2007

Achieving Success in College: An Occupational Therapy Approach to a Study/Support Group

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ACHEIVING SUCCESS IN COLLEGE:
AN OCCUPATIONAL THERAPY APPROACH TO A STUDY/SUPPORT GROUP

By

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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
May 13, 2007
This Scholarly Project Paper, submitted by Mattie Heckaman and Angela Sepe 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.

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Department Occupational Therapy

Degree Master’s of Occupational Therapy

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Signature Mattie Harrison Date 5-3-07

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ABSTRACT

This project was designed to target the needs of students with psychiatric disabilities pursuing higher education. Kessler, Foster, Saunders and Stang (1995), noted that early-onset psychiatric disorders often disrupt attainment of higher education. According to Mowbray et al. (2006) epidemiological studies indicated that youth ages 15-21 years old had the highest prevalence rate of mental illness in 2005. These ages correlate with the conventional years that an individual may attend college. Consequently, the initial psychiatric occurrence of many young adults is experienced during college years. As noted in recent literature, increased supports are needed to retain students with psychiatric disabilities in college (Collins & Mowbray, 2005a; Mowbray, Mandiberg, Stein, et al., 2006).

An extensive review of the literature was conducted addressing benefits of obtaining a higher education, legislation regarding the rights of students with psychiatric disabilities, barriers to higher education, supports available, supports needed, and the role of occupational therapy with students who have psychiatric disabilities.

Based on the findings of the literature review, a Manual for Occupational Therapists to facilitate a study/support group with students was developed. This manual includes a) a description of implementing a study/support group b) a needs assessment section to determine group and individual needs c) guidelines for occupational therapists to facilitate group process d) outlines of topics for group discussion e) description of
occupation based activities and f) outcomes measures to determine validity of the support group.
CHAPTER I
INTRODUCTION

The American Occupational Therapy Association (AOTA) encourages the profession of occupational therapy to exist as a primary mental health profession (American Occupational Therapy Association [AOTA], 2007). The focus and domain of this profession coincide with the goals of current evidenced-based practice regarding psychiatric rehabilitation. Since the 1990s, psychiatric rehabilitation services have become the leading interventions utilized in community mental health (Anthony, Cohen, Farkas & Gagne, 2002). As community mental health services transitioned towards utilizing psychiatric rehabilitation principles, Anthony (1993) acknowledged the 1990’s as the decade of recovery. Drake, Green, Mueser & Golman (2003) also noted that during this time period “the ideology of community mental health shifted to the theme of recovery with the goal to help people pursue independence, self-management, personally meaningful activities, and better quality of life” (p. 427).

Although recovery has been the prevailing theme in recent years, occupational therapy is only beginning to define their role in this practice (Krupa & Clark, 2004). Rebeiro Gruhl (2005) described the parallels between the recovery paradigm and occupational therapy beliefs and suggested that occupational therapists should increase their interest in this shift in order to position themselves as a primary provider of recovery oriented services.
Recovery based, psychiatric rehabilitation interventions focus on assisting individuals in achieving success in functional roles that are meaningful to them (Anthony et al., 2002). Examples of psychiatric rehabilitation interventions include activities of daily living, independent housing, social functioning, work, education, and leisure (Anthony et al., 2002; Mueser, Drake & Bond, 1997). The Occupational Therapy Practice Framework (AOTA, 2002) includes the areas of activities of daily living, social participation, work, education and leisure as occupations included in the profession’s domains. The American Occupational Therapy Association (2007) recently published a statement on mental health practice, and reported that the profession “sees the growth of psychiatric rehabilitation as a re-emergence of a belief in the importance of meaningful activity—occupation—in the lives of persons labeled with psychiatric disabilities” (p. 1). In this statement the organization also noted the profession “brings a rehabilitation perspective to mental health treatment in keeping with increased emphasis on recovery and functionality” (p. 1).

The authors of this scholarly project recognize the need for occupational therapists to expand their role in community based services directed at providing recovery oriented supports in areas of occupation that are meaningful to individuals. The pursuit of higher education is recognized as an occupation that is meaningful and of critical importance to young adults. According to the United States Department of Labor (2006), “In October 2005, 68.6 % of high school graduates from the class of 2005 were enrolled in colleges or universities” (p.1).

Kessler, Foster, Saunders & Stang (1995) noted that early-onset psychiatric disorders often disrupt attainment of higher education. According to Mowbray et al.
(2006) epidemiological studies indicated that youth ages 15-21 years old had the highest prevalence rate of mental illness in 2005. These ages correlate with the conventional years that an individual may attend college. Consequently, the initial psychiatric occurrence of many young adults is experienced during college years. Recent literature emphasizes the need for increased supports to retain students with psychiatric disabilities in college (Collins & Mowbray, 2005a; Mowbray et al., 2006).

Developing supports to enhance success of students with psychiatric disabilities is a potential area in which occupational therapy could thrive. By doing so, the profession would experience the benefits of expanding its area of practice, particularly in the evidenced-based practice area of recovery oriented services. More importantly, young adults with psychiatric disabilities will receive increased supports that are currently needed to enhance successful participation in their occupation of higher education.

A manual was developed to assist occupational therapists in implementing a study/support group on a university campus. The theoretical Model of Human Occupation (MOHO) (Kielhofner, 2002) was chosen in order to create an occupation-based study/support group. The use of this model guided development of the product to ensure its' interventions focused on the student, the school environment and the activities that are involved as essential to occupation of higher education. An occupational therapist will be able to utilize this manual in order to facilitate a study/support group that addresses current occupational performance needs of students.

This manual includes a) a description of the process of creating a study/support group b) a needs assessment section to determine group and individual needs c) guidelines for occupational therapists to facilitate group process d) outlines of topics for
group discussion e) description of occupation-based activities and f) outcomes measures
to determine validity of the support group. The following chapter presents the literature
utilized in creation of the product. The subsequent chapter describes the methodology
which guided the manual’s development. The next chapter describes the study/support
group. A description of the conclusion of this scholarly project and recommendations for
implementation of the product are located in the final chapter. The manual created for
occupational therapists to facilitate a study/support group in a higher education setting is
included in the appendix.
CHAPTER II
REVIEW OF LITERATURE

Introduction

Higher education continues to be an increasing trend throughout the United States today. According to the United States Department of Labor (2006), “In October 2005, 68.6% of high school graduates from the class of 2005 were enrolled in colleges or universities” (p.1). Obtainment of higher education is perceived to have many benefits. College education enhances opportunities for employment, obtaining preferred jobs, achieving competitive financial incomes, and has positive associations with subjective quality of life (Ross & Willigen, 1997). Societal implications of decreased educational obtainment have been described. According to Kessler, Foster, Saunders and Stang (1995), these consequences include, “less training of the work force, less capability of full functioning in civic life, and greater demands on social welfare entitlements” (p.1031).

Kessler et al. (1995) noted that early-onset psychiatric disorders often disrupt attainment of higher education. According to Mowbray et al. (2006) epidemiological studies indicated that youth ages 15-21 years old had the highest prevalence rate of mental illness in 2005. These ages correlate with the conventional years that an individual may attend college. Consequently, the initial psychiatric occurrence of many young adults is experienced during college years.
There are many challenges a student may experience as they transition into college life. Challenges noted by Lucas and Berkel (2005) included moving into a new environment, creating new relationships with unfamiliar people, career planning, maintaining academic performance, managing time, developing effective study skills and organizing finances. Students faced with a psychiatric disability have additional obstacles in overcoming these challenges such as coping with stigma and managing symptoms of their psychiatric disabilities (Blacklock, Benson & Johnson, 2003). As a result, many students with psychiatric disabilities may fail to complete their college education. Recent research by Megivern, Pellerito and Mowbray (2003) suggested that the leading reason for students leaving college was psychiatric symptoms followed by lack of academic success and financial barriers. As noted in recent literature, increased supports are needed to retain students with psychiatric disabilities in college (Collins & Mowbray, 2005a; Mowbray et al., 2006).

The purpose of this project was to design an occupational therapy intervention program to assist in the development of interventions that potentially may be useful to increase success in higher education for students with psychiatric disabilities. A comprehensive search of the literature was completed and areas addressed in this chapter include: benefits of obtaining a higher education, legislation regarding the rights of students with psychiatric disabilities, barriers to higher education, supports available, supports needed, and the role of occupational therapy with students who have psychiatric disabilities.
Benefits of Obtaining a Higher Education

In our society today, higher education is becoming more essential in establishing careers and earning incomes that meet the basic needs of individuals and allow for obtainment of optimal quality of life. According to the past United States Secretary of Education, Richard W. Riley (1997):

"More than ever before, education is the fault line between those who will prosper in the new economy and those who will be left behind. Today's good jobs increasingly require skills and training beyond a high school education, and accessible postsecondary education is critically important to individuals as well as our Nation's economy and democracy" (p.1).

One of the most attractive features of obtaining higher education for people is the anticipation of economic stability (Day & Newburger, 2002). A considerable advantage of attaining a college degree opposed to solely a high school degree is the increased yearly income expected. The U.S. Census Bureau (2005) published a report stating that in 2004 the average income of high school graduates was $26,156 compared to the average income of $49,656 of college graduates earning a Bachelor's degree.

Recent research validated the necessity of higher education on employment. According to Burke-Miller et al. (2006) people with more recent work history, younger age, and more education have the increased chance of attaining competitive employment and to work more hours per month. Hecker (2001) noted that higher education will be a significant factor in accessing the labor force due to the 30 fastest growing occupations requiring a college degree. The literature presented in this section indicates the importance of young adults obtaining higher education to thrive in our society today.

National policies have been enacted in order ensure equal access to higher education for
individuals with disabilities, including those with psychiatric disabilities (Kessler et al., 1995).

**Legislation and Students with Psychiatric Disabilities**

Cook and Burke (2002) describe a new paradigm that has emerged and changed how people with disabilities are accepted into society today. The old paradigm viewed people with disabilities as being impaired and unable to function in society. Under the new paradigm people with disabilities are viewed as capable of functioning with needed accommodations provided. People with disabilities are now given rights to accommodations and equal access to public environments (U.S. Department of Education, 2000). The primary focus of the new paradigm is on eliminating barriers, providing accommodations, and placing emphasis on wellness and well-being of individuals (Bishop et al., 2001). This paradigm shift has created more opportunities for individuals with psychiatric disabilities in society. Federal policies associated with this paradigm have also increased opportunities in higher education for individuals with disabilities.

Primary legislation affecting access to higher education includes the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990 (Collins, 2000). Section 504 of the Rehabilitation Act of 1973 pronounced it illegal for institutions receiving federal financial aid to discriminate against individuals with disabilities. These institutions include elementary, secondary and higher education. The Americans with Disabilities Act of 1990 provides the most complete civil rights legislation to terminate discrimination against individuals with disabilities. Title II of the ADA specifically prohibits discrimination against individuals with physical or
psychological disabilities attending public colleges, universities and graduate schools
(Collins & Mowbray, 2005b).

Section 504 and Title II of the ADA allow students with documented disabilities to receive reasonable accommodations. Reasonable accommodations are defined as services that allow individuals with disabilities to have equal access to public entities. (Price-Ellingstad & Berry, 2000). Typically, specific needs and accommodations are determined by collaboration of disability specialists employed by universities and students. Although increases in legislation have led to more students with psychiatric disabilities pursuing higher education, research has indicated that barriers continue to exist (Collins & Mowbray, 2005a; Megivern et al., 2003).

**Barriers to Higher Education**

Students with psychiatric disabilities experience serious challenges throughout their years of higher education. Data was collected from 282 stakeholders at thirteen different universities across the country. Stakeholders of the study included college students with psychiatric disabilities, faculty, administrators, disability service providers, and mental health providers on campus and in the community. Results showed that barriers to success in educational performance for students with psychiatric disabilities included stigma, managing a psychiatric disability, finances, lack of accessibility to services and absence of collaboration between service providers (Blacklock, Benson & Johnson, 2003).

The most common obstacle of academic success was identified as stigma. Results revealed that stigma exists externally and internally. Stigma is projected from other students and faculty or is self-inflicted by the student with the psychiatric disability.
Due to anticipated stigma, students fear disclosing details of their psychiatric disability to faculty, peers and mental health providers. Consequently, students may not receive services and accommodations that are aimed at helping them achieve success in their student role.

A second barrier described by Blacklock et al. (2003) involved the difficulty students experienced managing their psychiatric disability. Balancing academic performance with symptoms of their psychiatric disorder may have an adverse affect on students’ educational success. A third barrier that weighs heavily on the minds of students and serve as barriers to academic success are finances and health insurance. These topics are of particular stress to students with psychiatric disabilities due to the additional governmental and educational services needed. Information regarding these services is often difficult to locate. “Many students mentioned that they were not aware of campus resources, were not clear whether they qualified for services and found that using services often involved complex, bureaucratic procedures” (Blacklock et al., 2003, para.11). Collins (2000) also noted that success in higher education depends on having access to adequate mental health treatment. Current research presented a theme that there is a lack of collaboration between educational systems and mental health, including psychiatrists, mental health agencies, community programs and college counseling centers (Collins & Mowbray, 2005a; Megivern et al., 2003).

**Supports Currently Available**

The most prevalent psychiatric disorders included anxiety (34%), affective disorders (25%), psychotic disorders (15%), mixed disorders (15%), other (5%), and eating disorders (3%) (Collins & Mowbray, 2005a). This study confirmed that students
with psychiatric disabilities reported experiencing issues with accommodations and supports, coping with school, attending classes, information on their diagnosis, anxiety, medication management, and low self-esteem during university years. Although counseling and disability support services are available on university campuses, concern exists regarding the sufficiency of these services and whether they are meeting the need of students with psychiatric disabilities (Collins & Mowbray, 2005a; Mowbray et al., 2006).

Counseling Centers

A primary support available to students with psychiatric disabilities is university counseling centers. Through present time the mission of counseling centers throughout university campuses is to provide services to students with minor psychological issues (Mowbray et al., 2006). The International Association of Counseling Services (2000) repeated that counseling services have three primary roles on college campuses. The most significant role is counseling or providing therapy to students with needs related to personal adjustment, vocational, developmental and/or psychological difficulties. The second role of counseling services is assisting students in meeting their educational and life goals through the identification and learning of skills. Finally, the third role is to provide outreach services to promote health and wellness needs of the students. The literature suggested that counseling services are an integral aspect of improving students’ academic success. Research conducted by Turner and Berry (2000) indicated that high risk students who received services from university counseling centers had higher retention rates than the entire student population.
Disability Support Services

Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990 require universities to be accessible for students with disabilities (Collins, 2000). If a university receives federal funding, they are obligated to make all aspects of their learning environment accessible to students with disabilities. Disability support services are offered to meet the requirements of this legislation. Disability support services differ across campuses in what is offered to students with psychiatric disabilities. Results of 275 surveys sent to disability support service offices across ten different states showed that the most common services provided to students were individual support, letters regarding accommodations, referrals to on and off campus mental health providers and obtaining documents certifying disability. Providing information to campus staff regarding psychiatric disabilities and publicizing available services at student orientation were also services offered to students. The least common services provided to students included support groups, education of mental illness to the campus community and increasing faculty awareness of reasonable accommodations (Collins & Mowbray, 2005a).

Reasonable Accommodations

Disability support services on university campuses collaborate with students who have psychiatric disabilities to determine reasonable accommodations needed to assist with their academic expectations. According to Center for Psychiatric Rehabilitation, Boston University (1997) reasonable accommodations are described as academic adjustments in educational settings. Academic adjustments for a student with a psychiatric disability may include class adaptations, the use of assistive technology and
support faculty, and alterations in academic expectations. Specific accommodations are decided upon by students, instructors and disability support services and may be altered if not shown to be effective.

The Center for Psychiatric Rehabilitation at Boston University (1997) provides an extensive list of possible reasonable accommodations. They are broken down into five categories of classroom, lecture, examination, assignment, and administrative accommodations. Each of these categories has their own set of accommodations used with students who are dealing with psychiatric disabilities.

Classroom accommodations consist of priority seating to decrease possible sensory distractions, an escort to accompany students to class, a note taker, and allowing beverages in the classroom to decrease medication side effects of dry mouth or fatigue. Similarly, lecture accommodations are comprised of scheduled breaks to reduce anxiety and preserve attention, a tape recorder to ease the stress of constant note taking and allow for increased class participation, and a note taker or the ability to receive copied notes from another student (Center for Psychiatric Rehabilitation, Boston University, 1997).

Examination accommodations include alteration in test format that allow students to exhibit knowledge while reducing anxiety, assistive technology to alleviate muscular or visual problems caused by medications, and extended time on examinations. Other examination accommodations include taking tests in separated time periods to maintain focus and lessen fatigue, proctored exams in a distraction free environment, and exams administered in different formats. More frequent examinations opposed to solely having a midterm or final are also potential examination accommodations (Center for Psychiatric Rehabilitation, Boston University, 1997).
Assignment accommodations consist of alternate assignments that may be written or completed outside of the classroom setting, advanced notice of syllabi prior to commencement of classes, handwritten papers opposed to typed papers, and tape recorded textbooks if vision or concentration are a problem. If hospitalization occurs during a semester, extended due dates of assignments and remaining in communication with faculty or disability support services are reasonable accommodations (Center for Psychiatric Rehabilitation, Boston University, 1997).

Administrative accommodations encompass modifying degree requirements on an individual status, familiarizing students with the campus environment, and assisting students with registration and financial aid. Other administrative accommodations include priority advisement with building a class schedule, environment accessibility including parking permits, elevator keys and lounge access. Finally, incompletes opposed to failures or withdrawals may be negotiated if a relapse occurs (Center for Psychiatric Rehabilitation, Boston University, 1997).

**Supported Education**

To address the needs of individuals with psychiatric disabilities, Supported Education (SEd) programs emerged in 1981 (Unger, 1998). Supported Education consists of services that are provided to enhance the success of individuals with psychiatric disabilities in their pursuit of higher education. Mowbray, Megivern and Holter (2003) extensively researched SEd programs throughout the country. Four types of SEd programs emerged from their data including the clubhouse-full model, the clubhouse-partial model, the on-site model, and the free-standing model.
The clubhouse-full model is a SEd program that includes assistance with college applications, financial aid, registration, education planning, campus orientation, tutoring, computer use, and transportation. The clubhouse-partial model provides services similar to the clubhouse-full model, but does not provide as many. On-site programs have offices on college campuses and staff that specialize in psychiatric disabilities. Common services provided include assistance with registration, financial aid, accommodations, counseling and academic support. Free-standing programs were the smallest, but most comprehensive group of programs offered. Services of this model include assistance with registration, applications, and facilitating contact between students and campus services (Mowbray et al., 2003).

Results of this study conducted by Mowbray et al. (2003) indicated that Supported Education programs are increasing. Benefits of initial supports provided to students were shown in a study by Mowbray, Bybee, and Collins (2001). This study explored client satisfaction of participants in a supported education program. Results indicated that the program was successful in assisting individuals in identifying support groups available, choosing a college major, improving study habits, choosing a job, and scheduling classes. However, after completing the SEd program, results indicated that needs for continued educational supports were still present.

Supports Needed

Current literature provides sufficient information regarding barriers that exist and supports that are available for students with psychiatric disabilities (Collins, 2000; Mowbray et al., 2006). However, present literature lacks in describing comprehensive guidelines of supports that are still needed for students with psychiatric disabilities. In
addition to creating guidelines using supports currently available, literature also suggests that there is room for development of new supports to enhance the success that students with psychiatric disabilities experience in higher education.

Campuses throughout the country provide services to students with psychiatric disabilities to various extents. Research needs to provide evidence of what makes universities successful in providing services to students with psychiatric disabilities. Resources that extensively describe supports that are beneficial need to be available in order for more colleges to provide broader services. Several supports were found throughout this literature review that assisted individuals with psychiatric disabilities, but these supports were not widespread.

Supports described in the literature including counseling and disability support services, reasonable accommodations and Supported Education programs are valuable and a positive asset of universities. Providing these supports requires collaboration of counseling centers, disability support services and supported education. In addition to the amount of supports provided at most universities, more are needed to serve the increasing population of individuals with psychiatric disabilities attending college (Collins & Mowbray, 2005a; Mowbray et al., 2006).

In a personal account, Padron (2006) shared university shortcomings that she experienced. Padron noted that students need access to supports that target motivation, concentration and social participation. Shortcomings of her university also included a lack of adequate accommodations provided to students with psychiatric disabilities and stigma from faculty. Her experiences indicated the need for increased faculty education concerning psychiatric disabilities. Research completed by Becker, Martin, Wajeeh,
Ward, and Shern (2002) validated the above personal account. This study resulted in statistics that faculty at a Southern university felt individuals with psychiatric disabilities should not be permitted to enroll in college classes because they would fail. Eight percent of the faculty surveyed believed that students with psychiatric disabilities were dangerous to the classroom setting.

Research indicated that students with psychiatric disabilities reported experiencing issues including coping with school, decreased attendance, lack of understanding diagnoses, anxiety, medication management, and low self-esteem during university years (Collins & Mowbray, 2005a). However, the current literature reviewed did not acknowledge supports targeting these areas. Supports designed to assist individuals in developing coping strategies, increasing attendance, learning about their diagnoses, managing medications and their side effects, reducing anxiety, and increasing self-esteem need to be developed.

Also absent in the literature are several key areas revolving around supports. One area of support lacking consistency throughout universities is that of assisting students with psychiatric disabilities in creating structure in their new role as a student. As students transition from high school to higher education, environmental structure is decreased. Parental figures and authorities are less prevalent. Students are required to take increased responsibility to get their needs met. This includes being assertive with faculty and staff without disclosing more information than they are comfortable with. Students must be proactive to identify and locate the services they need. Supports are needed to instill autonomy and self-determination to build steps to success. Occupational
therapy is in a position to provide support to these students to help facilitate success in higher education.

**Role of Occupational Therapy**

Lloyd, Basett, and King (2002) note the importance of occupational therapists expanding their role in community settings. Occupational therapists are in a prime position to assist individuals with psychiatric disabilities in participating in occupations that are meaningful to them. The Occupational Therapy Practice Framework identifies education as an area of occupation that falls under the occupational therapy practice domain (American Occupational Therapy Association [AOTA], 2002).

The Occupational Therapy Practice Framework (AOTA, 2002) focuses on individuals’ occupational performance or “the ability to carry out activities of daily life,” (p.617) including those of education. Occupational therapy’s role in education is to focus on “activities needed for being a student and participating in a learning environment” (p.620). Occupational performance involves the relationship between the client, the context, and the activity. Occupational therapy is unique in that it focuses on the student, the school environment and the activities that are involved as essential to the student role.

Occupational therapy’s primary goal in working with students who have psychiatric disabilities is developing interventions that would assist students in achieving successful performance in higher education. In this review of literature, two programs targeting this population were described by occupational therapists. However, occupational therapy literature is lacking research that describes its role and outcomes in working with students who have psychiatric disabilities.
Knis-Matthews, Falzone, and Sweeney (2004) developed a program for individuals who had psychiatric disabilities to transition into the student role. This class was designed and implemented by occupational therapy students under the supervision of a professor. A needs assessment was performed with sixteen different clients in a psychiatric partial care program through the use of the Canadian Occupational Performance Measure (COPM) (Law, Baptiste, Carswell, McColl, Polatajko & Pollock, 1998). Ten of the clients who completed the needs assessment expressed a strong interest in higher education. When the clients thought about being in a college setting they stated to have feelings fear. Fears discussed by the potential student clients included inadequate school clothing, coping with auditory hallucinations during class and experiencing anxiety in social settings. Clients reported their biggest obstacle was stigma; clients were concerned about being treated differently by peers and instructors due to their mental illness.

The clients who expressed interest in higher education also wanted to improve their computer skills and gain knowledge of how to utilize the Internet and email. Occupational therapy students in conjunction with staff members from the partial care program developed a computer course, held on a university campus for clients who expressed interest in pursuing higher education. This computer class was held one hour per week for five weeks at the university in an actual computer lab for the 10 clients to have the experience of being in a college setting. The purpose of holding the computer class on campus was to provide an environmental context for the clients to start identifying themselves as students opposed to patients. The clients had to experience the daily activities and stressors of all students including parking, locating their classroom,
socializing with students and faculty, being on time for class and finishing all assignments and exams. The occupational therapy students and a counselor from the partial care program provided the students with support throughout their college experience. It was noticed that the support needed from the clients decreased throughout the course as their social skills, independence and confidence improved (Knis-Matthews et al., 2004).

Burson (2003) described an occupation-based supported education program that was created in partnership by an occupational therapist and a consumer of mental health services. This inclusive program was created to assist individuals in successfully transitioning into their student roles. The primary role of the occupational therapist in this program involved facilitating a support and study group throughout the first semester. Following this first semester, the occupational therapist's role becomes focused on consultation rather than facilitator. The goal is for students to take responsibility for their support and study groups. Burson (2003) describes occupational therapists' role not as a "therapist or member of a treatment team," but rather as a "coach, a cheerleader, a future colleague, a person, an advocate, a "content expert," an explainer, a mentor, a resource and a potential job reference" (p.3).

Burson (2003) noted that students experience decreased stress through participation in the study and support groups. Through these support groups, students were provided with the opportunity to problem solve topics such as managing the responsibilities of being a student, identifying their learning styles, learning study skills, identifying aids to enhance memory, and identifying ways to stay focused during school activities. Other common topics addressed included identifying individually appropriate
times of day to study, how to create a healthy balance among school stressors, and learning types of note and test taking approaches.

The pursuit of higher education is recognized as an occupation that is meaningful and of critical importance to young adults. Occupational therapists need to seek out opportunities to expand the profession's role of practice in community environments. Developing supports to enhance success of students with psychiatric disabilities is a potential area in which OT could thrive. By doing so, the profession would experience the benefits of expanding its area of practice. More importantly, young adults with psychiatric disabilities would receive increased supports that are currently needed to enhance successful participation in higher education.

Conclusion

The research presented in this chapter explored benefits of obtaining a higher education, legislation regarding the rights of students with psychiatric disabilities, barriers to higher education, supports available, supports needed, and the role of occupational therapy with students who have psychiatric disabilities. The journey to achieving success in higher education is challenging. Students with psychiatric disabilities face additional difficulties due to managing symptoms of their illness and coping with stigma from the campus community (Blacklock et al., 2003). Supports currently exist to assist these students in obtaining their academic goals. However literature suggests that there is room for development of new supports to enhance the success that students with psychiatric disabilities experience in higher education.

Occupational therapists have the ability to provide unique interventions that target the functional abilities of students in their educational environments. It is important that
occupational therapists increase their scope of practice into community based settings (Lloyd et al., 2002). Expanding community practice allows for occupation-based interventions because it enables individuals to perform meaningful occupations in their natural environments.

The purpose of this project is to design an occupational therapy intervention program to assist in the development of interventions that potentially may be useful to increase success in higher education for students with psychiatric disabilities. In a study involving 265 participants, 54% identified a need for peer/support groups on campus (Mowbray et al., 2001). A manual for occupational therapists will be created to facilitate a study/support group for students with psychiatric disabilities pursuing higher education.
CHAPTER III

METHODODOLOGY

Literature suggests that there is room for development of new supports to increase the success that students with psychiatric disabilities experience in higher education (Collins & Mowbray, 2005; Mowbray et al., 2006). Researchers have defined supports currently available for students with psychiatric disabilities. Their findings support the benefits associated with the use of counseling centers, disability support services, reasonable accommodations and supported education programs.

In addition to the amount of supports provided at most universities, more are needed to serve the increasing population of individuals with psychiatric disabilities attending college (Collins & Mowbray, 2005a; Mowbray et al., 2006). Services that focus on improving students’ success need to be offered throughout university settings. Kessler et al. (1995) noted that early-onset psychiatric disorders often disrupt attainment of higher education. Supports designed to promote success have the potential to complement existing initial supports and services currently provided to ensure equal access.

Literature supports the importance of occupational therapists expanding their role in community settings (Lloyd, Basset, & King, 2002). Occupational therapists are in a prime position to assist individuals with psychiatric disabilities in participating in occupations that are meaningful to them. They have the ability to provide unique interventions that target the functional abilities of students in their educational environments. The Occupational Therapy Practice Framework identifies education as an
area of occupation that is included under the occupational therapy practice domain (AOTA, 2002). To expand community occupational therapy supports available to this population, a manual was developed to assist occupational therapists in implementing a study/support group on a university campus.

A theoretical model was chosen in order to create a manual for an occupation-based study/support group. Upon reviewing occupational behavior models, the Model of Human Occupation (MOHO) (Kielhofner, 2002) was selected as most applicable to support and guide the development of this product. This model allows for exploration of components of the person, the environment and occupational performance. Using this model as a guide, students’ motivation, routines and roles were considered. The occupations of students were analyzed to identify abilities and skills needed to successfully perform student roles. The university setting was also addressed in regards to environmental supports that are needed to enhance students’ success. By considering all concepts of MOHO, the product created encompasses an occupation-based approach that is unique to services currently provided to students with psychiatric disabilities.

An occupational therapist will be able to utilize this manual in order to facilitate a study/support group that addresses current occupational performance needs of students. An extensive review of the literature was conducted addressing benefits of obtaining a higher education, legislation regarding the rights of students with psychiatric disabilities, barriers to higher education, supports available, supports needed, and the role of occupational therapy with students who have psychiatric disabilities. Product development was completed through reviewing professional literature, the Occupational Therapy Practice Framework (AOTA, 2002), and contacting references on and off the
of North Dakota (UND) campus. This process resulted in the creation of a manual for occupational therapists to facilitate a study/support group on a university campus. This manual includes a) a description of the process of creating a study/support group b) a needs assessment section to determine group and individual needs c) guidelines for occupational therapists to facilitate group process d) outlines of topics for group discussion e) description of occupation-based activities and f) outcomes measures to determine validity of the support group. The subsequent chapter provides a summary of this product in further detail and the manual of the study/support group is located in the appendix.
CHAPTER IV

PRODUCTS/RESULTS

A manual was developed to assist occupational therapists in implementing a study/support group on a college/university campus. The completed manual is found in the appendix. Occupational therapists will be able to utilize this manual in order to facilitate a group that addresses current occupational performance needs of students. This manual includes a) a description of the process of creating a study/support group b) a needs assessment section to determine group and individual needs c) guidelines for occupational therapists to facilitate group process d) outlines of topics for group discussion e) description of occupation-based activities and f) outcomes measures to determine validity of the support group. This product utilizes an occupation-based approach which focuses on the student, their related environment and the occupations they participate in. By using this approach, students in the group have the opportunity to engage in activities typical to the role of a student and essential to achieving success in higher education. The activities are intended to facilitate peer support, build confidence and promote successful performance in the student role.

A theoretical model was chosen in order to create the manual for an occupation-based study/support group. Upon reviewing occupational behavior models, the Model of Human Occupation (MOHO) (Kielhofner, 2002) was selected as most applicable to support and guide the development of this product. This model allows for exploration of
components of the person, the environment and occupational performance. Using this model as a guide, students’ motivation, routines and roles were considered. The occupations of students were analyzed to identify abilities and skills needed to successfully perform student roles. The university setting was also addressed in regards to environmental supports that are needed to enhance students’ success. By considering all concepts of MOHO, the product created encompasses an occupation-based approach that is unique to services currently provided to students with psychiatric disabilities.

The process of creating and implementing a study/support group is described in the manual. This process begins with creating a proposal to a community mental health agency and a higher education setting. This includes contacting disability support services and counseling services on the college/university setting. Proposing the study/support group allows the occupational therapist the opportunity to share the need and value of a study/support group in a higher education setting. Funding sources will include community mental health agency/facility resources, grants and donated time and services during the initial period of program.

After the proposal is accepted by the community mental health agency and higher education setting, the occupational therapist (OT) will complete a needs assessment of the population to be served. According to the Occupational Therapy Practice Framework (AOTA, 2002), “the process of occupational therapy begins by evaluating the client’s occupational needs, problems, and concerns” (p.613). To ensure interventions are occupation-based, the OT needs to collaborate with the individual receiving services. The appendix includes tools to assist an OT in evaluating the potential needs of college students with psychiatric disabilities. It also provides tools to identify the needs of
students once they have joined the study/support group. The activities utilized throughout the course of the study/support group will be based on results of the needs assessment.

Resources and twelve suggested session plans including occupation based activities are included in the manual. These can be used throughout the course of the study/support group. The activity topics include personal responsibilities, education, work, leisure and social participation. The activities of the group do not need to occur in a sequential order, but in an order logical to group needs and group dynamics. During the last activity session, outcomes measures will be administered to the group (also included in the manual). These outcomes measures will collect data relevant to student satisfaction with the study/support group, and effectiveness of the group with student graduation and employment rates. Successful outcomes have the potential to be used for supporting the role of occupational therapy in providing recovery oriented services to students with psychiatric disabilities.
CHAPTER V

SUMMARY

Supports currently provided to students with psychiatric disabilities pursuing higher education include counseling centers, disability support services and supported education programs. Literature suggests that more supports are needed to serve the increasing population of individuals with psychiatric disabilities attending college (Collins & Mowbray, 2005a; Mowbray et al., 2006). Occupational therapy services are not typically provided in higher education settings. Lloyd, Basett, and King (2002) note the importance of occupational therapists expanding their role in community settings. Occupational therapists are in a prime position to assist individuals with psychiatric disabilities with achieving success in their student roles.

Occupational therapy has the potential to offer distinctive services to college students with psychiatric disabilities. This profession is unique in that its interventions focus on the student, the school environment and the activities essential to the student role. A manual was developed to assist occupational therapists in implementing a study/support group on a university campus. An occupational therapist will be able to utilize this manual in order to facilitate a study/support group that addresses current occupational performance needs of students. This manual includes a) a description of the process of creating a study/support group b) a needs assessment section to determine group and individual needs c) guidelines for occupational therapists to facilitate group process d) outlines of topics for group discussion e) description of occupation-based

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activities and f) outcomes measures to determine validity of the support group.

It is intended for this manual to serve as a guide for occupational therapists to implement a study/support group on a college campus. Facilitating this group requires a significant time commitment for the occupational therapist. To begin implementation of this group, an occupational therapist must first propose the idea to the agency in which they are employed. The next step involves collaborating with a local university to determine if the study/support group would be of value to their students and complement the services already provided. It is anticipated that the community agency will be responsible for the funding and implementation of services. The responsibilities of the university will include providing an adequate space on campus with equipment needed. The developed needs assessment will be distributed by disability support services/counseling services. Confidentiality and accessibility will be a primary focus in choosing a space for the study/support group.

Sufficient funding has the potential to exist as a barrier for the implementation of this product. The community mental health agency and occupational therapist may initially need to donate time and services to commence the group. It is recommended that exploration of possible grants be explored for alternative funding sources. Following implementation of the group, it is suggested that the occupational therapist assess outcomes measures. Suggested outcomes measures include student satisfaction with group structure and assessment of skills, and graduation and employment rates of participants.

Positive outcomes will assist in continuing to develop and expand the study/support group to meet the needs of students with psychiatric disabilities. Student
graduation and employment rates will be useful in justifying the effectiveness of the study/support group and data may be used to obtain funding. Finally, successful outcomes have the potential to support occupational therapy’s role in providing services to students with psychiatric disabilities.

In conclusion, the primary goal of this manual involves providing interventions that increase success in higher education for students with psychiatric disabilities. A secondary objective is to expand occupational therapy’s role in community based settings. It is anticipated that occupational therapy services will provide a distinctive contribution to services already provided to students. By complementing these services, more students with psychiatric disabilities will potentially have the opportunity to achieve success and meet their educational goals.

It is recommended that more occupational therapists take the initiative to expand their role in community based settings. Continued research is needed to support the need for occupational therapists in community settings. Occupational therapists already working in these roles need to perform outcomes measures and demonstrate the effectiveness of the services they provide.

As this program is implemented, modifications will potentially be necessary to meet the needs of each group. The manual serves as a guide for occupational therapists. It is recommended that facilitators contribute to the manual by adding their own creative activities based on the needs of the group and the group dynamic. Therapists should review the group process and activities sections when adding activities to this manual. The creators of this manual recommend that all activities added be occupation based and allow for maximum group participation.
REFERENCES


Achieving Success in College: An Occupational Therapy Approach to a Study/Support Group

Mattie Heckaman
Angela Sepe
Janet Jedlicka, Ph.D., OTR/L
2007
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Introduction:
A Note from the Authors

Higher education continues to be an increasing trend throughout the United States today. According to the United States Department of Labor, "In October 2005, 68.6% of high school graduates from the class of 2005 were enrolled in colleges or universities" (p.I). Obtainment of higher education is perceived to have many benefits. College education enhances opportunities for employment, obtaining preferred jobs, achieving competitive financial incomes, and has positive associations with subjective quality of life (Ross & Willigen, 1997). Societal implications of decreased educational obtainment have been described. According to Kessler, Foster, Saunders and Stang (1995), these consequences include, "less training of the work force, less capability of full functioning in civic life, and greater demands on social welfare entitlements" (p.1031).

Kessler et al. (1995) noted that early-onset psychiatric disorders often disrupt attainment of higher education. According to Mowbray et al. (2006) epidemiological studies indicated that youth ages 15-21 years old had the highest prevalence rate of mental illness in 2005. These ages correlate with the conventional years that an individual may attend college. Consequently, the initial psychiatric occurrence of many young adults is experienced during college years.

Recent literature emphasizes the need for increased supports to retain students with psychiatric disabilities in college (Collins & Mowbray, 2005; Mowbray et al., 2006). As an occupational therapist, you are in a prime position to assist students with psychiatric disabilities in achieving success with their student roles. Occupational therapy has the potential to offer distinguished services to college students with psychiatric disabilities. This profession is unique in that its’ interventions focus on the student, the school environment and the activities that are involved as essential to the occupations involved in being a student role.

In a study completed to examine deficits of a recent supported education program, 54% of 265 students with psychiatric disabilities identified a need for peer support groups on campus (Mowbray, Bybee & Collins, 2001). An occupational therapist has the skills needed to implement a support group on a college campus due to knowledge of psychosocial needs of individuals, ability to analyze tasks, and background in group leadership. Furthermore, an occupational therapist is able to implement a distinctive support group by utilizing an occupation-based approach. Burson (2003), an occupational therapist, implemented a study/support group as part of a supported education program. The title is fitting because it implies that a group facilitated by an occupational therapist will focus on participating in occupations that are inherent to the role of a student while providing a supportive environment. This manual was developed in order to assist occupational therapists in starting and facilitating a support group that addresses current occupational performance needs of students.

This manual utilizes an occupation-based approach which focuses on the student, their related environments and the occupations they participate in. By using this approach, students in the group have the opportunity to engage in activities typical to the role of a student and essential to achieving success in higher education. The activities are intended to facilitate peer support, build confidence and promote successful performance in the student role.
This manual includes:

- A getting started section
- Guidelines for occupational therapists to facilitate group process
- A needs assessment section to determine group and individual needs
- Descriptions of occupation-based activities
- Outlines of topics for group discussion
- An outcomes measurement section to determine effectiveness of the support group

A theoretical model was chosen in order to guide creation of an occupation-based study/support group. Upon reviewing occupational behavior models, the Model of Human Occupation (MOHO) (Kielhofner, 2002) was selected as most applicable to support and guide the development of this product. This model allows for exploration of components of the person, the environment and occupational performance. Using this model as a guide, students' motivation, routines and roles were considered. The occupations of students were analyzed to identify abilities and skills needed to successfully perform student roles. The university setting was also addressed in regards to environmental supports that are needed to enhance students' success. By considering all of the concepts of MOHO, the product created encompasses an occupation-based approach that is unique to services currently provided to students with psychiatric disabilities.

Implementing a study/support group in your community will require effort, creativity, and time. We anticipate that your involvement with this endeavor will result in significant benefits for you, the occupational therapy profession and most importantly, the students. Please contact the authors with any suggestions and experiences with using this product.

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Getting Started

This section describes steps needed for beginning a study/support group. Included is information related to:

- Creating a proposal to a community mental health agency
- Proposing implementation of a study/support group
- Proposing the study/support group to a higher education entity
Step 1: Create a proposal to a community mental health agency

1) Review and summarize professional literature that supports the need for a study/support group. The following are key references that provide support and background for implementing a study/support group.


2) Identify higher education settings at which the study/support group will potentially be implemented.
- Possible settings include:
  - Community/technical college
  - University

3) Outline perceived benefits for the agency/facility and the students in the community.
- Examples include increased success rates for students with psychiatric disabilities, increased collaboration among community and campus resources, increased supports for students with psychiatric disabilities and expansion of the facility’s community outreach programs.

4) Identify options of how the study/support group will be funded.
- Potential sources include:
  - Community mental health agency/facility resources
  - Grants
  - Initial services/time may need to be donated until successful outcomes are demonstrated.

Step 2: Propose implementation of a study/support group

1) Portray an enthusiastic, professional, and positive image when proposing the idea.
2) Listen to feedback and integrate suggestions into the proposal.
3) Clarify with the agency/facility how the study/support group will be funded.
Step 3: Propose the study/support group to the higher education entity

1) Research campus website and current supports offered to students with psychiatric disabilities.
2) Contact disability support services and counseling services to propose the study/support group.
3) Collaborate with the college/university to determine if the study/support group would be of value to their students and complement the services already provided.
4) Emphasize that funding will be the responsibility of the community agency/facility.
5) Expectations of the university will include:
   - Providing an adequate space on campus
     - Room on campus in a quiet location
     - Tables/chairs
     - Computers (amount depends on group size)
     - Printer
   - Distributing the needs assessment provided by the occupational therapist
     - Carried out by disability support services/counseling services
Group Process

This section is designed to assist the occupational therapist in carrying out needs assessments, group intervention and outcomes measures related to the study/support group. It provides detailed information of entire process of implementing a study/support group. Included is information related to:

- Identifying students’ needs for a study/support group
- Implementing a study/support group
- Facilitating study/support group sessions
- Completing outcomes measures

University of North Dakota photographs taken by: Chuck Kimmerle
Step 1: Identify students’ needs for a study/support group
- Provide “Success with Higher Education: Student Needs Survey” (located in the manual) to disability support services/counseling services. This needs assessment will be distributed to all students receiving services.
  • When implementing the initial study/support group, this needs assessment will be distributed for two weeks at the beginning of the semester.
  • Once the initial needs of the students are obtained, this needs assessment will be distributed on a continual basis in order to assist in the planning of study/support groups for future semesters.
  • This needs assessment may also be distributed on a continual basis by community mental health agencies/facilities that provide services to students with psychiatric disabilities pursuing higher education.
- Analyze returned data from the needs assessments to determine existing need for a study/support group
  • If a need exists, the process of implementing the first study/support group will begin.

Step 2: Begin implementing a study/support group:
- Establish a time/day for the study/support group to meet.
  1) Consider the data collected from the needs assessments when choosing an appropriate time/day of the week.
    • Initially, it is expected that the study/support group be implemented during the fifth week of the semester of which the needs assessments were first distributed. It will conclude in the last week of the semester.
    • Once the study/support group is an established and reoccurring group, it is recommended that the group begin during the second week and conclude in the last week of each semester.
  2) Market the study/support group in appropriate settings.
    1) Examples include flyers, e-mails, and phone calls to disability support services, counseling centers, and community mental health agencies/facilities
    2) Include information such as:
      • Name/purpose of the study/support group
      • Who the study/support group is for
      • When the group will meet
      • Contact information
      • Do not include where the group will be located as this information will be confidential and only distributed to students who participate in the group.
- Begin Intake Process
  1) It is expected that students will contact the occupational therapist.
    • Each student needs to provide appropriate documentation to the occupational therapist.
      - Appropriate documentation includes a letter on letterhead from the practitioner who diagnosed or is treating the student, a staff member at disability support services or other health care providers.
  2) Group size of 6-8 is advised to allow for effective group dynamics
    • It is recommended that groups be divided if there are more than eight students interested.
    • This group will be a closed group to ensure effective group dynamics and to maintain the recommended size of 6-8 members. Consequently, following the second session of the group, the group will be closed to new students. Students will be referred to other community and campus resources and encouraged to join in a future semester.
3) Complete an intake assessment with each student utilizing the Canadian Occupational Performance Measure (COPM) (Law, Baptiste, Carswell, McColl, Polatajko, & Pollock, 1998). This assessment is utilized to gain a complete understanding of what each student values and how they perceive their performance in occupational areas.

- A summary of the COPM and purchasing information is located in the Needs Assessment section of manual.
- It is recommended that the occupational therapist complete each intake assessment on campus. Collaborate with disability support services/counseling services to utilize a room in their setting and to identify the best location.
- It is recommended that COPM assessments be completed prior to initial group session.

Step 3: Facilitate study/support group sessions:

- Physical Environment
  1) Recommendations for physical environment of the room:
  - Chairs arranged in a circle with no barriers and minimal space in between to allow for informal interaction
  - Quiet room; open access but private

- Role of the Facilitator
  1) The occupational therapist takes the role of a facilitator and leaves the role of a “therapist” behind.
  - Burson (2003) describes the role of a therapist leading a study/support group as “a coach, a cheerleader, a future colleague, a person, an advocate, a content expert, an explainer, a mentor, a resource, and a potential job reference. He or she is not a therapist or member of a treatment team” (p.3).
  - It is expected that the facilitator guide the group discussion and activities while allowing for maximal peer leadership and interaction.

- Semester Outlook for Group Sessions
  1) The Group Activities Survey is provided in the manual and will be administered during the initial session in order to plan appropriate study/support group sessions. The remainder of the initial session will be utilized to build rapport between peers and the facilitator. Activity 1 is the recommended activity for the first session and is provided in the manual.
  2) The following sessions will utilize the activities provided in the manual. They do not need to be in a sequential order. Order will depend on the needs assessments, judgment of facilitator and group member input. At the end of each session, the group will decide collectively which topic to focus on the following week.
  - The goal of each semester is to complete 10-12 activities; remaining sessions will be reserved for solely studying and peer interaction.
  - The activities in the manual are meant to be a starting point, but each facilitator is encouraged to be creative and develop new activities that meet the need of individual groups.
  - It is expected that all new activities remain occupation-based. Use the examples provided and review the Model of Human Occupation (MOHO) to guide creation of appropriate activities.
  3) Activity 12 is designed for the use of the concluding session.

Step 4: Complete outcomes measures:

1) During the last session the outcomes measures will be administered to the group (located in the manual).
   - Success with Higher Education: Outcomes Survey
     - Purpose is to measure students' perceived level of performance with activities involved in the student role, following group intervention.
• Completing Outcomes Measures (continued)
  • Study/Support Group: Student Satisfaction survey
    - Purpose is to develop and expand the study/support group to meet the needs of
      students with psychiatric disabilities
  • As a third outcomes measure, it is recommended that the facilitator remain in contact
    through e-mail with the students to evaluate student graduation and employment
    results.
    - Purpose is to justify the effectiveness of the study/support group. Data may be used
      to support funding for the group.
  • Successful outcomes have the potential to be used for supporting occupational
    therapy’s role in providing services to students with psychiatric disabilities.
Performing needs assessments are of importance to the study/support group process. According to the Occupational Therapy Practice Framework (AOTA, 2002), “the process of occupational therapy begins by evaluating the client’s occupational needs, problems, and concerns” (p.613). This section exists to ensure interventions are occupation-based. This section included tools to assist an occupational therapist in evaluating the potential needs of college students with psychiatric disabilities and it also contains tools to identify the needs of students once they have joined the study/support group. Needs assessments located in this section include:

- **Success with Higher Education: Student Needs Survey**
  - Description: This survey includes activities that are inherent to the role of a college student. Students will first rate on a scale from 1-5 how important they feel the activities are to their success in college. The students will then rate on a scale from 1-5 how satisfied they are with their performance in the activities. The survey also is utilized to obtain data regarding students’ interest in participating in a study/support group and potential meeting times for the group sessions.
  - Purpose: This survey will be utilized to identify the need for a study/support group and to plan an appropriate time for the group to take place.

- **Summary of the Canadian Occupational Performance Measure (COPM) (Law, Baptiste, Carswell, McColl, Polatajko, & Pollock, 1998)**
  - Description: A summary and purchasing information of the COPM is described.
  - Purpose: The COPM will be utilized as an intake assessment.

- **Group Activities Survey**
  - Description: This survey includes a checklist to allow students to identify the primary five topics they want to cover in group sessions. Students will also rate on a scale from 1-5 how satisfied they are with their performance in the listed activities.
  - Purpose: The Group Activities Survey will be administered during the initial session in order to plan appropriate study/support group sessions.
Success with Higher Education:  
Student Needs Survey

This survey will be used to assist in the development of a study/support group on campus for students with psychiatric disabilities. Your input is valuable. This survey focuses on activities involved with being a college student.

Check the box that applies to your year in school.

- Freshman
- Sophomore
- Junior
- Senior
- Graduate

Please rate on a scale of 1-5 if how important you feel each activity is to your success in college. Check the box that applies to you. Thank you for your time.

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Success with Higher Education:
Student Needs Survey

Please rate on a scale of 1-5 if how satisfied you are with your performance in each activity listed below. Check the box that applies to you.

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Would you be interested in attending a study/support group on campus? (activities of the group will be based on the topics above)

If so, please list days/times that would most fit your schedule (the group will meet one day a week for 2 hours).
Canadian Occupational Performance Measure (COPM)


**Summary:**
- **Purpose:**
  - To identify problem areas in occupational performance
  - Provide a rating of the client’s priorities in occupational performance
  - Evaluate performance and satisfaction relative to those problem areas
  - Measure changes in a client’s perception of his/her occupational performance over the course of occupational therapy intervention

- **Administration time:**
  - 30-40 minutes

- **Reliability and Validity:**
  - Standardized, semi-structured interview
  - Scores are dependent on individuals and therefore are not to be utilized to compare and interpret results among individuals
  - Intended as an outcomes measure and scores may be compared between assessment and reassessment
  - Test-retest reliability is acceptable
  - Content validity is supported by the process of which it was developed
  - Evidence of criterion and construct validity has been demonstrated

- **Relationship to Model of Human Occupation (MOHO)**
  - Although this measure does not directly coincide with MOHO, it is utilized due to it’s ability to target concepts related to MOHO including values of the students, occupations that are inherent to students’ roles and perceived measures of their occupational performance.

Additional information and purchasing information is located on the Canadian Association of Occupational Therapists website:
- [http://www.caot.ca/copm/index.htm](http://www.caot.ca/copm/index.htm)
Success with Higher Education:
Group Activities Survey

Please read each topic that could potentially be selected for the study/support group sessions. Place a check next to the five areas you would most like to cover.

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<th>Personal Responsibilities</th>
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<td>Participating in healthy leisure activities</td>
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<td>Coping with stigma</td>
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Other areas you feel are important to cover in this group:
Success with Higher Education:
Group Activities Survey

Check the box that applies to your year in school.

- Freshman
- Sophomore
- Junior
- Senior
- Graduate

Please rate on a scale of 1-5 if how satisfied you are with your performance in each activity listed below. Check the box that applies to you.

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Occupation-Based Activities

The activities provided utilize an occupation-based approach which focuses on the student, their related environment and the occupations they participate in. By utilizing this approach, students in the group have the opportunity to engage in activities typical to the role of a student and essential to achieving success in higher education. The activities are intended to facilitate peer support, build confidence and promote successful performance in the student role. Order of the group activities will depend on needs of the students, judgment of facilitator and group member input. The goal of each semester is to complete 10-12 activities; remaining sessions will be reserved for solely studying and peer interaction. The activities provided include:

1. Getting Started
2. Managing Finances
3. Practicing Public Speaking
4. Preparing Class Schedules
5. Coping with Stigma
6. Campus Resources Scavenger Hunt
7. Identifying and Participating in Healthy Leisure Activities
8. Working While in School
9. Establishing and Maintaining Relationships
10. Obtaining a Job During and After College
11. Effective Studying
12. Closing Activity

University of North Dakota photograph taken by: Chuck Kimmerle
Session title: Getting Started

Goals of the session:
• To administer student needs survey
• To develop rapport between facilitator and group members
• To develop rapport between peers
• To inform students on purpose and structure of study/support group

Materials required:
• Needs assessments
• Refreshments

Preparation for the occupational therapist:
• Prior to initial group session, students will be informed to bring study materials.
• Print off copies of the Group Activities Survey (located in manual)
• Review information on group process
• Purchase refreshments for initial session

Session Outline

Introduction:
The facilitator and group members will introduce themselves to each other

Activity:
• Discussion
  ♦ Facilitator explains purpose of study/support group
  ♦ Group members will provide a basic background of themselves (only what they are comfortable with)
• The sole activity for the first group session will be studying and getting to know each other.
• Potential discussions (typical to what college students discuss upon meeting)
  ♦ Who transferred from another school?
  ♦ What is your major and what made you choose that major?
  ♦ What is your current living situation?
  ♦ What do you like to do in your free time?
• Students will complete the Group Activities Survey

Closure:
What topic would you like to focus on next week?
Students will collaborate to chose a future session topic from the needs assessment activities.

University of North Dakota photograph taken by: Chuck Kimmerle
Activity 2

Session title: Managing Finances

Goals of the session:
• To provide opportunity for students to budget financial resources for the semester
• To identify methods for students to save money throughout the semester
• To identify available campus and community resources that aid students in meeting financial responsibilities

Materials required:
• Students will be informed at prior session to bring all materials required
  ◦ Checkbook registers
  ◦ Financial income (financial aid awards, parental assistance, work income)
  ◦ List of all current expenses (rent, utilities, telephone, tuition)
• Computers
• Calculators
• Budget form (attached)

Preparation for the occupational therapist:
• Review budget form
• Review basic budgeting skills
• Obtain knowledge of campus and community resources (these include, but are not limited to campus financial aid office, community housing resources, inexpensive leisure resources)

Session Outline

Introduction:
On a scale from 1 to 10 (1 = not at all stressed, 10 = extremely stressed) how stressed are you with finances?

Activity:
• Students bring income and expense resources
  ◦ Prepare a budget for the semester using provided budget form
• Potential discussions
  ◦ Campus resources
  ◦ Community resources
  ◦ Assertiveness with resources
  ◦ Tips to save money
  ◦ Inexpensive leisure activities
  ◦ Controlling credit card use
• Role play situations with campus and community resources that possibly provoke stress (conversation with financial aid office employee)

Closure:
What was valuable to you in this activity?
Are there any other topics regarding finances that you would like to discuss in future sessions?
What topic would you like to focus on next week?
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Adapted from:
http://financialplan.about.com/od/moneyandcollegestudents/l/bcollbudget.htm
Activity 3

Session title: Practicing Public Speaking

Goals of the session:
• To provide opportunity for students to practice public speaking using class presentation assignments
• To instill confidence and build self-esteem through practice and repetition of public speaking
• To problem solve strategies to reduce anxiety involved in public speaking

Materials required:
• Students will be informed at prior session to bring all materials required
  ♦ Prepared class presentation assignments
  ♦ Students have the choice to select their own topic
• Computer
  ♦ PowerPoint
  ♦ Overhead

Preparation for the occupational therapist:
• Locate anxiety/public speaking information provided on college/university website
• Review breathing techniques (attached)
• Assess group dynamic and consult with group regarding peer feedback
  ♦ Written feedback form provided in appendices
• Review computer programs utilized in class presentations

Session Outline

Introduction:
Guided Imagery: close your eyes and envision yourself giving a class presentation in front of a group of people... what thoughts are going through your head?

Activity:
• Follow up introduction with group reactions to guided imagery
• Discussion on anxiety and stress reduction techniques
• Breathing techniques
• Students will give individual presentations lasting 5 minutes
• Peers will provide verbal or written feedback to the presenter
• Students will problem solve strategies to reduce anxiety in future public speaking events
• Potential discussions
  ♦ Proper attire
  ♦ Strategies to enhance physical presentation of information (PowerPoint, handouts, transparencies)
  ♦ Keeping the audience interested in your presentation
  ♦ Non verbal body language during presentation

Closure:
What was valuable to you in this activity?
What strategies will you possibly use to prepare for next presentations?
What are other topics regarding public speaking that you would like to discuss in future sessions?
What topic would you like to focus on next week?
Pursed Lip Breathing

Pursed lip breathing is one of the simplest ways to control shortness of breath. It provides a quick and easy way to slow your pace of breathing, making each breath more effective.

What does pursed lip breathing do?

Pursed lip breathing:

- Improves ventilation
- Releases trapped air in the lungs
- Keeps the airways open longer and decreases the work of breathing
- Prolongs exhalation to slow the breathing rate
- Improves breathing patterns by moving old air out of the lungs and allowing for new air to enter the lungs
- Relieves shortness of breath
- Causes general relaxation
- Reduces anxiety

Practice this technique 4-5 times a day at first so you can get the correct breathing pattern.

Pursed lip breathing technique

1. Relax your neck and shoulder muscles.

2. Breathe in (inhale) slowly through your nose for two counts, keeping your mouth closed. Do not take a deep breath; a normal breath will do. It may help to count to yourself: inhale, one, two.

3. Pucker or "purse" your lips as if you were going to whistle or gently flicker the flame of a candle.

4. Breathe out (exhale) slowly and gently through your pursed lips while counting to four. It may help to count to yourself: exhale, one, two, three, four.

With regular practice, this technique will seem natural to you

Department of Patient Education and Health Information. (2007). Pursed lip breathing.

Retrieved April 12, 2007, from Cleveland Clinic Website:

http://www.clevelandclinic.org/health/health-info/docs/2400/2408.asp?index=9443
Activity 4

Session title: Preparing Class Schedules

Goals of the session:
- To provide opportunity for students to complete class schedules for the upcoming semester
- To problem solve and create routines specific for each individual
- To identify organizational skills to be utilized throughout college courses

Materials required:
- Students will be informed at prior session to bring all materials required
  - Course registration book
  - Course schedule handouts (attached)
  - Computer
  - Internet

Preparation for the occupational therapist:
- Think about issues that potentially affect students' abilities to be successful in class attendance (medication side effects, motivation, sleep schedule, anxiety levels, etc...)
- Review campus accommodations provided through Disability Support Services (review campus website and contact Disability Support Services)
- Familiarize self to campus registration process and campus website resources

Session Outline

Introduction:
What time of day do you learn best and why?

Activity:
- Activity will occur when students are eligible to register for the upcoming semester
- Identify factors that affect students' abilities to be successful in their class attendance
- Problem solve routines specific to each individual's needs
- Using the provided course schedule handouts and the campus course registration materials, students will create a class schedule
- Register online for classes
- Potential discussions
  - Accommodations available (priority registration)
  - Issues that potentially affect students' class attendance
    - Medication side effects
    - Motivation
    - Sleep schedule
    - Anxiety levels
  - Process of course registration

Closure:
What was valuable to you in this activity?
What is still unclear about putting together class schedules and the registration process?
Is there any information we discussed today that you would like to explore further in a future session?
What topic would you like to focus on next week?
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</table>
Session title: Coping with Stigma

Goals of the session:
• Identify how stigma affects each individual
• Identify effective ways of coping with stigma
• To have the students create a product to be utilized throughout campus to decrease stigma

Materials required:
• Computers
  ♦ Internet
• Printer
• Paper

Preparation for the occupational therapist:
• Think about different ways students with psychiatric disabilities could be treated at a university setting.
• Research effective and healthy ways to cope with stigma
  ♦ Review resources on stigma and healthy ways to cope. One example of a resource is provided below:
• Review resources regarding stigma located on the ADS Center website:
• Think about different ways students with psychiatric disabilities could be treated at a university setting.

Session Outline

Introduction:
When you see the word stigma, what comes to mind?

Activity:
• Facilitate a discussion based on stigma that is present on their college campus
  ♦ Has anyone ever experienced stigma on this college campus (from peers or faculty)
  ♦ What feelings do you have regarding stigma
  ♦ How has stigma affected your role as a student?
• Students will problem solve strategies to help decrease stigma on campus
  ♦ Examples: newspaper articles, brochure, flyers, e-mail
• Students will then chose one activity as a group to create and implement on campus
  ♦ The students’ names will remain confidential
  ♦ Product will be distributed by occupational therapist

Closure:
What was valuable to you in this activity?
What was beneficial to you about working as a group?
Is there any information we discussed today that you would like to explore further in a future session?
Activity 6

Session title: Campus Resource Scavenger Hunt

Goals of the session:
• To increase knowledge of campus resources
• To locate resources on campus
• To identify resources that are pertinent to each individual’s needs
• To gain an understanding of services provided on campus

Materials required:
• Scavenger hunt handout provided in manual
• Campus maps
• Computers
  ♦ Internet

Preparation for the occupational therapist:
• Review campus resources
• Identify and review primary resources that most apply to the needs of students
  ♦ These include, but are not limited to:
    Campus resources- financial aid office, business office, registrar office, counseling center, Disability Support Services, bookstore, libraries, student health services, career services, tutoring services, writing centers, dining centers, coffee shops
• Review example of handout provided in manual
  ♦ Revise and create a handout applicable to specific campus
• Obtain maps of campus layout

Session Outline

Introduction:
Think back to your first time on campus... what experiences come to mind when you think of finding your way around on campus?

Activity:
• Discussion
  ♦ How familiar is everyone with campus resources?
  ♦ List all resources that you are aware of on campus?
  ♦ What services do these resources provide?
• Review the scavenger hunt handout
  ♦ Students are able to add to handout
• In pairs of two or more, students will locate resources listed on the handout
  ♦ To locate resources, students will walk or utilize campus transportation
  ♦ Each group will choose a minimum of three resources they are unfamiliar with to find
• Students will meet at a designated time after locating campus resources to discuss findings and if time allows, complete an internet search activity
• In groups of two to three, students will choose two resources to search on the campus website
  ♦ Students will describe to the group what services each resource offers
Activity 6

Session title: Campus Resource Scavenger Hunt (continued)

Closure:
What was valuable to you in this activity?
Are there any other resources you want to explore in future sessions?
What resources are still unclear to you?
What resources can you envision yourself using?
What topic would you like to focus on next week?
Campus Resource Scavenger Hunt

Please locate each of these campus resources:

- Financial aid office
- Business office
- Registrar office
- Bookstore
- Student Health Services
- Career Center
- Writing Center
- Learning center- tutoring services
- Student Union
- Coffee shops
- Libraries
- Dining services
- Counseling Services
- Disability Support Services

University of North Dakota photographs taken by: Chuck Kimmerle
Activity 7

Session title: Identifying and Participating in Healthy Leisure Activities

Goals of the session:
- To identify healthy leisure activities
  - Inexpensive
- To locate campus and community healthy leisure activities
- To identify resources that are pertinent to locating leisure activities
- To recognize methods to be utilized for transportation
- To participate in a campus/community-based leisure activity

Materials required:
- Computers
- Internet
- Area newspaper
- Area magazines

Preparation for the occupational therapist:
- Review campus/community resources
- Identify and review primary resources that most apply to the needs of students
- Locate a local coffee shop; this is one option to be used as a leisure activity during group session
- Other leisure activities may be decided on by group input and group dynamics
  - These include, but are not limited to: Billiards activities (playing pool), going for dinner, listening to live music

Session Outline

Introduction:
Generate a list of healthy and inexpensive leisure activities (facilitator will scribe the list throughout introduction and make copies for group members)

Activity:
- Discussion
  - Why is leisure important in an individual's life (social participation, self-esteem, release of energy)?
  - What are examples of unhealthy leisure activities to avoid? What makes it difficult to avoid these leisure activities?
  - What campus/community leisure activities are you familiar with and do you participate in?
- The group members will make use of provided resources to develop a list of campus/community resources that they want to participate in by using:
  - Computers
    - Internet
  - Area newspaper
  - Area magazines
- The group members will collectively chose a leisure activity to participate in during group session. If students have different interests, they have the opportunity to split up and participate in different leisure activities.
  - It is of importance to the facilitator to allow for adequate time (one hour) to participate in leisure activities.
Activity 7

Session title: Identifying and Participating in Healthy Leisure Activities (continued)

- The group members will problem solve ways of transportation to achieve destination of leisure activity.

Closure:
No closing activity
Beginning of next session will be used to discuss value of activity session
Session title: Working While in School

Goals of the session:
• To identify effective communication skills to be utilized with employers and professors
• To problem solve ways to effectively manage time
• To identify professional behaviors to implement in work and higher education settings

Materials required:
• Computers
  ♦ Internet
• Planners for each group member

Preparation for the occupational therapist:
• Inform students in prior session to bring specific materials including work schedules and syllabi
• Contact disability support services on campus and discuss reasonable accommodations offered to students with psychiatric disabilities
• Review resource provided below for information on reasonable accommodations and disclosing disability to an employer:

  ♦ Identify and review effective communication skills
    ♦ First impressions
    ♦ Open communication
    ♦ Verbal and non-verbal
      - Effective e-mail
      - Listening skills
  ♦ Identify effective time management skills
    ♦ How to achieve the most with your time
    ♦ Avoiding procrastination
    ♦ Using a planner
    ♦ Action plans

Session Outline

Introduction:
Each person will be asked to close their eyes and think about their daily routines. What feelings are evoked when people think about their daily routines?

Activity:
• Discussion
  ♦ Planning your day to make the most of your time
    - How to make to-do lists and use planners
    - Distribute planners and group members will fill in schedule for one week
    - Include work schedule
    - Include school assignments
  ♦ Communicating with employers and professors
  ♦ Students will review Website: http://www.bu.edu/cpr/jobschool/index.html
Activity 8

Session title: Working While in School (continued)

- What difficulties arise with communication skills?
- Why is time management and communication skills important with work and school?

- Role play
  - Only utilize role playing activity if a need arises from the discussion
  - Potential situations:
    - Assertiveness when asking employer for changes in work schedule or time off
    - Assertiveness when communicating needs to faculty
    - Disclosure of necessary information to employer and faculty (only if needed)
    - A need for reasonable accommodations

Closure:
What was valuable to you in this activity?
Encourage people to continue to develop time management and communication skills to reduce stress.
What topic would you like to focus on next week?
Activity 9

Session title: Obtaining a Job (during or after college)

Goals of the session:
• To identify resources utilized for obtaining a job
• To identify employment interests during and after college

Materials required:
• Computers
  ♦ Internet
• Printer
• Campus/community newspapers

Preparation for the occupational therapist:
• Obtain a list of employment resources pertinent to the needs of the student (newspaper, Internet sites, campus career services, community vocational rehabilitation services)
  ♦ Bring accessible resources and contact information
  ♦ Contact career services on campus to find out available employment resources

Session Outline

Introduction:
Describe past work experiences?

Activity:
• Potential discussions (differ depending on if students are focusing on obtaining a job during college or after college)
  ♦ Identify employment interests (during and after college)
  ♦ Positive and negative aspects of employment during college
  ♦ How to create a balance between work and school
  ♦ The process of obtaining a job (identifying perspective jobs, filling out employment applications, building a resume/cover letter, interviewing, follow up)
  ♦ Potential stress related to obtaining and maintaining employment
• Activity will vary depending on student needs
  ♦ Obtaining employment during college
    - Identify resources and begin researching job opportunities (newspaper, Internet sites, campus career services)
    - If a student is currently employed: identify current problems and problem solve with group potential improvements
    - Create a plan to follow through with employment opportunity
  ♦ Obtaining employment after college
    - Identify resources and researching job opportunities (newspaper, Internet sites, vocational rehabilitation services)
    - Create a plan to follow through with employment opportunity
    - Identify campus resources that assist graduating students with compiling resume/cover letter and the interview process

Closure:
What was valuable to you in this activity?
Describe potential jobs that you envision yourself working in and the strengths you would bring to that jobs.
Activity 10

Session title: Healthy Relationships

Goals of the session:
• To identify current dynamics of relationships involved in (family, friendships, roommates, dating)
• To problem solve how to manage time between relationships and school
• To identify effective communication skills for enhancement of relationships
• Identify campus and community resources to assist with unhealthy relationships

Materials required:
• Computers
• Internet
• Printer
• Stationary/envelopes/stamps
• Refreshments

Preparation for the occupational therapist:
• Copy Bill of Assertive Rights (attached) for each group member
• Review communication styles (attached)
• Purchase stationary/envelopes/stamps and refreshments
• Identify campus and community resources to help students with unhealthy relationships (counseling services, community violence interaction centers, YWCA)

Session Outline

Introduction:
Bill of Assertive Rights
♦ Each group member will read a sentence from this
The assertive principles are available on the Internet and are from the reference:

Activity:
• Potential discussions
  ♦ Current dynamics of relationships
  ♦ Difficulties with communication (including long distance, lack of open communication, low self esteem, passiveness, aggressiveness)
  ♦ Assertive communication
  ♦ Problem solve ways of finding time to establish and maintain healthy relationships
  ♦ Identify barriers that students experience regarding establishing and maintaining relationships
  ♦ Problem solve strategies to decrease barriers that exist for establishing and maintaining Relationships
  ♦ Identify campus and community resources to further assist students' needs in this area.
• Letter/email writing to family and friends

Closure:
What was valuable to you in this activity?
Describe a relationship that you want to make an effort to improve.
Describe an activity you can participate in to meet new people and form relationships.
Basic Rights of Assertive Behavior

Everyone has the right to act assertively and to state their thoughts, feelings and beliefs. Each person has the right to:

1. Be treated with respect
2. Have needs that are as important as others’
3. Ask others (not demand) to respond to our needs
4. Have feelings and express those feelings in ways that do not violate the dignity of others
5. Change our minds
6. Determine our own priorities
7. Ask for what we want
8. Refuse without making excuses
9. Form our own opinions and have no opinion at all on a certain topic

Communication Styles

Assertive Behavior:
- Uses "I" statements when expressing thoughts, feelings, beliefs and opinions
- Does not offend others
- Respectful, honest, verbally and nonverbally appropriate, direct and firm
- 8 types of assertive responses
  - Challenging others respectfully
  - Saying No
  - Making requests
  - Expressing opinions
  - Initiating conversation
  - Disclosing self
  - Expressing affection
  - Entering a room of strangers, willing to interact with others and allowing self to be known

Non-Assertive Behavior:
- Quiet/passive
- Message indicates person does not feel their feelings are as important as others
- Person may be easily influenced

Aggressive Behavior:
- Perceived as hostile/angry
- Offends/humiliates others
- Uses sarcasm

Session title: Effective Study Techniques for the College Student

Goals of the session:
• To identify difficulties students experience with academic performance.
• To problem solve strategies to improve academic performance.
• To identify effective environments for studying.
• To identify campus resources pertaining to improving academic performance.

Materials required:
• Computers
  ♦ Internet
• Planners (students will be informed in prior session to bring these)

Preparation for the occupational therapist:
• Access campus website and obtain a list of resources available for students pertaining to their academic needs (learning centers, tutoring services, writing centers, online tips for studying, etc.)

Session Outline

Introduction:
How were taught to study? Are your current studying habits effective?

Activity:
• Discussions
  ♦ Difficulties experienced with academic performance
  ♦ Managing time for studying
  ♦ Environments students use to study
  ♦ Effective study strategies used
  ♦ Resources on campus available pertaining to academic performance
• Students will identify three potential environments they will utilize for studying (if time allows, students will be able to walk around campus to locate study environments)
• Each student will perform an internet search regarding study techniques.
  ♦ Students will report five studying tips to peers (strategies found during internet search or those they currently utilize)
• Students will utilize planners to develop a study schedule for one week.

Closure:
What was valuable to you in this activity?
What studying strategies have you learned today?
What campus resources will you utilize to enhance your academic performance?
What benefits will effective study habits have for you?
What topic do you want to focus on next week?
Session title: Closing Activity

Goals of the session:
• To administer outcomes measures
  ◦ To receive input on student satisfaction with the study/support group
  ◦ To identify students' perceived level of performance with activities involved in the student role
• To conclude content discussed throughout the entirety of the study/support group
• To celebrate students' participation and completion of the study/support group
• Students will identify potential campus and community resources to be utilized as needed in the future

Materials required:
• Refreshments
• Outcomes measures
  ◦ Students satisfaction survey
  ◦ Outcomes survey
• Index cards

Preparation for the occupational therapist:
• Purchase refreshments for closing session
• Print of copies of outcomes measures
• Review campus and community resources

Session Outline

Introduction:
What have you taken away from this group?

Activity:
• Potential discussions
  ◦ Discussions will vary depending on student needs
  ◦ The goal is for students to identify what their current and future needs are related to success with their education
  ◦ Group members will problem solve potential campus and community resources that will assist with these needs
• Complete outcomes measures

Closure:
• Compliment circle:
  ◦ Distribute index cards to group members
  ◦ Students will write a compliment for each group member on individual index cards
  ◦ Once all students are finished filling out their cards, the cards will be exchanged
  ◦ Students will share the compliments they have received with the group
University of North Dakota photograph taken by: Chuck Kimmerle
Outcomes Measures

This section includes outcome measures to be utilized during the last session to:

- Continue to develop and expand the study/support group to meet the needs of students with psychiatric disabilities.
- Justify the effectiveness of the study/support group.
- Support funding for the study/support group.
- Support occupational therapy's role in providing services to students with psychiatric disabilities.

The two outcomes measures included in this section include:

- **Success with Higher Education: Outcomes Survey**
  - Description: This survey is similar to the "Group Activities Survey" located in the Needs Assessment section. During the last session, students will again rate on a scale from 1-5 how satisfied they are with their performance in the listed activities. Outcomes scores will be utilized to compare with students' initial performance satisfaction ratings.

- **Success with Higher Education: Student Satisfaction Survey**
  - Description: This survey is designed to measure students' satisfaction related to the study/support group.

Other outcomes measures to be utilized:

- **Administer the Canadian Occupational Performance Measure (Law et. al., 1998).**
- **Facilitator will also remain in contact with students via e-mail to evaluate student graduation and employment results.**
Success with Higher Education: Outcomes Survey

Please rate on a scale of 1-5 if how satisfied you are with your performance in each activity listed below. Check the box that applies to you.

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<th>Activity</th>
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<th>3</th>
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Thank you for your participation in this study/support group. Please complete the following survey that will be utilized to enhance the group for future semesters. Your input is appreciated.

Rate on a scale of 1-5 if this group was useful to you in increasing success in the following activities. Place a check in the appropriate box. (1=Not Useful, 5=Useful)

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<th>Activity</th>
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Describe what you gained from this group.

Describe suggestions for improvements in this group.
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