacity
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Environment

Social Environment
This activity may be done either individually or in a group. This supports re-involvement in participant’s own social context.

Physical Environment
Materials Needed:
• Variety of scrapbooking paper
• Scissors and decorative edge scissors
• Glue, stickers, buttons, and other embellishments
• Stamps and stamp pads
• Family/friends may bring in photographs, samples and idea books may be helpful

Space Needed:
Table space to spread materials for planning, organizing and for work space.

Activity
Time needed: 30 – 60 minutes
Directions: This activity is the creative task of planning and assembling a greeting card or scrapbook page.

Discussion Questions:
1. Where do you get your materials and supplies for this activity when you are at home?
2. Are there classes or other places you can connect with others who participate in this activity?
3. How can you incorporate this into your recovery strategies?
4. How do you incorporate this activity into your strategies to manage stress?
5. Is this something that you have planned into your monthly budget?

Wrap Up: It is helpful to participate in activities that you find meaningful and enjoyable to support your recovery. Maintaining current social supports is another important strategy for coping with stress effectively which helps to reduce relapses. Having family or other supporters involved in relapse prevention plans can also increase people’s wellness.

Adaptations:
Use pre-assembled card kits, patterns or scrapbook page formats. Make small scrapbooks or scrapbook cards for family or friends.

Based upon Scrapbooking Occupation-Based Kit: Rogers (2007).
Related IMR Module: Stress Vulnerability
Coping with Stress
Type of Activity: Occupation-Based

Focus of Activity:
Development of stress reducing/wellness strategies
Strategies to reduce the impact of stress
Hands on utilization of strategies

Volition: Interests, Values, and Personal Causation
Objectives of activity:
1. Participation in leisure activity to support successful coping with stress to prevent relapse.

Habits
Outcomes/comprehensive treatment plan goals/objectives:
• Establish/restore meaningful leisure participation as a useful habit for coping with stress (health maintenance)
• Patient will participate in at least 2 healthy coping strategies to effectively manage stress daily
• Patient will identify 3 useful coping strategies for stress

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Environment
Social Environment
This may be individual or in a group. Completion of jewelry pieces for people in participant's social context may support social participation and relations.

Physical Environment
Materials Needed:
- Variety of beads
- Stretchy cord
- Nail polish to secure knot
- Felt pad or paper to layout beads
- Directions or pattern books

Space Needed:
An area with table and chairs available is needed.

Activity
Time needed: 30 – 60 minutes
Directions: Participants design and complete a simple bracelet or necklace.

Discussion Questions:
1. How do you include this activity into your routines?
2. Are there barriers to you participating in this activity?
3. If so, how can you minimize these barriers?

Wrap Up: It is helpful to participate in activities that you find meaningful and enjoyable to support your recovery and helps reduce relapses. Participating in creative activities can also be a helpful recovery strategy.

Adaptations:
Pre-chosen beads or patterns may be offered to simplify task.
Letter and card writing kit

Related IMR Module: Building Social Support
Type of Activity: Occupation-Based

Focus of Activity:
How to develop closer relationships

Volition: Interests, Values, and Personal Causation

Objectives of activity:
1. Establish/restore social participation
2. Maintain contact with people in client’s social support system

Habits
Outcomes/comprehensive treatment plan goals/objectives:
- Establish/restore communication with others in social support system supporting occupation of social participation.
- Patient will initiate contact with at least 1 person in his/her social support system.

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**Environment**

**Social Environment**
This activity may be done either individually or in a group. This supports re-involvement in own social context.

**Physical Environment**
Materials Needed:
- A variety of writing paper and envelopes
- general cards
- pens
- stamps
- address-book organizing strategies
- suggestions for letter and note writing

Space Needed:
A writing surface and a chair is needed.

**Activity**
**Time needed:** 15 – 30 minutes
**Directions:** Compose letters; send cards or notes to friends and family

**Discussion Questions:**
1. What are some other ways you maintain these supportive relationships?
2. What are barriers to maintaining or building relationships with people in your social context?

**Wrap Up:** Maintaining current social supports is an important strategy for coping with stress effectively which helps to reduce relapses. Having family or other supporters involved in relapse prevention plans can also increase people’s wellness. Keeping in contact with supporters through phone contact or cards and letters is a method of showing by your actions that you care about the other person which can help you to keep that relationship healthy.

**Adaptations:**
If desired, personalized cards or letter paper could be made. (See card making and scrapbooking activity).

Based upon Letter writing or handwriting exercises Occupation-Based Kit: Rogers (2007).
Manicure Kit

Related IMR Module: Stress Vulnerability
Coping with Stress
Type of Activity: Occupation-Based

Focus of Activity:
Development of stress reducing/wellness strategies
Strategies to reduce the impact of stress
Hands on utilization of strategies

Volition: Interests, Values, and Personal Causation
Objectives of activity:
1. Establish/restore personal hygiene and grooming
2. Establish/restore self nurturing as a useful habit for coping with stress

Habits
Outcomes/comprehensive treatment plan goals/objectives:
- Establish/restore meaningful leisure participation as a useful habit for coping with stress (health maintenance)
- Establish/restore personal grooming and hygiene.
- Patient will complete self care tasks daily.

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**Environment**

*Social Environment*
This may be done individually or as part of a group.

*Physical Environment*

**Materials Needed:**
- A bowl
- nail file
- nail brush
- cuticle softener
- nail polish remover
- nail polish
- lotion
- scrub/exfoliation cream

**Space Needed:**
Table and chair

**Activity**

***Time needed:*** 15 – 45 minutes

**Directions:** Remove any nail polish; soak nails in bowl with mild soap. Apply hand scrub, wash hands, and follow up with lotion application. Shape nails and cuticles. Remove lotion from nails and apply polish.

**Discussion Questions:**
1. How often is this part of your self care routine?
2. Is this helpful in preventing or managing your stress? If so, why?

**Wrap Up:** It is helpful to participate in activities that you find meaningful and enjoyable to support your recovery. Taking care of yourself, healthy habits, having a balance of activities, and engaging in meaningful activities are all ways that you can support your recovery and wellness through managing stress. Discuss additional options participant(s) use to support their recovery.

**Adaptations:**
Complete only the hand care portion of the activity or the nail polishing. Complete a pedicure.
Client may give a family member or friend a manicure, which then addresses social supports.

Based upon Manicures Occupation-Based Kit: Rogers (2007).
Minor Carpentry Kit

Related IMR Module: Stress vulnerability model
Coping with Stress
Type of Activity: Occupation-Based

Focus of Activity:
Development of stress reducing/wellness strategies
Strategies to reduce the impact of stress
Hands on utilization of strategies

Volition: Interests, Values, and Personal Causation
Objectives of activity:
1. Participation in leisure activity to support successful coping with stress
2. Build confidence in ability to complete minor carpentry tasks

Habits
Outcomes:
- Establish/restore meaningful leisure participation as useful habits for coping with stress (health maintenance)
- Establish/restore home establishment and management skills

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**Environment**

**Social Environment**

This may be completed individually or in a small group

**Physical Environment**

Materials Needed:
- Birdhouse or other wood kit of interest to client to complete and bring home
- sandpaper
- hammer, nails, and wood glue
- paint, a non-toxic sealant such as mod podge and paint brushes

Space Needed:
This activity is best completed in a group room with limited access due to the use of tools which could be used as weapons. A work table will be needed.

**Activity**

Time needed: Depends upon activity. Minimum 30 minutes, unless broken into smaller steps

Directions: This activity is to build or assemble and finish a simple carpentry project of interest to the participant.

**Discussion Questions:**
1. What carpentry or repair tasks do you complete at home?
2. Are there any barriers to your completion of these? How can you manage these?

Wrap Up: Participating in enjoyable leisure activities is useful in helping people cope with stress more effectively which helps reduce relapses. Additionally, giving yourself credit for talents and strengths is another useful strategy.

**Adaptations:**
Client may have specific fix-it tasks they wish to plan for upon return home. The activity then would include planning that activity.
Outdoor or indoor container gardening kit

Related IMR Module: Stress Vulnerability
Building Social Support
Coping with Stress

Type of Activity: Occupation-Based

Focus of Activity:
Development of stress reducing/wellness strategies
Stress prevention strategies
Exploration of social opportunities
How to develop closer relationships
Strategies to reduce the impact of stress
Hands on utilization of strategies

Volition: Interests, Values, and Personal Causation

Objectives of activity:
1. Engagement in leisure participation to support stress prevention and coping
2. Provide opportunity for social participation
3. Consider potential of activity choice in deepening relationship with another

Habits

Outcomes/comprehensive treatment plan goals/objectives:
- Establish/restore meaningful leisure participation as useful habits for coping with stress (health maintenance)
- Patient will identify 3 useful coping strategies for stress
- Patient will initiate 1 social interaction during group participation.
- Patient will identify 2 activities he/she can participate in with other people after discharge

Performance Capacity

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**Environment**

**Social Environment**
This activity may be done individually or as part of a group.

**Physical Environment**

**Materials Needed:**
- Gardening gloves
- trowel
- potting soil
- seeds or plants to divide or root
- watering can
- newspaper or table cloth to cover work space
- broom, dustpan
- directions
- A volunteer or family member may provide a container for participants’ discharge setting, with approval for safety at the CBHH.

**Space Needed:**
A worktable is needed. Space needs to be adequate to allow participant(s) to spread out materials for planting.

**Activity**

**Time Needed:** 15 - 30 minutes

**Directions:** Clients plant seeds or replant indoor plant starts. Potted plants may be sent home with family or friends or remain in group room until discharge.
Discuss plant care.

**Discussion Questions:**
1. How do you incorporate this activity into your home routines or leisure participation?
2. Are there barriers to your participation in this activity following discharge?
3. Is being able to participate in this activity an important consideration in considering your discharge setting?
Wrap Up: It is helpful to participate in activities that you find meaningful and enjoyable to support your recovery. Gardening offers an opportunity for you to set goals, experience success and enjoyment, as well as offering part of a regular routine.

Adaptations:
Decorate the planter used.
Plan a garden, flower bed, or container planting to complete after discharge
Start vegetable seeds.

Based upon Gardening Occupation-Based Kit: Rogers (2007).
Sensory Kits

Related IMR Module: Stress Vulnerability Model
Coping with Stress
Type of Activity: Occupation-Based

Focus of Activity:
Development of stress reducing/wellness strategies
Strategies to reduce the impact of stress
Hands on utilization of strategies

Volition: Interests, Values, and Personal Causation

Objectives of activity:
1. Clients will actively use sensory approaches they have identified as helpful recovery strategies and for coping with stress or symptoms.

Habits
Outcomes/comprehensive treatment plan goals/objectives:
- Establish/restore effective coping strategies.
- Patient will use coping strategies to maintain safety, independently or with cue daily
- Patient will identify 5 coping strategies to manage stress or symptoms
- Patient will identify 3 signs he/she needs to utilize coping strategies

Performance Capacity
Skills Addressed:

<table>
<thead>
<tr>
<th>Motor Skills</th>
<th>Posture</th>
<th>Energy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>aligns, positions</td>
<td>endures, paces</td>
</tr>
<tr>
<td>Mobility</td>
<td>reaches, bends</td>
<td></td>
</tr>
<tr>
<td>Coordination</td>
<td>coordinates, manipulates, flows</td>
<td></td>
</tr>
<tr>
<td>Strength and effort</td>
<td>moves, transports, lifts, calibrates, grips</td>
<td></td>
</tr>
<tr>
<td>Energy</td>
<td></td>
<td>Paces, attends</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Process Skills</th>
<th>Knowledge</th>
<th>Temporal organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chooses, uses, handles, heeds, inquires</td>
<td>Initiates, continues, sequences, terminates</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Organizing space and objects</td>
</tr>
<tr>
<td></td>
<td></td>
<td>searches/locates, gathers, organizes, restores</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adaptation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Notices/responds, accommodates, adjusts, benefits</td>
</tr>
</tbody>
</table>

111
Communication/Interaction Skills

<table>
<thead>
<tr>
<th>Physicality</th>
<th>Gazes, maneuvers, orients, postures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information exchange</td>
<td>asserts, asks, engages, expresses, modulates, speaks, sustains</td>
</tr>
<tr>
<td>Relations</td>
<td>conforms, focuses, relates, respects</td>
</tr>
</tbody>
</table>

Environment

Social Environment
This is suited for an individual activity, however may be adapted to group.

Physical Environment
Materials Needed:
Assemble kit or use kit assembled in previous groups. Examples of possible kits include (http://www.ot-innovations.com/content/view/32/461):

- **Sobriety kit**: important phone numbers, 12 step meeting lists, daily reflections book, AA Big Book, pictures of people who are motivating, sensory items to help distract from cravings (hot balls, stress balls/fidgets, rubber bands for wrist snapping, etc.), humor tapes/books, journal, etc.
- **Safety kit**: phone numbers of primary supports, the person’s list of self-created treatment goals, top five reasons why it is important for them to stay safe, stress balls/fidgets, aromatherapy oils, hot balls or sour candies, pictures of people who are motivating, humor tapes/books, brushes or bean bags used for brushing or tapping, mindfulness items, journal,
- **Relaxation kit**: relaxation CDs, aromatherapy oils, pictures of soothing scenes, stress balls/fidgets, nature items, journal, humor tapes or comics
- **Spirituality kit**: meditation CDs, daily reflections book, journal, mindfulness items, rubbing stones, positive affirmations, nature clippings, aromatherapy oils, crystals, etc.
- **Self-care or ADL Kit**: a variety of scrub brushes and cloths, assorted lotions, soaps, bath foams/salts and scrubs, and other assorted skin, hair and nail care items (include options for both men and women).

Additional reference for sensory kits is www.sensoryconnectionprogram.com

Space Needed:
Space needs vary depending on kit activity chosen.
Activity

Time needed: Varies, minimally 15 minutes

Directions:

Referred to by a variety of names (safety kit, tool kit, motivation kit, sobriety kit, relaxation kit, serenity kit, spirituality kit, self-soothe kit, comfort box, etc.) a sensory kit is a personalized kit created by the individual who intends to use it. Therefore, the theme of each kit must be chosen by the individual and should be related to what he or she wants and needs it for.

A sensory kit is a self-created box, bag, or bin, that is a special and designated place to keep meaningful items that each person finds specifically important and helpful – both for preventative purposes and during times of crisis. It is a place to keep things that help the individual self-organize. It is important to help each person think about what things to keep in their kits, where the kits will be kept, how they will use them, and what to do in situations where they may not have access to the kit. (http://www.ot-innovations.com/content/view/132/461/):

Discussion Questions:
1. Is this activity part of your regular routine?
2. Do you have any goals related to this activity?
3. Does this help you to manage stress? If so, how?

Wrap Up: It is helpful to participate in activities that you find meaningful and enjoyable to support your recovery. Sensory strategies can be useful approaches to help in self-management. Increasing intensity of sensory strategies can help as symptoms or stress increase. Finding and adding strategies to your personal recovery kit can help manage stress and reduce relapse

Adaptations:
Include Mandalas in the spirituality and relaxation kits.
Assessment
Assessment

The OT Practice Framework identifies the importance of the evaluation process which “is focused on finding out what the client wants and needs to do and on identifying those factors that act as supports or barriers to performance” (2002, p. 616). One purpose of this scholarly project is to identify practical assessment tools for the Community Behavioral Health Hospitals that are congruent with the philosophy of occupational therapy and Model of Human Occupation theory. Furthermore, the assessments selected must be effective in identifying the occupational needs of patients and provide useful information for Illness Management and Recovery program interventions.

A review of MOHO assessments was completed analyzing the format, purpose, and population for which the assessment was developed. Based upon this analysis, four assessments were identified as appropriate tools to use in CBHH occupational therapy services. These provide a range of assessment tools, which may be chosen, based upon the client’s current level of functioning. These client-centered assessments gather information relevant to volition, personal causation, stage of change, occupational performance, and priorities for treatment. The following OT driven assessments are compatible with the theoretical bases of the IMR program as well as OT.

The Model of Human Occupation Screening Tool (MOHOST)

The first of these is the Model of Human Occupation Screening Tool (MOHOST). Forsyth and Kielhofner (2003) indicate the MOHOST was developed to be used in acute care and identify it as being most useful “when self-assessments may not be possible and lengthy interviews may not be appropriate, but where occupational therapists
nevertheless build up an understanding of their clients’ occupation functioning over time” (p. 76). This tool may be used effectively with those patients admitted to the CBHH who are in the pre-contemplation or contemplation stage, are experiencing severe acute symptoms of mental illness, or other conditions are present such that the longer assessment cannot reasonably be completed. This observation-based tool provides information on personal causation, values, interests, roles, habits, skills, and environment. Mitchell and Neish identified the benefit of using the MOHOST to their practice, indicating, that it “has not only helped to motivate and engage clients in the occupational therapy process but also enabled the authors to assess more clients, including lower-functioning clients, in a time efficient way” (p.217).

The Occupational Circumstances Assessment Interview and Rating Scale (OCAIRS)

The Occupational Circumstances Assessment Interview and Rating Scale (OCAIRS) “provides a structure for gathering, analyzing, and reporting data on the extent and nature of an individual’s occupational participation” (http://www.moho.uic.edu/assess/ocairs.html,¶ 2). The OCAIRS has an interview form specifically developed for use in mental health. This assessment tool provides information on roles, habits, personal causation, values, interests, skills, short and long term goals, interpretation of past experiences, physical and social environments and readiness for change. This would offer an OT theory based option for initial assessment and provide formal information related to patient’s current stage of change for assignment to either the IMR or Engagement treatment track.
The Occupational Self-Assessment (OSA)

The Occupational Self-Assessment (OSA) “is designed to capture clients’ perceptions of their own occupational competence and of the impact of their environment on their occupational adaptation” (Forsyth & Kielhofner, 2003, p. 72). This is completed via self-rating forms, rating such occupational activities as concentration, relaxation, getting along with others; and having a satisfying routine. These are rated on a 4-point scale ranging from being problematic to being a strength. The patient also rates the value he/she assigns to these occupational activities. The OSA includes a final section in which the patient identifies their priorities for treatment. This offers OT another standardized option of gaining prioritized, client centered treatment goals for development of the comprehensive treatment plan.

The Interest Checklist

The Interest Checklist is the final MOHO assessment tool recommended for use to support the CBHH OT program. This tool gathers information on past and present interests, degree of interest, and participation in 68 activities. These findings can then be used to develop or choose specific purposeful activities or occupation-based kits for the client.

The assessment tools recommended complement the IMR Program in place at the CBHH. These assessments are based on MOHO theory and facilitate gathering information about occupational performance, patient priorities, barriers and needs, and stage of change. The MOHOST, OCAIRS, OSA, and Interest Checklist offer the OT a range of options to enable him/her to use an assessment best suited to the client’s current level of functioning.
Resources

These are just a few resources compiled up to this point in the process. As you find additional resources just add them to your list and remember to share them with other therapists.

Websites:
http://gerrystarnes.com/journal/index.html,
http://www.ot-innovations.com/content/view/32/46/
http://www.sculpey.com/Projects/projects_Nick_SpiralPens.htm
http://www.sensoryconnectionprogram.com
http://www.squidoo.com/journalwritingtopics

Books:

Games or Activities:
Available from Wellness Reproductions:
  Social Skills Bingo
  Self Esteem Bingo
  The Coping Game
References
References


CHAPTER V

SUMMARY

There is an opportunity in the new Community Behavioral Health Hospitals (CBHH) to design and develop more comprehensive programs to meet patients’ needs and support recovery utilizing the unique professional skills of the occupational therapist (OT). In order to strengthen the role and practice of OT, it was essential to provide a framework for OT practitioners to define, develop, and strengthen occupational therapy specific services.

A review of literature was completed and based on the results the Proposed Process: Practice Analysis, Design & Implementation of Occupational Therapy In Community Behavioral Health Hospitals (CBHH) was developed. The process assesses if an activity is preparatory, purposeful, and/or occupation-based, based on Rogers (2007) practice analysis. The analysis then focuses on how each activity fits into occupation and daily life activities via the Occupational Therapy Practice Framework Professional Model. The process results in OT practice programming that is purposeful and occupation-based in congruence with MOHO Theory.

This approach is supported by Cowls and Hale’s (2005) study which indicated participants “value psycho-educational groups when accompanied by other traditional occupational therapy groups and when the group structure is a combination of activity and discussion” (p. 181) and Eaton’s (2002) findings that “a case has been made for the
involvement of the occupational therapist in such [psycho-education] treatment in order to encourage group members to apply learning in a meaningful way” (p. 325). Finally, the product identifies assessments that meet the occupational needs of the client working within the context of the IMR program as well as the philosophy of occupational therapy.

Limitations

The limitations in this project could include:

1. While the assessments have been reviewed and recommendations made, these have not been fully implemented to determine function and effectiveness within the CBHH.

2. The project has not fully developed activities for the IMR modules assigned to OT practitioners in the CBHH.

3. While the project offers a framework and process for developing strong OT services within the CBHH system, clear recommendations for specific program structure are not provided as part of this process. Without clear guidelines and clarity of the OT role, OT services developed across the Community Behavioral Health Hospitals may not be consistent.

4. Clear program outcome measures to assess the effectiveness of the OT program as a whole need development.

Proposed Implementation

This product will first be piloted at CBHH-Alexandria, and then presented to occupational therapy practitioners in other CBHH sites. This provides an opportunity for practice in application of the analysis of activities offered, exploration of activities presented for use within the OT program, and appraisal of the assessment tools recommended. Additional activities will continue to be developed based upon the framework developed. The proposed process will also be used to support documentation of OT services reflecting the specialized domain of occupational therapy. The
development and implementation of outcome measures to evaluate effectiveness of occupational therapy programming, client satisfaction, and occupational performance in relation to volition, habituation, and performance capacity may assist OTs to determine the effectiveness and usefulness of occupational therapy services provided.

**Conclusions**

In conclusion, the Proposed Process: Practice Analysis, Design & Implementation of Occupational Therapy In Community Behavioral Health Hospitals (CBHH) developed provides occupational therapists with:

1. Structured resources to analyze current activities,
2. A manual of therapeutic options including preparatory, purposeful, occupation-based, and occupation-based kits,
3. Assessments congruent with OT theory and IMR principles.

The occupation-based activities may be offered as part of the scheduled IMR group, other OT groups, or as homework assignments. This process and resultant manual provides both current and future therapists with clear examples of how to implement and utilize this process to increase effectiveness of therapeutic interventions for clients. It can also be used to inform other healthcare professionals and students about the unique services OT provides within this setting.

**Recommendations**

The product, Proposed Process: Practice Analysis, Design & Implementation of Occupational Therapy In Community Behavioral Health Hospitals (CBHH) has the potential for implementation by occupational therapists facilitating Illness Management.
and Recovery Program modules in either inpatient or outpatient mental health settings.

Recommendation for future action would be:

1. Develop Outcome Measures for OT programming

2. Develop and conduct a process and outcome study to assess the effectiveness of the proposed processes as well the benefits it provides to clients, the CBHH, and occupational therapists. This could include, but is not limited to: client surveys and use of OT driven assessments as pre and post-tests. This would lend itself to the development of evidence-based OT practice at Community Behavior Health Hospitals in Minnesota which could be more generally applied to occupational therapy practice in community based mental health settings.

3. Continue to develop activities for the IMR modules assigned to OT practitioners utilizing the process.

4. Develop clear recommendations for program structure to ensure consistency is present across the Community Behavior Health Hospitals.
APPENDIX

Practice Analysis Process Results
# IMR #1 – Recovery Strategies

## Strategies for Recovery Checklist - preparatory

<table>
<thead>
<tr>
<th>Preparatory/topic</th>
<th>Purposeful</th>
<th>Occupation based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategies checklist:</td>
<td>CBT strategies: Help the person practice activity in session/Role play. i.e. what to say to a friend to invite to do something together</td>
<td>Purposeful</td>
</tr>
<tr>
<td>Self help program</td>
<td>Seek information on self-help group via phone/computer – A. Wilhelmi</td>
<td>Purposeful</td>
</tr>
<tr>
<td>Staying active</td>
<td>Make a daily to-do list. Generate a daily calendar or schedule</td>
<td>Purposeful</td>
</tr>
<tr>
<td>Develop support system</td>
<td>Connect with social supports. Make/choose a card and prepare to send it to one of supports</td>
<td>Purposeful</td>
</tr>
<tr>
<td>Maintain physical health</td>
<td>Healthy habits quiz. Plan and make a healthy snack. Exercise routine – use an exercise record (LMS book)</td>
<td>Purposeful</td>
</tr>
<tr>
<td>Aware of environment and how it affects you</td>
<td>Some kind of self awareness activity. Sensory approaches? i.e. bean bag tapping, consider Karen Moore/Tina Champagne resources</td>
<td>Purposeful</td>
</tr>
<tr>
<td>Making time for leisure</td>
<td>Scheduling</td>
<td>Purposeful</td>
</tr>
<tr>
<td>Spirituality</td>
<td>Meditation activities?</td>
<td>Purposeful</td>
</tr>
<tr>
<td>Follow through with treatment choices</td>
<td>List/schedules</td>
<td>Purposeful</td>
</tr>
</tbody>
</table>

## Satisfaction with areas of my life checklist - preparatory

<table>
<thead>
<tr>
<th>Preparatory/topic</th>
<th>Purposeful</th>
<th>Occupation based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction with areas of my life checklist</td>
<td>CBT strategies: Help person ID a goal in area he/she is not satisfied with.</td>
<td>Purposeful</td>
</tr>
<tr>
<td></td>
<td>Values auction/goal setting related to areas identified. Vision Map of future goals/aspirations – A. Wilhelmi</td>
<td>Purposeful</td>
</tr>
</tbody>
</table>

## Goal setting – purposeful/occupational

<table>
<thead>
<tr>
<th>Preparatory/topic</th>
<th>Purposeful</th>
<th>Occupation based</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBT strategy – role play step in meeting goal</td>
<td>Purposeful</td>
<td>Occupation based</td>
</tr>
<tr>
<td>Set goals using SMART format. Make business card sized reminder of goals/plan</td>
<td>Purposeful</td>
<td>Occupation based</td>
</tr>
</tbody>
</table>

## Reminders, guidelines, suggestions for recovery - purposeful

<table>
<thead>
<tr>
<th>Preparatory</th>
<th>Purposeful</th>
<th>Occupation based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encourage participant to talk about past accomplishments</td>
<td>Recovery Collage/shield activity</td>
<td>Purposeful</td>
</tr>
</tbody>
</table>
## IMR #3: Stress Vulnerability Model and Treatment options

### Reducing Stress Checklist - preparatory

<table>
<thead>
<tr>
<th>Item from checklist</th>
<th>Purposeful</th>
<th>Occupation based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set reasonable expectations for self</td>
<td>Make a list of personal expectations that person feels is reasonable</td>
<td>Homework – actually initiate participation in hobby/leisure activities. Ask to do this activity during one of the scheduled groups if possible or make plans to get supplies to do during the next day.</td>
</tr>
<tr>
<td>Engage in meaningful activities</td>
<td>Complete a craft or game during session, or a unit volunteer task to explore options</td>
<td></td>
</tr>
</tbody>
</table>
| Maintain Good Health Habits          | *Complete a healthy habits questionnaire (there’s one in one of the life management skills from wellness reproductions)  
*Set a goal for a healthy habit to use in next day |                                                                                   |
| Seek out supportive relationships    | Role play starting a conversation with a supportive person about needs/feelings. | Homework: Contact that person                                                    |
| Avoid arguments/criticism            | Assertiveness                                                              |                                                                                  |
| Give self credit for talents and strengths | Make a personal affirmation poster; “good things about (person)” activity – everyone adds to each person’s lists – B. Anderson |                                                                                  |

### Coping with stress checklist

<table>
<thead>
<tr>
<th>Item from checklist</th>
<th>Purposeful</th>
<th>Occupation based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talk to someone about my feelings</td>
<td>ID who to talk to, role play interaction.</td>
<td>Homework – follow through</td>
</tr>
<tr>
<td>Use Relaxation techniques</td>
<td>Relaxation CD or exercise from pamphlet. Draw your stress exercise from past chapter 4</td>
<td></td>
</tr>
<tr>
<td>Use positive self talk</td>
<td>Make a personal affirmation poster</td>
<td>Homework: complete activity before next group</td>
</tr>
<tr>
<td>Keep a sense of humor</td>
<td>Tell jokes, find a joke for next day’s group/goal group, brainstorm a list of things they do to keep their sense of humor; make a humor box/file – B. Anderson</td>
<td></td>
</tr>
<tr>
<td>Religion/Spirituality</td>
<td>Meditation activities?</td>
<td>Pray, meditate, contact pastor/other</td>
</tr>
<tr>
<td>Take a walk or exercise</td>
<td>Try different types of exercise</td>
<td>Participate in exercise on unit</td>
</tr>
<tr>
<td>Journal</td>
<td>Make a “Sculpey” pen, personalize a journal, discuss strategies for journaling – L. Donahue</td>
<td>Complete a journal entry</td>
</tr>
<tr>
<td>Express self artistically</td>
<td>Use drawing/doodling in activity</td>
<td>Craft in free time/engagement group</td>
</tr>
<tr>
<td>Work on solving problems</td>
<td>Use step by step problem solving exercise from Recovery Strategies module</td>
<td></td>
</tr>
<tr>
<td>Engage in a hobby</td>
<td>CBT strategy: Help choose a hobby, ensure have the needed equipment,</td>
<td>Homework strategy – Actually make the request/do the</td>
</tr>
</tbody>
</table>

34
and make plan to engage in hobby. Role play if need to ask others or on own in free time

| Engage in a hobby | *hobby word find *leisure charades to explore options *Make a personal business card sized list of hobbies to use when needed to have close during times of stress as a visual cue. |

<table>
<thead>
<tr>
<th>Treatment options – (reading) - preparatory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparatory</td>
</tr>
<tr>
<td>CBT strategy – determine steps for activity; role-play completing 1 step of treatment option.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IMR #4 - Building Social Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>What does social support mean to you worksheet – preparatory</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preparatory/topic of worksheet</th>
<th>Purposeful</th>
<th>Occupation based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspects of support satisfied with/want to change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How are you supportive of other people?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Added preparatory activity: Worksheet on ways you support others from Wellness Reproductions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Would you like more social support?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Added prep. Activity: Questionnaire on barriers to healthy relationships from Life Management Skills</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Places to meet people checklist - preparatory</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Preparatory/topic area</th>
<th>Purposeful</th>
<th>Occupation based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leisure scavenger hunt – A. Wilhelmi Practice what you would say to initiate conversation with someone with the person on your left - – A. Wilhelmi Make a plan for a specific place to go to meet people: include time of day/day(s) of week, how to approach someone to start conversation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategies for starting conversations worksheet - preparatory</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Preparatory/topic</th>
<th>Purposeful</th>
<th>Occupation based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choose an interesting topic</td>
<td>Pair up/ start a conversation with partner about something you’d say to initiate a conversation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Social Bingo</td>
<td></td>
</tr>
<tr>
<td>Social Skills bingo from Wellness Reproductions Products</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooperative task activity/team building such as cooperatively putting puzzle together/build a tower with follow up discussion on conversation, roles, comfort, etc</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Things you can say to increase closeness worksheet - preparatory**

<table>
<thead>
<tr>
<th>Preparatory/topic</th>
<th>Purposeful</th>
<th>Occupation based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer interview/interactions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Levels of disclosure in personal relationships worksheet - preparatory**

<table>
<thead>
<tr>
<th>Preparatory</th>
<th>Purposeful</th>
<th>Occupation based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pair up, practice information exchange at different levels of disclosure - A. Wilhelm</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Examples of social support – (educational – reading) - preparatory**

<table>
<thead>
<tr>
<th>Preparatory</th>
<th>Purposeful</th>
<th>Occupation based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Write own story of social support - needs/resources</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Other ideas**

<table>
<thead>
<tr>
<th>Preparatory</th>
<th>Purposeful</th>
<th>Occupation based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warm up: Balloon Juggle: People write a stressor on a balloon. 1 person juggles their stressor, then add in stressors until start to lose it...Add people in who help keep the balloons up. Discuss</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CBT strategy: Role playing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homework – follow through on activity/goal set for social support</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IMR # 7 – Coping with Stress**

**Life events checklist/Daily hassles checklist - preparatory**

<table>
<thead>
<tr>
<th>Preparatory</th>
<th>Purposeful</th>
<th>Occupation based</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBT strategy: ID forthcoming major change and plan how to manage it</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Signs you’re under stress checklist - preparatory**

<table>
<thead>
<tr>
<th>Preparatory</th>
<th>Purposeful</th>
<th>Occupation based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warm up: Look R and L at leaders’ direction...discuss physical/emotional signs (From stress management book)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warm up: Group juggle until start dropping balls</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Strategies for preventing stress check list - preparatory**

<table>
<thead>
<tr>
<th>Preparatory/topic</th>
<th>Purposeful</th>
<th>Occupation based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be aware of situations that caused stress in past</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule meaningful activities Make a personal calendar, include important dates/activities Contact others to schedule social activity, visit, or obtain materials for activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule time for relaxation Personal daily calendar/scheduling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance in daily life ID “chocolate chips” in the cookie of</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Develop my support system | See building social support module
---|---
Take care of my health | See Recovery Strategies and Stress Vulnerability
Talk about my feelings | Peer discussion/interview, Role play interaction with other. Do so with family/friend/other on phone or in person before next group.
Journal | See Stress Vulnerability module
Avoid being hard on myself. ID positive features about myself | Make a personal affirmation poster; “good things about (person)” activity – everyone adds to each person’s lists. Homework: Use daily affirmations as part of routine

### Strategies for coping with stress checklist - preparatory

<table>
<thead>
<tr>
<th>Preparatory/topic</th>
<th>Purposeful</th>
<th>Occupation based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talking to someone</td>
<td>Relaxation CD, deep breathing, “Five Good Minutes” book activities</td>
<td></td>
</tr>
<tr>
<td>Using relaxation techniques</td>
<td>Make a personal affirmation poster; “good things about (person)” activity – everyone adds to each person’s lists</td>
<td>Homework: Use daily affirmations as part of routine</td>
</tr>
<tr>
<td>Positive self talk</td>
<td>See Recovery Strategies/Stress Vulnerability modules</td>
<td></td>
</tr>
<tr>
<td>Sense of humor</td>
<td>See Recovery Strategies/Stress Vulnerability modules</td>
<td></td>
</tr>
<tr>
<td>Religion/spirituality</td>
<td>See Recovery Strategies/Stress Vulnerability modules</td>
<td></td>
</tr>
<tr>
<td>Exercising</td>
<td>See Recovery Strategies/Stress Vulnerability modules</td>
<td></td>
</tr>
<tr>
<td>Journaling</td>
<td>See Recovery Strategies/Stress Vulnerability modules</td>
<td></td>
</tr>
<tr>
<td>Listen to music</td>
<td>Explore different types of music and how each impacts mood/stress</td>
<td></td>
</tr>
<tr>
<td>Artwork – do or see</td>
<td>See Recovery Strategies/Stress Vulnerability modules</td>
<td></td>
</tr>
<tr>
<td>Participate in a hobby</td>
<td>See Recovery Strategies/Stress Vulnerability modules</td>
<td></td>
</tr>
</tbody>
</table>

### Individual plan for coping with stress - purposeful

<table>
<thead>
<tr>
<th>Preparatory/topic</th>
<th>Purposeful</th>
<th>Occupation based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation in specific coping activities – relaxation tape/deep breathing/visualization/word finds</td>
<td>Participation in specific coping activities – relaxation tape/deep breathing/visualization/word finds</td>
<td></td>
</tr>
</tbody>
</table>

### Relaxation techniques (appendix) – purposeful vs. occupation based

<table>
<thead>
<tr>
<th></th>
<th>Purposeful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relaxed breathing</td>
<td></td>
</tr>
<tr>
<td>Muscle relaxation</td>
<td></td>
</tr>
<tr>
<td>Visualization</td>
<td></td>
</tr>
<tr>
<td>Modeling clay sculptures to get rid of stress – B. Anderson</td>
<td></td>
</tr>
<tr>
<td>“Anger Cookies” – mix stiff dough with hands – M. Lorenzo</td>
<td></td>
</tr>
</tbody>
</table>
REFERENCES


Substance Abuse and Mental Health Services Administration. (2003d). Handout 7: Coping with Stress.


Substance Abuse and Mental Health Services Administration. (2003f). Information for Mental Health Program Leaders.

Substance Abuse and Mental Health Services Administration. (2003g). Workbook for Clinical and Practical Supervisors.
