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Promoting successful community re-integration for incarcerated juveniles: the role of occupational therapy to enhance quality of life

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PROMOTING SUCCESSFUL COMMUNITY RE-INTEGRATION FOR INCARCERATED JUVENILES: THE ROLE OF OCCUPATIONAL THERAPY TO ENHANCE QUALITY OF LIFE

by

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Approval Page

This Scholarly Project Paper, submitted by Madison Gerszewski and Bailey Odegaard 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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-Madison Gerszewski, MOTS, & Bailey Odegaard, MOTS
ABSTRACT

The purpose of this scholarly project is to present a manual for occupational therapists working with juvenile delinquents in their transition into the community following incarceration. The intended outcome of the project is for juvenile delinquents to be independent, successful members of the community.

A literature review pertaining to juvenile delinquents was conducted and addressed recidivism, risk factors, and unmet needs. At this time, there are no practice guidelines in the United States that capture occupational therapy’s scope of practice when working with adolescents who have been involved in the criminal justice system.

A manual was developed in order to present OT’s role in assessment, intervention, and discharge when working with juvenile delinquents in the community. The Occupational Therapy Practice Framework along with the Model of Human Occupation were utilized to guide intervention.

Occupational therapists can play a key role in assisting youth in transitioning into the community following incarceration. This manual is a tool that occupational therapists can use to assess and treat adolescents’ occupational deficits in order to promote independence and success in the community.
CHAPTER I
INTRODUCTION

According to the Office of Juvenile Justice and Delinquency Prevention, the average recidivism rate of juvenile offenders is nearly 55% within 12 months of release from a correctional facility (Mathur & Clark, 2014). Recidivism is defined as “relapsing into offending behavior or committing a second offense” (Kuhn, Marsh, and Cotman, 2017, p. 360). For most individuals, criminal activity peaks in late adolescence and early adulthood (Miller, 2014). This is due to the unmet needs of juvenile offenders at this stage in their life. There are several risk factors that contribute to the high incarceration and recidivism rates of juvenile offenders including: unstable family environments, neglect, drug and alcohol abuse, socioeconomic disadvantage, patterns of instability, and multiple transitions in the home and school environments (Heath & Priest, 2016).

There have been very few treatment programs that have been shown to be effective and generalizable for adolescent offenders (Caldwell & Rybroek, 2013). Due to the high recidivism rates, effective programming that addresses the needs of juvenile offenders must be developed. Occupational therapists can have a key role in implementing this programming for youth. Occupational therapy (OT) is the “therapeutic use of occupations, including everyday life activities with individuals, groups, populations, or organizations to support participation, performance, and function in roles and situations in home, school, workplace, community, and other settings” (AOTA, 2011, p.1).
Occupational therapists can identify and address the unmet needs of adolescent offenders in their daily lives, engage adolescents in their valued occupations, and help them successfully reintegrate into the community. If the problem of incarceration and recidivism goes unsolved, juveniles will fall back into their old ways and continue offending. This leads to increased crime, as well as increased costs for everyone. Incarcerating youth costs over 1 billion dollars per year, with each inmate costing $150-$300 per day (Kretschmar, Butcher, Kanary, & Devens, 2015).

Guided by research, a program manual was developed for occupational therapists to address the various needs among adolescents including: work, education, leisure, social participation, sleep, instrumental activities of daily living, and mental health. The program contains assessment tools, interventions, and strategies that occupational therapists can use while working with juveniles through their transition into the community. The goal of this guide is to improve the well-being and quality of life of juveniles while expanding the scope of occupational therapy practice.

The Model of Human Occupation was utilized to guide the program manual. The MOHO purports that “occupational performance is the result of the interaction between person factors and environment” (O’Brien, 2017, p. 96). Changes in the person factors, or in the environment can evoke changes in behavior and lead to new patterns of performance (O’Brien, 2017). The model will be implemented through looking at the interplay between a client’s motivation, habits, roles, abilities, and the effects of the environment.

Chapter II provides a comprehensive literature review of the problems that juvenile delinquents face. The literature review identifies many of the risk factors that
adolescents face as well as the needs they have to successfully reintegrate into the community. Chapter III describes the methodology used to gather research for the literature review, as well as the methods used for developing the program. Chapter IV contains the program manual that occupational therapists can use for assessment, intervention, and follow-up with their clients. Chapter V provides a summary and the strengths of implementing the product in clinical practice.
CHAPTER II
REVIEW OF THE LITERATURE

Introduction to Juvenile Delinquency

In the United States, 11.6 million individuals are cycling through the jails and prisons annually; this represents the highest incarceration rate in the world (Glowa-Kollisch et al., 2016). Along with a high incarceration rate, over half of these individuals recidivate after being released from a correctional facility (White, Grass, Hamilton & Rogers, 2013, p.719). Research has shown that criminal activity tends to peak in late adolescence and early adulthood for most individuals (Miller, 2014). With each generation, there has been an increase in the number of juveniles and younger adults engaging in criminal activity in the United States (Miller, 2014). In fact, 2 million juveniles are arrested each year and 60,000 are detained (Barnert et al., 2015). Adolescents in the juvenile justice system are considered a high-risk, vulnerable population who have various physical, social, developmental, and mental health needs that go unmet (Barnert et al., 2015). Targeting these unmet needs among adolescents will be crucial for preventing recidivism in the future.

Evolution of the Juvenile Justice System

In the United States, the juvenile justice system has moved away from rehabilitation and towards punishment, through detaining youth (Haerle, 2015). In fact, in 2004, 34% more adolescents were placed in correctional facilities than in 1985 (Erickson, 2012). Research strongly suggests that incarceration has negative effects on the rate of
recidivism and may have negative impacts on an individual’s overall health (Moore, McArthur, & Saunders, 2013). Long periods of incarceration can lead to poor outcomes for adolescents including: negative perception of themselves, reduced psychosocial maturity, and a decreased ability to live independently. Additionally, detainment negatively impacts adolescents mental and physical health, peer, family, and school relations, education, and future employment (Mallett & Boitel, 2016). A recent review of youth in correctional facilities found that more than one-third of adolescents had depression symptoms that started after they were detained (Mallet & Boitel, 2016). Punishment is ineffective at reducing crime and alternative methods need to be utilized to address the performance deficits and negative behaviors of youth (Zeola, Guina, & Nahhas, 2017). Community based intervention is one alternative that has been shown to be effective for even the most serious youth offenders through reducing the rate of recidivism (Mallet & Boitel, 2016).

Community Based Intervention

There are a variety of rehabilitative community based programs that can help adolescents with their transition into the community including: residential treatment programs, Multi-Systemic Therapy, and Multidimensional Treatment Foster Care. Residential treatment programs are commonly utilized for juveniles who have significant emotional and behavioral needs (Bowen & Neill, 2015). This type of setting houses adolescents for short periods of time, ranging from a couple of weeks to many months. Adolescents in Residential Treatment Programs are in a highly structured environment that consists of intensive supervision and group work. Programming provided to adolescents in this type of setting includes: vocational education and training, short term
housing, skill development, support, and other activities to promote recovery (Bowen & Neill, 2015). Research has shown that residential treatment programs have been beneficial as they have led to reductions in internalizing and externalizing problem behaviors (Bowen & Neill, 2015).

Multi-Systemic Therapy (MST) is appropriate for adolescents who have various social, emotional, and behavioral problems (Bowen & Neill, 2015). This type of treatment is family-focused and is provided in family, or foster care homes (Cheng, 2017). MST utilizes modeling, reinforcement, parental monitoring, and discipline in its treatment approach (Cheng, 2017). The purpose of this programming is to reduce youth's offending and antisocial behavior by equipping adolescents and their parents with the skills and resources to address and manage their problems (Bowen & Neill, 2015). Research has shown that this type of programming has resulted in a reduction of arrests and severity of crimes, as well as increased academic performance (Bowen & Neill, 2015).

Multidimensional Treatment Foster Care (MTFC) is another treatment approach that involves placing youth with trained supportive foster parents outside of their family home (Caldwell & Rybroek, 2013). In this type of intervention, a behavioral management system is implemented for the adolescent. The adolescent has daily requirements (i.e. doing homework, completing chores, getting to bed on time) and earns points for meeting these routine expectations (Caldwell & Rybroek, 2013). Research has shown that MTFC has many benefits including: improving youth's behavior, reducing alcohol and drug abuse, reducing amount of time spent incarcerated, and reducing re-arrests. MTFC is a cost-effective alternative to other treatments available (Caldwell & Rybroek, 2013).
Recidivism

Recidivism is the gold standard by which juvenile offender treatment programs are measured (Hartwell, McMackin, Tansi, & Bartlett, 2010). However, there are great inconsistencies found in the recidivism rate of adolescents, due to the way that recidivism is defined. According to Kuhn, Marsh, and Cotman (2017), recidivism occurs “when a juvenile relapses into offending behavior or commits a second offense”. White, Grass, Hamilton and Rogers (2013) on the other hand, define recidivism as “a relapse to criminal behavior that is usually measured as arrest, conviction, or incarceration of a new crime within 3 years of relapse or parole”, (p. 763). Regardless of the definition used, recidivism is a growing concern among adolescents. One study found 75% of youth were rearrested within three years of release from a correctional facility (Barnert, Perry, & Morris, 2016). When looking specifically at serious adolescent offenders, another study found that 40% of these adolescents were held in jail and 20% were held in correctional detention centers or residential placements within 3 years of release (Clark, Mathur, & Helding, 2011). These high recidivism rates justify the need for increased rehabilitative programming for troubled youth.

Cost

Each year, juvenile incarceration is costing the United States between $8-$21 billion dollars (Kuhn et al., 2017). There are other economic costs associated with offending as well, including victim costs and productivity loss over a period of time (Hartwell et al., 2010). Incarcerating adolescents is much more costly than providing treatment (Erickson, 2012). Kretschmar, Burcher, Kanary, and Devens (2015) found that it costs between $150-$300 to confine an adolescent in the detention center each day.
Similarly, Barnert et al. (2016), found that the average cost of incarceration for a single adolescent was $241 per day. On a larger scale, holding an adolescent in an incarceration facility for 3-4 months would cost between $21,690-$28,120 (Barnert et al., 2016). Targeting and reducing recidivism will reduce the costs to society by decreasing the incarceration costs, decreasing the legal processing costs, and lowering the rate of harm to potential victims (Zeola, et al., 2017).

**Risk Factors**

Adolescents in the justice system present with various risk factors that have gone unaddressed (McCarter, 2016). Addressing these specific risk factors among adolescent offenders can help to reduce the rates of recidivism and the associated cost to society (Mulder, Brand, Bullens, and Van Marle, 2011). To prevent future offending and recidivism there needs to be a greater understanding of what put adolescents at risk and what treatment is effective for these youth (Mulder et al., 2011). There are several risk factors that need to be considered in order to holistically provide treatment to adolescents. These risk factors include: increased substance use, mental health concerns, poor sleep habits, low quality neighborhoods, a lack of education, poor social influences, and being a minority in the community.

**Substance Use**

National statistics have shown that alcohol and drug use increase during adolescence and in the transition to young adulthood (Griffin & Botvin, 2010). The early use of substances in an individual's life can lead to higher use and abuse of substances later in life (Griffin & Botvin, 2010). Young, Dembo, and Henderson (2007), found that about half of youth in correctional facilities have one or more substance use disorders,
with the most common involving alcohol and marijuana. Targeting substance use is crucial for adolescents, as well as the community, as the use of these substances increase the rate of offending and the severity of the offenses (Young et al., 2007). The negative effects of substance use can impact many areas of an individual's life including: education, relationships, work, physical health, mental health, and behavior (Shaeffer et al., 2014).

According to the National Institute on Drug Abuse (NIDA), 56% of male youth and 40% of female youth test positive for drugs when arrested (McCarter, 2016). Research has shown that drugs continue to be a problem for many individuals following their release from a correctional facility. Abram, Choe, Washburn, Romero, and Teplin (2009), found that 12-50% of adolescents indicate frequently using illicit drugs within 4-5 years after their release from a correctional facility. Along with drugs, alcohol is a common problem among youth in the United States. A large consumption of alcohol creates many problems for adolescents including: criminal and violent behavior, health issues, dropping out of school, and the risk for alcohol use disorders (Pedersen et al., 2013). There is a strong connection found between heavy drinking and perceived norms about drinking among adolescents. Targeting and reducing these perceived norms about drinking is an important implication for intervention in reducing drinking behavior and the consequences associated with it (Pederson et al., 2013).

Cognitive risk factors for substance use include a lack of knowledge regarding the risks of use and abuse, along with the misunderstanding that substance use is “normal” and that most people engage in use (Griffin & Botvin, 2010). Leverso et al., (2015) describe four cognitive factors that could contribute to criminal behaviors among
juveniles: lack of future orientation (one’s ability to project events into the future), increased susceptibility to peer influence, inaccurate perceptions of risk (juveniles have a distorted sense of risk and underestimate the possibility of a negative outcome such as being arrested) and impulsiveness. Impulsive youth lack self-control which makes them more likely to commit criminal acts because they provide easy, thrilling, and immediate gratification of desires (Leverso et al., 2015). Adolescents undergo developmental change that can increase their risk of juvenile delinquency

**Mental Health**

A large percentage of adolescents in the juvenile justice system have mental health needs that go unmet. This is partially due to the shift of the justice system towards punishment and away from rehabilitation ((White, Grass, Hamilton & Rogers, 2013, p.722). Under the Civil Rights Act of 1980, mental health services are to be provided to adolescents within the justice system. However, most adolescents in the juvenile justice system, do not receive the proper treatment for their mental health conditions (Erickson, 2012). Of the adolescents incarcerated, 60% have a diagnosed mental health disorder, with 20% of the disorders being severe (Mallet & Boitel, 2016). The high rate of mental health disorders among delinquent youths suggest that mental health disorders and juvenile delinquency are related (Wibbelink, Hoeve, Stams, & Oort, 2017).

It is important to understand how prevalent specific disorders are within the juvenile offender population. When looking at the prevalence of psychiatric disorders, Zeola et al. (2017) found that 69% of adolescents who are in correctional facilities have a psychiatric disorder. Similarly, Barnert et al., (2016), found that two-thirds of boys and three-quarters of girls who were incarcerated had at least one
psychiatric diagnosis, with the most common being substance use, behavior disorders, and depression (Barnert, Perry, & Morris, 2016). Many juvenile delinquents have a history of behavioral health problems which includes mental health or substance use problems (Kretschmar et al., 2015). According to Zhou et al. (2012), young offenders have an increased risk of behavioral factors that can include excessive drinking, smoking, poor learning, premature love, and internet addiction. Multiple studies estimate that between 65% to 75% of juvenile youth have at least one behavioral health disorder, and 20% to 30% report suffering from a serious behavioral disorder (Kretschmar et al., 2015).

In addition, young offenders often report multiple incidents of trauma over their lifetime. A substantial proportion of detained youth experience childhood maltreatment including physical and sexual abuse (Moore, Gaskin, et al., 2013). An overwhelming majority of offenders (90%) report a history of at least one traumatic event over their lifetime (Moore, Gaskin et al., 2013). In a study of nearly 900 juveniles in a detention center in Chicago, it was found that 90% experienced at least one traumatic event (Kretschmar et al., 2015). Repeat trauma exposure is thought to disrupt adolescent’s affective and cognitive development. Because of this trauma experienced, there is significantly higher prevalence of PTSD among young offenders (Moore, Gaskin, et al., 2013).

In a study of incarcerated youths, only 6% received a mental health referral (Wibbelink et al., 2017). Providing mental health services to juvenile offenders may help the justice system to recognize and treat underlying psychopathology, improve coping skills, reduce the negative effects of detention and decrease the future costs to society by reducing recidivism (Zeola et al., 2017). The U.S. House of Representatives investigated
the use of detention facilities and found that two thirds of these facilities were holding youth while waiting for community mental health services to become available, and that 7% of all youth were being held only for this mental health referral need, highlighting the limited options for these youth (Mallett & Boitel, 2016).

**Suicide & Self-Harm**

Admission to a correctional facility is a highly stressful event which can lead to suicidal ideation, suicide attempts, and self-harm among at-risk youth (Casiano et al., 2016). Casiano et al. (2016) reported that suicide is the number one cause of death among incarcerated youth and that detained youth commit suicide at more than 4 times greater than the general adolescent population. Of a large U.S. sample of 1,801 juveniles detained in 39 correctional facilities, 22% had considered suicide, 20% had planned it, and 16% had made a prior attempt (Moore, Gaskin, & Indig, 2015). One study found that 52% of detained youth reported active suicidal ideation and one-third reported prior suicide attempts (Barnert et al., 2016). Among these significantly high statistics, youth were more likely to self-harm within their first 90 days in custody (Casiano et al., 2016). Placing youth in detention centers and incarceration centers is dangerous and detrimental to youth’s health and other options and resources need to be identified.

Suicide rates may be higher as risk factors are far more common in youth in the juvenile justice system than in the general population (Strokes, McCoy, Abram, Byck, & Teplin, 2015). Stresses related to incarceration, separation from family and peers, abuse histories, substance use, mental health disorders, and impulsive personality traits contribute to the elevated suicide risk of incarcerated and formerly incarcerated youth (Strokes et al., 2015). Other risk factors include a family history of suicide and a range of
sociodemographic factors (e.g., gender, educational achievement, ethnicity). Young people who have experienced victimization are significantly more likely to experience suicidal ideation. The more types of victimization they experience, the more likely the suicidal ideation (Moore et al., 2015). Other types of childhood adversity (parental psychopathology, parental loss/separation/divorce, neglectful parenting) have been found to be prominent among those with a history of suicidal behavior (Moore et al., 2015). Exposure to further stress and adversity (unemployment, sexual orientation) as well as a history of psychiatric illness (mood, anxiety, personality, and substance use disorders) or previous suicide attempts have each been found to increase the risk for subsequent suicide attempts (Strokes et al., 2015).

Casiano et al. (2016) highlights the importance of universal screening upon entry and careful monitoring in the earlier part of detention period in order to identify and help those who are struggling with suicidal thoughts and plans. Incarceration should not be viewed as only a punitive process, but also an opportunity to foster successful reintegration into the community (Casiano et al., 2016).

**Unhealthy Sleep Practices**

Adolescents unhealthy sleep patterns and routines can be associated with negative behavior and conduct problems (Wen-Hsu & Chin-Chun, 2015). Research has shown that individuals who have insomnia, or sleep for short periods of time have an increased risk of abusing substances and partaking in delinquent behaviors (Wen-Hsu & Chin-Chun, 2015). In addition to engaging in risky behaviors, a lack of sleep can also impact adolescents psychological functioning. Research has shown that too little sleep can lead to a lack of emotional and impulse control, as well as the ability to make moral decisions.
and follow the social norms (Wen-Hsu & Chin-Chun, 2015). In addition, negative emotional reactions such as anxiety and depression are more prevalent, while the display of positive emotions, such as happiness decrease (Wen-Hsu & Chin-Chun, 2015). Inadequate sleep can also impair various cognitive functions of an adolescent including: learning, memory, attention, and abstract thinking (Wen-Hsu & Chin-Chun, 2015). Deficits related to cognition can impact adolescent’s education and contribute to low academic performance. Targeting poor sleep patterns and routines are essential in reducing many of the behavioral, emotional, and mental health concerns among the adolescent population.

**Developmental Influences**

Research has examined the link between developmental changes and re-offending, as adolescents are at a high risk for exhibiting antisocial and criminal behaviors during this time (Leverso, Bielby, & Hofner, 2015). In the adolescent phase of development, youth tend to experiment with various behaviors and ways of living (Griffin & Botvin, 2010). This phase of experimentation can be attributed to several factors related to psychosocial development including: seeking approval from peers, detaching from parents, developing a sense of identity, seeking independence, looking for fun, and rebelling against authority figures (Griffin & Botvin, 2010). Miller (2014) found that adolescents tend to exhibit rebellious behavior to stand out and impress their peers. Additionally, youth look to alcohol and tobacco to meet their needs of fun, independence, and peer approval (Griffin & Botvin, 2010). Developmental changes impacting youth can have a profound effect on their actions and behaviors.
Environmental Influences

The neighborhoods and areas that surround an adolescent can impact their likelihood to recidivate (Grunwald, Lockwood, Harris & Mennis 2010). Research has shown that crime is most likely the result of neighborhood dynamics, instead of individuals that make up a neighborhood (Seepersad, 2016). There is often a lack of social controls within the neighborhoods of juvenile delinquents such as family, schools, churches, and community organizations that help to regulate the actions and behavior of youth (Seepersad, 2016). This lack of social control can lead to increased crime and delinquency in these neighborhoods (Grunwald et al., 2010). In addition, there are a variety of environmental characteristics such as poverty, ethnic diversity, and the continuous movement of people in and out of neighborhoods that negatively impact the crime and delinquency rates (Grunwald et al., 2010). The availability of alcohol and drugs in a neighborhood, as well as the number of peers with delinquent attitudes also increase the likelihood of adolescent offending (Grunwald et al., 2010). Drug dealing can be associated with a lack of jobs available in neighborhoods, as well as poor living conditions (Grunwalk et al., 2010). Understanding the contexts in which adolescents grew up in is important in understanding their attitudes and behaviors.

Education

Adolescents in the juvenile justice system are more likely to have a low level of education and encounter difficulties while attending school (Zhou et al., 2012). In fact, substantial learning and/or behavioral problems are found in more than one-third of adolescents who are incarcerated (Clark et al., 2011). Additionally, youth who have disabilities are found in correctional facilities at more than four times the rate of those
who attend school in the community (Clark et al., 2011). Targeting youths’ learning and behavioral needs is a crucial starting point in the educational system.

One major challenge that adolescents experience within the educational system is the transition between primary and secondary schools. This is due to a lack of social and emotional resources to effectively deal with change (Heath & Priest, 2016). Research has shown that youth who are disengaged during school are unable to form relationships with their teachers, which negatively impacts their academic performance (Griffin & Botvin, 2010). Further, academic failure and social rejection by peers has been connected to offending behaviors and higher rates of substance use (Heath & Priest, 2016). Incarcerated adolescents also tend to have higher rates of suspensions, dropouts, and truancy compared to other youth (McCarter, 2016). Adolescents’ needs in the educational system are going unmet and it is essential to create opportunities and resources for them to be successful in their school environment.

**Social Influences**

The social influences surrounding adolescents can have a significant impact on their well-being. Juveniles association with their peers can contribute to delinquent behavior, as they learn more from their peers than others, at this stage in their life (Cheng, 2017). As adolescents age, the influence of their peers on their behavior increases, while the influence of their parents decreases (Van der Put et al., 2012). Specifically, youths’ involvement with gangs and deviant peers creates an increased risk of delinquency through learned behaviors (Cheng, 2017). Griffin and Botvin (2010), found that experimentation and initiation of substance use is strongly impacted by the social influences surrounding youth. Modeling of substance use behavior, as well as
positive attitudes and expectations surrounding substance use by peers, older siblings and parents can negatively impact adolescent’s behavior (Griffin & Botvin, 2010).

Substance use is also portrayed in a favorable way throughout the media. Celebrities in movies, on T.V., and in music videos convey substance use in a positive light to adolescents (Griffin & Botvin, 2010). Advertisements are another way that positive messages about alcohol and tobacco are communicated to youth. They promote the perceived positive consequences about substances, which lead to increased usage among youth (Griffin & Botvin, 2010). As social influences appear to be a significant risk factor for juvenile delinquency, it is vital to address the importance of surrounding adolescents with positive, peer and family influences.

**Family Environment**

Instability within the family environment creates a serious concern for adolescent’s well-being. Youth should view their home as the most protective environment that they spend their time in (Barnert et al., 2015). However, most youth in correctional facilities characterize their home environment as chaotic, unstructured, incohesive, and filled with conflict (Barnert et al., 2015). Griffin and Botvin (2010), found that negative behaviors in adolescents have been linked to poor parental supervision, low levels of family bonding, harsh discipline, and high levels of family conflict (Griffin & Botvin, 2010). Similarly, Cheng (2017) found that poor parental supervision and control are correlated with delinquent behaviors. This negative environment inhibits adolescents from receiving their internal needs of love, attention, perspective, and positive role models (Barnert et al., 2015).
In addition to unstable home environments, the absence of a parent for extended periods of time can have substantial effects on an adolescent's well-being. In the United States 1.7 million adolescents have a parent in prison and 1.2 million adolescents have a parent who is deployed in the military (Rodriguez & Margolin, 2015). Research has shown that separation from a parent can lead to poor life adjustment, poor academic performance, increased depressive and suicidal symptoms, and increased negative health behaviors (Rodriguez & Margolin, 2015).

Multicultural Considerations

Research has shown that juvenile incarceration is more prevalent in minority populations (Erickson, 2012). In fact, incarceration is three times more likely for Latinos and American Indians and five times more likely for African Americans, compared to Caucasian youth (Barnert et al., 2016). The increased prevalence of incarceration among minority adolescents can be attributed to several factors. Minority youth in the juvenile justice system often come from disadvantaged backgrounds, live in areas with high crime, and have limited financial resources (Barnert et al., 2016). These factors can lead to a cycle of incarceration that is difficult to break. African American juveniles are also at a higher risk of mental health problems, as they are more likely to experience abuse, neglect, violence, and broken homes compared to Caucasian youth (Zeola et al., 2017). Although mental health concerns are prevalent in this population, many African Americans are not getting service referrals for their mental health conditions. Research shows that this may be due to bias from health care professionals, or youth not wanting to disclose their mental health concerns to their health care professionals (Zeola et al., 2017). Despite African American youth having a higher risk for mental health problems,
Caucasian youth have a higher prevalence of suicidal ideation and behavior both in correctional facilities and in the general population. Being cognizant of the various risk factors in different populations will help health professionals to address the specific needs of these adolescents.

**Occupational Therapists Role**

Abram, Choe, Washburn, Romero and Teplin (2009) found that in the three years following adolescents stay in detention, one in five youth had significantly impaired function. Further, two out of three individuals were severely impaired in three or more areas of functioning (i.e. expelled from school, serious violations with the law, drug addictions) (Abram, Choe, Washburn, Romero, & Teplin, 2009). These findings highlight the needs of these youth and society to provide effective rehabilitation services during and after detention. Occupational therapists hold a valuable role in providing skilled intervention to juvenile delinquents in the correctional system and in the community following incarceration.

Occupational therapy (OT) is the “therapeutic use of occupations, including everyday life activities with individuals, groups, populations, or organizations to support participation, performance, and function in roles and situations in home, school, workplace, community, and other settings” (AOTA, 2011, p. S1). OT practitioners provide clients with an opportunity to learn, practice, and demonstrate life management skills through engaging in their life roles in their community (Provident & Gaguzis, 2005). OT practitioners can also provide education in life-skills training and group therapies that address criminal behaviors and psychological factors (Provident & Gaguzis, 2005).
There are a broad range of areas that can be addressed by OT practitioners. They can assist adolescents in the area of work by teaching job related skills, helping youth to acquire jobs, and by preparing for interviews (Provident & Gaguzis, 2005). Additionally, OT can assist youth in managing their finances, maintaining a medication routine, learning the community mobility system, learning how to access various resources in the community, finding safe housing, learning how to prepare meals, and promoting healthy leisure opportunities ((White, Grass, Hamilton & Rogers, 2013, p.763). These are a few of the many areas that OT can address with high risk adolescents. OT has a valuable role with assisting adolescents to get back on track as they are transitioning into the community following incarceration.

**Conclusion**

In conclusion, recidivism is of great concern for adolescents who are transitioning into the community following incarceration. Targeting the risk factors affecting youth will be crucial for reducing recidivism rates, as well as assisting adolescents with the challenges they are facing in many areas of their lives. Occupational therapists have the potential to hold a valuable role in youth's transition into the community. Occupational therapists can help high risk adolescents target the problem areas in their life and address these needs through intervention. Occupational therapists are skilled in providing interventions to meet the needs of juvenile delinquents including: career searching, job skills, identifying healthy leisure interests, social interactions with others, creating a healthy routine, and identifying important roles in one's life. Occupational therapists can be the bridge that connects adolescents to their community successfully.
CHAPTER III
METHODS

A review of literature was completed using both qualitative and quantitative research to gain a greater understanding of the needs of juvenile delinquents following their transition out of a correctional facility. Research was obtained from PubMed, PsychInfo, and CINAHL databases, as well as from occupational therapy textbooks. Keywords used to search the databases included, “juvenile delinquency/offenders and well-being”, “juvenile delinquency/offenders and occupational therapy”, “juvenile delinquency/offenders and community mental health”, “juvenile delinquency/offenders and reintegration”, “juvenile delinquency/offenders and recidivism”, “juvenile delinquency/offenders and community reintegration”, and “juvenile delinquency/offenders and mental health”. The adolescent filter was used with all the searches. Based on the literature review, the statistics, risk factors, needs, and interventions for juvenile delinquents were identified.

Research has shown that juvenile delinquency has increased with each generation in the United States (Miller, 2014). Adolescents in the juvenile justice system are a high-risk population with various mental health needs that go unaddressed (Barnert et al., 2015). Occupational therapists have a vital role in addressing these unmet needs and helping adolescents successfully transition into the community following incarceration.
There is little research regarding occupational therapy's role through this transition period with juvenile delinquents. Due to this gap in the literature, the product was developed to demonstrate how occupational therapy can benefit meeting the needs of this high-risk population.

The product was developed from the findings of the literature review and was guided by the Model of Human Occupation (MOHO). The MOHO purposes that “occupational performance is the result of the interaction between person factors and environment” (O’Brien, 2017, p. 96). Changes in person factors, or in the environment can evoke changes in behavior and lead to new patterns of performance (O’Brien, 2017).

The person is made up of three components including: volition, habituation, and performance capacity (O’Brien, 2017). Volition refers to what motivates clients to engage in their occupations. An individual's interests, values, and beliefs about their abilities all influence their motivation to engage in occupations. It is the occupational therapist's role to discover what drives a person to engage in their occupations (O’Brien, 2017). Habituation encompasses individual’s habits and roles. Individual’s unhealthy habits can lead to dysfunction and create roadblocks in their lives. Occupational therapists can assist clients in developing healthy habits to provide structure to their daily lives (O’Brien, 2017). Additionally, clients may lose important roles in their lives that gave them meaning and shaped what they did with their time. Occupational therapists can assist clients in finding new roles, or help them to make changes and gain competence in their current roles (O’Brien, 2017). Performance capacity consists of the physical, mental and cognitive abilities of the individual, as well as the person's subjective experience of their abilities. The occupational therapist's role is to understand the client’s
experience from their perspective and to help them adapt, adjust, and develop skills and abilities to increase their performance capacity (O’Brien, 2017).

The environment surrounding an individual is another an important element of the MOHO that can be understood in terms of the physical and social environment (O’Brien, 2017). The physical environment includes the spaces around the individual, as well as the objects within the space. The social environment is made up of the people surrounding the individual and the rules and guidelines associated with these groups of people (O’Brien, 2017). The environment impacts each individual within it much differently. The environment can provide opportunities and resources for the person, as well as demands and constraints. The occupational therapist's role is to alter the environment, or remove constraints in order to facilitate function. Additionally, therapists may monitor or seek to alter social groups that are negatively impacting clients (O’Brien, 2017). The MOHO seeks to understand occupational performance by looking at the interplay between the components of the model (O’Brien, 2017). Through analyzing the components of the model, the occupational therapist will determine what is interfering with the client’s function and how to intervene. The MOHO involves a client-centered approach to intervention that is occupation-based (O’Brien, 2017).

The MOHO is widely used across a variety of populations and settings (O’Brien, 2017). Fan, Morely, and Garnham (2016), found that MOHO is commonly utilized in forensic settings. Another study examined therapists who utilized the MOHO and found that 62.5% of them used the model to treat clients with emotional and behavioral problems and 89.2% of them used the model to treat clients with cognitive, perceptual, and learning problems. These findings provide several implications for the use of the
model with juvenile delinquents, as research has shown that juvenile delinquents face a variety of emotional, behavioral, and learning problems. Multiple studies estimate that between 65% to 75% of juvenile youth have at least one behavioral health disorder, and 20% to 30% report suffering from a serious behavioral disorder (Kretschmar et al., 2015). Research has also indicated that substantial learning and/or behavioral problems are found in more than one-third of adolescents who are incarcerated (Clark et al., 2011). The evidence supports the use of MOHO as an effective model to guide development of an occupational therapy program focused on intervention for juvenile delinquents.

The product designed is an occupational therapy treatment manual for clinicians working with juvenile delinquents and can be used to help prepare adolescents to successfully reintegrate into the community. The manual consists of various occupational therapy assessments, interventions, and follow-up procedures. The interventions are organized according to the occupations listed in the Occupational Therapy Practice Framework (OTPF). The occupational therapy assessments that are utilized were obtained from the *Assessments in Occupational Therapy Mental Health: An integrative approach* textbook and the *Occupational Therapy in Mental Health: A Vision for Participation* textbook. Interventions were adapted from these same resources, research from the literature review, and educational materials collected. Interventions were also created and adapted based on a synthesis of the information from the resources.
CHAPTER IV

PRODUCT

The purpose of this scholarly project was to develop a manual for occupational therapists to utilize with juvenile delinquents in their transition into the community following incarceration. The overall objective is for adolescents to be successful in the community by facilitating skill building in a variety of areas of occupation and by providing resources to increase the quality of life and well-being of at-risk adolescents.

The product is intended to be used by registered occupational therapists in community mental health settings. The manual targets at-risk adolescents between the ages of 12 and 18 who have been previously incarcerated and are transitioning back into the community.

The manual begins by describing several MOHO assessments that occupational therapists can utilize first in order to assess adolescents. There are a variety of assessments utilized to ensure the appropriateness and meet each adolescent’s needs. The occupational therapist’s guide to interventions was developed utilizing the needs of at-risk adolescents obtained from the literature review. The interventions used in this guide include occupation-based interventions, activity-based interventions, and preparatory interventions. The interventions were organized into areas of occupation according to the Occupational Therapy Practice Framework. The areas of occupation include: Instrumental activities of daily living, rest and sleep, work, education, social participation, and leisure. The occupational therapist will choose interventions in the
appropriate areas of occupation according to the areas of concern found within the assessment results and through building the occupational profile. Lastly, the guide lists discharge and follow-up procedures, as well as a discharge checklist to help guide occupational therapists through the final stages of the therapy process. The product is presented in completion in the appendix.

This guide was designed using the Model of Human Occupation (MOHO). The model was implemented by looking at the components of the client’s motivation, habits, roles, abilities, and the effects of the environment (O’Brien, 2017). Table 1 illustrates the application of the MOHO in designing interventions. The chart lists the areas of occupation, along with interventions utilized in our product on the left column. The last four columns identify the areas of the MOHO, which include volition, habituation, performance capacity, and environment. For each intervention category, examples are provided under the MOHO category that is most prominently incorporated into the interventions in the product. Examples for each MOHO category is also identified in the chart for a clearer understanding of how the MOHO was applied throughout the product.
Table 1
*Application to the Model of Human Occupation*

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<tr>
<th>Model of Human Occupation Application</th>
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<td><strong>Intervention</strong></td>
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<tr>
<td>IADLs</td>
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<td><strong>Driving &amp; Community Mobility</strong></td>
</tr>
<tr>
<td>Value of independence motivates the client to engage in driving/community mobility.</td>
</tr>
<tr>
<td><strong>Health Management and Maintenance</strong></td>
</tr>
<tr>
<td>Decreasing unhealthy habits such as substance use and self-harm through utilizing coping skills. Creating healthy routines (medication and leisure).</td>
</tr>
<tr>
<td><strong>Financial Management</strong></td>
</tr>
<tr>
<td>A client’s interests and values influence how they spend their money (i.e. college, car, concerts).</td>
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<td>Rest/Sleep</td>
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<td>Sleep Routine</td>
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<td>Relaxation Techniques</td>
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<td>Education</td>
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<td>Time Management</td>
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<td>Transitioning to High School &amp; College</td>
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<td>Social Participation</td>
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<td>Communication Skills</td>
</tr>
<tr>
<td>Self-esteem</td>
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</tbody>
</table>
CHAPTER V
SUMMARY

The purpose of this project was to create a manual for occupational therapists to utilize when assessing and treating juvenile delinquents through their transition into the community following incarceration. This guide provides OT’s with assessment tools, intervention resources, and a discharge protocol that they can implement with juvenile delinquents. This project assists in identifying occupational therapy’s role in working with criminal justice youth through their transition into the community.

This project was developed after conducting an extensive literature review on recidivism, juvenile delinquents risk factors, and their unmet needs. The manual was guided by the Model of Human Occupation (MOHO) and the Occupational Therapy Practice Framework (OTPF). The MOHO concepts of volition, habituation, performance capacity, and the environment were implemented throughout the interventions in order to provide direction for the manual (O’Brien, 2017). The OTPF was also utilized in order to identify occupational therapy’s role within the various areas of occupation (AOTA, 2014). It provided a guideline for the interventions created in the manual.

The occupational therapy manual provides an overview of the role of occupational therapists in working with adolescents who are transitioning into the community following incarceration. The first part of the manual contains MOHO assessments to identify juvenile needs and areas of concern. The next section focusses on
the interventions that occupational therapists can implement with their adolescent clients. The interventions are categorized into six different areas of occupation including: instrumental activities of daily living, rest/sleep, work, education, leisure, and social participation. The last section of the manual consists of discharge and follow-up planning.

**Limitations**

A limitation of the project was the limited research on occupational therapy’s role in working with criminal justice youth who are transitioning into the community following incarceration. There are no practice guidelines in the United States that currently define occupational therapy’s scope of practice with criminal justice youth. Therefore, the Occupational Therapy Practice Framework was utilized to help guide the researchers in creating interventions that fit within occupational therapy’s scope of practice and that target the needs of adolescents outlined in the literature review. Additionally, the researchers lack the clinical experience of working with juvenile delinquents. This includes little experience choosing effective assessments, interventions, and follow-up procedures with this specific population. Another possible limitation to the project is that the effectiveness of the manual has not yet been determined. The interventions in the manual have not been piloted with youth transitioning into the community from incarceration settings.
Recommendations

Recommendations for implementation of the product and future research include:

1. The first recommendation is to increase the amount of literature pertaining to occupational therapy’s role with youth involved in the criminal justice system. Practice guidelines for OT’s scope of practice do not currently exist in the literature, which is needed to clearly articulate OT’s role.

2. The next recommendation is to distribute the manual to OT’s working with this population in community practice. Implementing the manual in community practice will help to determine the effectiveness of the manual in the treatment process.

3. The final recommendation is to determine the effectiveness and satisfaction of using the manual. Effectiveness could be measured through obtaining data regarding the recidivism rate of juveniles who have been treated by OT’s using the manual. Satisfaction could be determined by the adolescents treated, as well as the therapists implementing the manual. Any changes that would improve the effectiveness or satisfaction of the manual could be implemented.


https://doi.org/10.1371/journal.pone.0146918

http://dx.doi.org.ezproxy.undmedlibrary.org/10.1016/j.childyouth.2016.12.018

http://dx.doi.org.ezproxy.undmedlibrary.org/10.1353/etc.2011.0040

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Fan, C.W., Morely, M., Garnham, M., Heasman, D., & Taylor, R. (2016). Examining changes in occupational participation in forensic patients using the model of


Kretschmar, J. M., Butcher, F., Kanary, P. J., & Devens, R. (2015). Responding to the mental health and substance abuse needs of youth in the juvenile justice

http://dx.doi.org.ezproxy.undmedlibrary.org/10.1037/ort0000139


http://dx.doi.org.ezproxy.undmedlibrary.org/10.1007/s10566-016-9378-6


APPENDIX

Promoting Successful Community Integration for Incarcerated Juveniles: The Role Of Occupational Therapy To Enhance Quality Of Life.
Promoting Successful Community Re-integration for Incarcerated Juveniles: The Role of Occupational Therapy to Enhance Quality of Life

Madison Gerszewski, MOTS, Bailey Odegaard, MOTS, & Janet Jedlicka, PhD, OTR/L, FAOTA
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Introduction to the Product

The purpose of this project was to develop a manual for occupational therapists to utilize with juvenile delinquents in their transition to the community following incarceration. The overall objective is for adolescents to be successful in the community by facilitating skill building in a variety of areas of occupation and by providing resources to increase the quality of life and well-being of at-risk adolescents. This manual is intended to be used by occupational therapists in community mental health settings and targets at-risk adolescents between the ages of 12 and 18 who have been incarcerated and are transitioning back into the community.

This guide was designed using the Model of Human Occupation (MOHO) by looking at components of the client’s motivation, habits, roles, abilities, and the environment. The Occupational Therapy Practice Framework (OTPF) was also utilized to organize interventions into each area of occupation listed in the OTPF. The MOHO application and specific areas of occupation are described more in depth in each introductory paragraph for each area of occupation.

First, the manual lists several MOHO assessments that occupational therapists can utilize to build an adolescent’s occupational profile and assess their needs. A variety of assessments were utilized to ensure that therapists were client-centered in meeting each adolescent’s needs. The assessments utilized in the manual include the Occupational Self-Assessment (OSA), the Volitional Questionnaire (VQ), the Occupational Performance History Interview II (OPHI-II), and the Short Child Occupational Profile (SCOPE).
Next, the manual includes a MOHO chart that explains how each area of occupation according to the OTPF correlates with the aspects of MOHO which include volition, habituation, performance capacity and environment. The chart was completed according to the MOHO component that was most pertinent to the specific area of occupation addressed, with specific examples identified.

Interventions were developed according to the needs of at-risk adolescents obtained from the literature review. The interventions used in this guide include occupation-based interventions, activity-based interventions, and preparatory interventions. The interventions were organized into areas of occupation according to the OTPF. The areas of occupation include: instrumental activities of daily living, rest and sleep, work, education, social participation, and leisure. Occupational therapists are encouraged to choose interventions according to the areas of occupation of concern found within the assessment results and the occupational profile.

Lastly, the guide explains discharge and follow-up procedures to help guide occupational therapists through the final stages of the therapy process. This section includes why discharge is important, who should be involved in discharge planning, when to start discharge planning, and information to collect upon discharge. Follow-up time frames are suggested to be implemented at one week, one month, and three months post-discharge. In addition, a discharge checklist is provided.
Assessment
Introduction to Assessment

The purpose of utilizing assessments is to determine a client’s strengths and areas of deficit in a variety of skills. The areas of deficit provide the foundation for intervention. Within this manual, four MOHO assessments were chosen to utilize with juvenile delinquent clients including: The Occupational Self-Assessment (OSA), the Volitional Questionnaire (VQ), the Occupational Performance History Interview-II (OPHI-II), and the Short Child Occupational Profile (SCOPE). These assessments would be appropriate for different clients depending on their abilities.

One important consideration when choosing an assessment is to consider if the client can adequately report information to the therapist. When utilizing the OSA, the client needs to be able to report their occupational performance and environmental situations. Similarly, in the OPHI-II, the client needs to be able to respond to interview questions. Through utilizing the VQ and the SCOPE on the other hand, data can be collected through observation. Another important consideration when choosing an assessment is to consider the amount of time needed to administer an assessment to a client. While the OSA and SCOPE can be completed in a short time, the OPHI-II takes about an hour to complete. The VQ takes about 30-45 minutes to complete. Another essential consideration when choosing an assessment is to consider the purpose of administering the assessment. Each of the four assessments are measuring different skills and aspects of performance. A detailed description of the assessments can be found on the following pages to assist you in choosing an appropriate assessment for your client.
Occupational Self-Assessment (OSA)

Authors: Kathi Baron, MS, OTR; Gary Kielhofner, DrPH, OTR, FAOTA; Anita Iyengar, MS, OTR; Victoria Goldhammer, OTS; and Julie Wolenski, OTS

Description: The OSA is a self-report questionnaire that lists a variety of everyday occupations and ability levels. The client rates their competence in these occupations and how important the occupations are to them. A four-point response scale is utilized based on the clients perceived competence

Population: The OSA can be implemented with clients who are older than 12 years old and who are able to report on occupational performance and environmental situations.

Format: A self-report measure that is available in a web-based format and in many different languages.

Time Duration: 10-20 minutes

Cost: $40

Interpretation: The client and therapist work together to identify the largest gaps between perceived competence and the degree of importance in the occupations. The greatest priority for intervention is placed on the occupations that are reported as difficult and important.

(Baron, Kielhofner, Iyengar, Goldhammer, & Wolenski, 2006)
Volitional Questionnaire (VQ)

**Authors:** Carmen Goloria de las Heras, MS, OTR/L; Rebecca Geist, MS, OTR/l; Gary Kielhofner, DrPH, OTR, FAOTA; Yanling Li, MA

**Description:** 14-item assessment that looks at motivation including: intrinsic motivation, personal causation, interests and values. During the assessment, clients are observed for 5-30 minutes in different physical and social environments. For each setting, the items on the questionnaire are rated on a 4-point scale that categorizes the clients’ behavior. The VQ provides information about what motivates clients and the effect that the environment has on client’s participation in occupations.

**Population:** Appropriate for older children through adults who lack the ability to engage in self-report or interviews and experience impairments in cognitive or verbal abilities.

**Format:** Observation-based tool available in a web based format and multiple languages

**Time Duration:** 30-45 minutes

**Cost:** $40

**Interpretation:** The results of the assessment can be interpreted based on the clients varying responses to the environmental conditions that demonstrate the influence of environmental supports and demands on volitional behavior. The client’s engagement in an activity will reflect their values, interests, and personal causation.

(De las Heras, Geist, Kielhofner, & Li, 1996)
Occupational Performance History Interview-II

Authors: Gary Kielhofner, DRPH, OTR, FAOTA; Trudy Mallinson, MS, OTR/L, NZROT; Carrie Crawford, BA, OTS; Meika Nowak, BS, OTS; Matt Rigby, BS, OTS; Alexis Henry, ScD, OTR/L, FAOTA; and Deborah Walens, MPHE, OTR/L, FAOTA

Description: Client will be asked questions about 5 areas including: occupational roles, daily routines, occupational behavior settings, activity/occupational choices, and critical life events. A four-point rating scale is used to look at occupational identity, occupational competence, and the impact of a client’s occupational behavior settings.

Population: For individuals 12+ who can respond to an in-depth interview.

Format: The assessment involves 3 parts: semi-structured interview, rating scale, and life history narrative. The assessment is translated into 11 languages.

Time Required: Assessment will take about 1 hour to complete.

Cost: $40

Interpretation: The rating scale used helps the therapist to interpret the semi-structured interview. In addition, the interview data helps to develop a life history narrative that allows graphing of the client’s life events. This assessment is used to create an occupational profile, identify the client’s strengths and weaknesses, and to understand their life history to guide intervention. This assessment aids in developing a therapeutic relationship and client/therapist communication.

(Kielhofner et al., 1998)
Short Child Occupational Profile (SCOPE)

Authors: Patricia L. Bowyer, EdD, OTR/L; Jessica Kramer, PhD, OTR/L; Annie Ploszaj, MOT, OTR/L; Melissa Ross, MOT, OTR/L; Orit Schwartz, MOT, OTR/L; Gary Kielhofner, DrPH, OTR, FAOTA; and Kathleen Kramer, MS, OTR/L

Description: Provides a synopsis of a child’s occupational performance through pinpointing strengths and challenges to occupational participation. Items covered in the tool include: personal factors affecting occupational performance (i.e. volition, habituation, communication/interaction skills, process skills, and motor skills) as well as the physical and social aspects of the environment. Utilizes a 4-point rating scale.

Population: Children ages 6 months to 21 years old with a variety of conditions

Format: Data gathered through formal and informal observation, interviews, and chart review. Available in a web-based format as well as 3 additional languages.

Time Required: 5-30 minutes for data collection and 10-20 minutes for data entry on record forms. Times may vary depending on the child.

Cost: $40

Interpretation: The results provide a total rating score that represents occupational performance. The scores can be used as a baseline of performance and can be used to track changes in performance over time. The results will indicate areas that need intervention.

(Bowyer et al., 2008)
Table 1
Application to the Model of Human Occupation

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<th>Model of Human Occupation Application</th>
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<td><strong>Intervention</strong></td>
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<td><strong>IADLs</strong></td>
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<td><strong>Driving &amp; Community Mobility</strong></td>
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<td><strong>Health Management and Maintenance</strong></td>
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<td><strong>Financial Management</strong></td>
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<td>Environment during college.</td>
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<th><strong>Work</strong></th>
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<tr>
<td><strong>Job Searching</strong></td>
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<tr>
<td>Interest in a particular job field will influence their motivation to find work.</td>
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<td>Develop the ability to search for jobs in the newspaper and on the internet.</td>
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<th><strong>Job Interview</strong></th>
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<tr>
<td>Clients interest in a particular job will motivate them to sell themselves to the employer.</td>
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<td>Develop the ability to be professional and confident when interviewing with future employers.</td>
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<tr>
<th><strong>Job Skill Building</strong></th>
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<tr>
<td>Clients interest in a job will motivate them to develop the appropriate skills to obtain or maintain their job.</td>
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<tr>
<td>Develop interpersonal skills and cognitive ability to perform job effectively (i.e. conflict resolution, active listening)</td>
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<th><strong>Leisure</strong></th>
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<tr>
<td><strong>Leisure Exploration</strong></td>
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<tr>
<td>Clients choose occupations that are of interest or value to them through the Interest Checklist and Activity Card</td>
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<tr>
<td>Increase their ability to identify activities of interest.</td>
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<tr>
<td><strong>Leisure Planning</strong></td>
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<tr>
<td><strong>Social Participation</strong></td>
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<td><strong>Communication Skills</strong></td>
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<td><strong>Self-esteem</strong></td>
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Instrumental Activities of Daily Living
Instrumental Activities of Daily Living

Instrumental Activities of Daily Living (IADLs) are activities that “support daily life within the home and community” (OTPF, 2014, p. 19). The Occupational Therapy Practice Framework (OTPF) identifies many IADLs that would be appropriate for intervention including: driving, community mobility, financial management, health management and maintenance, and medication management (OTPF, 2014, p.19).

Adolescents are at a point in their lives where driving and getting around the community are important in order to attend school and work, as well as engage in leisure and social participation activities. Occupational therapists (OTs) can assist adolescents in planning and moving around the community using public transportation, or assist them with the process of obtaining a driver’s license. In addition to public and private transportation, OTs can assist adolescents with financial management. This includes educating adolescents about the appropriate use of finances and how to budget their money. Additionally, OTs may assist adolescents in financial goal planning for their future.

The OTPF describes health management and maintenance as another IADL that is essential to address with high risk adolescents (OTPF, 2014, p.19). Occupational therapists address health management and maintenance through helping adolescents develop and maintain healthy habits and routines. Occupational therapists can help adolescents target their high-risk behaviors (i.e. heavy drinking, drugs) to promote health and wellness. OTs can assist adolescents in identifying negative triggers to their behaviors, as well as help them to develop healthy coping strategies. Medication management is another key area that OTs can address under health management and maintenance (OTPF, 2014, p.19). Medication management involves developing a routine
for taking medications, helping adolescents to understand their medications, and
developing strategies that adolescents can use to remember to take their medications.

The Model of Human Occupation (MOHO) was implemented throughout the
IADL interventions. Habituation is a major concept in the MOHO that is integrated in
this section (Turpin & Iwama, 2011). Adolescents unhealthy habits can lead to
dysfunction and interfere with their lives. OTs can assist adolescents in developing
healthy habits and routines to provide structure to their lives. Additionally, adolescents
may lack the skills or abilities to engage in community transportation, driving, financial
management, and medication management. Performance capacity was addressed in this
section through working with adolescents to adapt, adjust, and develop skills and abilities
to increase their performance capacity (Turpin & Iwama, 2011).
Instrumental Activities of Daily Living: Driving & Community Mobility
5 Steps to Getting Your Driver’s License

**Purpose:** The purpose of this activity is to educate adolescents on the steps needed to obtain their driver’s license.

**Audience:** For individuals ages 14+ who are interested in obtaining their driver’s license.

**Time:** Approximately 30 minutes

**Directions:** Go through the “Tips for Getting Your Driver’s License” on the following page with clients individually or within a group setting. Have each individual fill out the worksheet on the following page. Once the worksheet is finished, determine if the individual will need assistance with completing these steps for obtaining their driver’s license. Provide resources and referrals for individuals who indicate a need for help doing these steps. Resources are listed on following page.

**Discussion:**

❖ How did this activity help you become more aware of the steps you need to take to obtain your driver’s license?

❖ In what ways will you need help completing these steps?

❖ How prepared do you feel to get your driver’s license?

❖ Are there other concerns you have with obtaining your driver’s license?

❖ What other things can I help you do to prepare you for these steps?
5 Tips to Getting Your Driver’s License

Step 1: Take a driver’s education course

The driver’s education course provides the foundation for your driver’s training, and gives you the knowledge you need to know to be fully prepared to drive. Be sure to check out your state to make sure you know how old you can be to take the driver’s education course.

❖ You can take a driver’s education class through your high school or through an online course. You can find these details at www.dmv.org and by choosing your state by clicking on the link in the top right corner of the website.

❖ Remember not to lose your certificate of completion as you will need this document to prove you successfully completed the course.

Step 2: Complete behind-the-wheel training

The next step is to take your behind-the-wheel training, where you are actually practicing driving with an instructor in the vehicle. You must complete a minimum number of hours with a driving instructor as specified by your state. You can get this information by going to the website mentioned above.

❖ Some states allow you to enroll in behind-the-wheel classes while you are taking your driver’s education course. Other states require you to finish your driver’s education course first. Be sure to check these rules by going to the DMV website.

❖ Be alert at all times, be respectful and listen to your instructor- they are the expert. Their guidance will help you improve your skills and be the best you can be.
Step 3: Get your driver’s permit

Once you’ve made it through your driver’s education course and your behind-the-wheel training, you’re ready to apply for your driver’s permit. But before you get it, you must pass both a knowledge test and a vision test.

❖ Study your driver’s handbook. It contains all the information that will be on the written test, and will refresh your memory on all the laws and rules of the road.

❖ To get your permit, you will need:
  o Birth certificate/ proof of birth
  o Proof of US citizenship
  o Proof of your full name
  o Social security number
  o Certificate of completion from your driving school
  o Behind-the-wheel completion form

Step 4: Get plenty of practice

Once you’ve got your driving permit, you can begin your behind-the-wheel practice with a supervising adult, such as your parent.

❖ There is a set number of practice hours you need to have before you get your driver’s license. Make sure to practice driving as much as you can.

Step 5: Apply for your driver’s license

This is the final step! In order to get your driver’s license, you need to pass a driving test.
❖ Make sure to have the right paperwork with you. Remember that you are not only taking the road test, but applying for your driver’s license too. Show up at the testing center with:
  
  o Proof of driver’s education and behind-the-wheel completion
  o Your learner’s permit, signed by a parent or guardian
  o Valid vehicle registration
  o Proof of car insurance
  o Birth certificate
  o Proof of your full name
  o Your social security number

❖ Once you’ve passed your test and turned in the proper forms, you can call yourself a licensed driver! You will be issued a temporary driver’s license before you receive before receiving your regular license in the mail. Congratulations, and remember to always drive safely!

**Resources:**

https://www.dmv.org/teens/
  
  ❖ Step by step instructions for getting driver’s license
  ❖ Online driving course instructions
  ❖ Practice tests
  ❖ Info on getting driver’s permit
  ❖ Info on driver’s training- how many hours and supervision needed
  ❖ learn about distracted driving

https://www.testquestionsandanswers.com/resources.html
  
  ❖ Test questions and answers and other driver’s permit resources

Adapted from:
http://teendriving.com/2013/08/the-top-5-steps-to-getting-your-license/.
Getting Your Driver’s License Worksheet

1. What state do you currently live? ________________________________

2. Where do you plan on taking your driver’s education course? ___________

3. Do you need help finding out where to take your driver’s education course? ___

4. Where do you plan to take your behind-the-wheel course? _______________

5. Do you need help finding a place to take your behind-the-wheel course? ______

6. Do you have your birth certificate available? ____________________________

7. Do you currently have a working car? _________________________________

8. If you don’t have a car, what car are you planning to drive once you get your license? __________________________________________________________

9. Is there car insurance on the car you plan to drive? ____________________

10. If you don’t have car insurance, how do you plan on getting insurance? ______

11. Is the vehicle you plan to drive registered? ____________________________

12. If your vehicle isn’t registered, how are you going to do this? ______________

13. What parent, guardian, or other adult are you planning to practice driving with to get your hours for driving? ________________________________

14. Do you need more assistance with these steps for obtaining your driver’s license? _______________________________________________
Community Transportation

**Purpose:** The purpose of this activity is to teach adolescents how they can utilize transportation services in the community to get them to school, work, or where they need to go. Each community will have different resources to utilize for community transportation. This specific activity looks at using the Cities Area Transit (CAT) in Grand Forks, ND.

**Audience:** This activity would be appropriate for all adolescents who have transportation needs and a city bus available in their location. This activity would be completed individually with the client.

**Time:** 45 minutes

**Directions:**

1. The occupational therapist will educate the client on the basics of using the CAT transportation including: planning the trip, boarding the bus, exiting the bus, and the rules for riding the bus. This can be found on the following page.

2. The client will then develop a plan to help them think of some important things to consider before riding the bus. This can be found in the following pages.

3. The client will determine the places in the community where they would like to go.

4. The client would access the CAT website to determine where the various bus stops are located in the community at: http://www.grandforkksgov.com/government/city-departments/cities-area-transit-cat.

5. The client will locate those stops on the map.
6. The client will choose the appropriate route.

7. The client will follow the route on the map to their destination.

8. After scanning the route, the client will look at the times the bus arrives.

Discussion:

❖ What are some new strategies that you have learned through engaging in this activity?

❖ What is the most challenging aspect of learning pertaining to riding the community area transit?

❖ What are you looking forward to through utilizing the community area transit?

❖ What would you like to practice in order to feel comfortable riding the community transit?
Strategies to Ride the Community Area Transit (CAT)

Planning your Trip:

❖ The bus stops for each route are displayed on the timetables
❖ Find the bus stop that is nearest to you
❖ Follow the column down to determine which bus will be at that location
❖ In addition, to the bus stops listed on the time tables, buses will stop at locations that are designated with a bus stop sign along the routes
❖ Be at the bus at least five minutes before the scheduled stop time

Boarding the Bus:

❖ Have payment ready before the bus comes
❖ When the bus approaches, wave to signal the driver and step back from the curb
❖ Wait for passengers to exit before entering
❖ Pay your payment and sit down
❖ Cash payments must be paid with exact money. Drivers do not make change.

Exiting the Bus:

❖ About a block before the bus approaches your stop, press the “STOP” button or pull the bell-line located near the window
❖ When you exit the bus wait for it to pull away before crossing the street

Rules for Riding the Bus:

❖ Smoking is prohibited inside and within 20 feet of CAT buses
❖ Limit carry-on items to one armload or the equivalent of two grocery bags
❖ No profanity, violence, or disruptive behavior

❖ Use earphones to listen to music

❖ No open containers or eating on the bus

❖ No riding while under the influence of alcohol or drugs

❖ Riders must maintain appropriate, reasonable personal hygiene

Adapted from:
Planning Form

This form can be used as a planning tool for using community transportation. It will help you to think of the things you need to consider before riding the bus. This form can be used for each new location you desire to go to.

<table>
<thead>
<tr>
<th>Where would you like to go in the community?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where are the bus stops near this place in the community?</td>
</tr>
<tr>
<td>Where are the bus stops near your start location in the community?</td>
</tr>
<tr>
<td>What route(s) would be appropriate to access this location?</td>
</tr>
<tr>
<td>What times does the bus arrive at your start location?</td>
</tr>
<tr>
<td>What times do the bus arrive at your end location?</td>
</tr>
</tbody>
</table>
Community Transportation Jeopardy

**Purpose:** This activity was created for clients to practice reading and applying the bus map, times, routes, and rules of community transportation.

**Audience:** This activity would be appropriate for all adolescents who are wanting to utilize community transportation. This activity could be completed individually or in groups.

**Time:** 1 hour

**Directions:**

1. Clients will select a category on the following page (i.e. Routes for 100).
2. The OT will read the question for the category to the client.
3. The client will answer the question utilizing the bus route and timetable information.
4. The OT will assist the client in utilizing the resources and answering questions as needed.
5. The client will be awarded point values based on the categories and if they answered correctly or not.

**Discussion:**

❖ What aspects of the activity did you find to be the most challenging?
❖ In what ways did this activity prepare you to ride the bus?
❖ What are some of your areas of concern regarding riding the bus?
## Community Transportation Jeopardy

<table>
<thead>
<tr>
<th>Bus Stop Locations</th>
<th>Times</th>
<th>Routes</th>
<th>Rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>200</td>
<td>200</td>
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<td>300</td>
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<tr>
<td>400</td>
<td>400</td>
<td>400</td>
<td>400</td>
</tr>
</tbody>
</table>
Jeopardy Questions and Answers

Bus Stop Locations

100. Refer to route 3. What are the 10 major bus stops?
    ❖ Answer: MTS, The Link, 13th Ave & Cherry, 13th Ave & 20th St., Hugo’s, Altru Rehab, Red River High School, Grand Cities Mall, 17th Ave & Cherry, and 4th Ave & Cherry

200. Refer to route 3. What bus stop comes after Red River High?
    ❖ Answer: Grand Cities Mall

300. Refer to route 3. What bus stop would you go to if you were at Seratoma Park?
    ❖ Answer: Altru Rehab

400. Refer to route 3. What bus stop would you go to if you were at Calvalry Lutheran Church?
    ❖ Answer: 13th Ave & Cherry

Times

100. Refer to route 3. If you leave Hugo’s at 8:08 a.m., what time will the bus arrive at Red River High?
    ❖ Answer: 8:15 a.m.

200. Refer to route 3. How often does the bus go to the Link?
    ❖ Answer: Every 30 minutes

300. Refer to route 3. If your class at Red River High School started at 8:30 a.m., what would be the latest time you could arrive to make it by 8:30 a.m.?
    ❖ Answer: 8:15 a.m.

400. Refer to route 3 and the prior question. If you lived at 13th Ave & Cherry St. and were going to class at Red River High School at 8:30 a.m., what time would you need to catch the bus at 13th Ave & Cherry?
    ❖ Answer: 8:04 a.m.
Routes

100. What route(s) would you consider taking if you wanted to travel from the Canad Inn to Target?
   ❖ Answer: Route 12

200. What route(s) would you consider taking if you wanted to travel from Hamline & University to Odegard Hall?
   ❖ Answer: Route 8

300. What route(s) would you consider taking if you wanted to travel from Cabela’s to the Boardwalk?
   ❖ Answer: Route 10

400. What would you need to do if one particular route doesn’t go to your destination?
   ❖ Answer: Transfer routes

Rules

100. True or False, smoking on the bus or being under the influence of alcohol or drugs is allowed.
   ❖ Answer: False

200. What do you do when the bus is approaching your stop?
   ❖ Answer: Press the “STOP” button or pull the bell line

300. What do you do when the bus approaches your stop
   ❖ Answer: Wave to signal the driver and step back from the curb

400. How long should you arrive prior to the bus’s arrival?
   ❖ Answer: 5 minutes

Adapted from:
http://www.grandforksgov.com/government/bus/routes-schedules
Participating in Community Area Transportation

**Purpose:** The purpose of this activity is for the client to practice applying what they have learned to actually participating in the act of using community transportation.

**Audience:** This activity would be appropriate for all adolescents who are wanting to utilize community transportation. This activity could be completed individually or in groups.

**Time:** Will vary depending on where the adolescent chooses to go. Plan for at least an hour. This activity will be completed individually with clients.

**Directions:** In this activity, the client will practice writing the CAT bus with the therapist to get a handle on how it works. The client has received prior interventions to prepare them for this experience. The therapist will be there as a guide for reminders and questions, but will encourage the adolescent to take control of what to do. The adolescent will select a route that they would use in their everyday life.

**Discussion:**

- What was the most challenging part of riding the bus? Easiest?
- What did you learn from this experience?
- How did this prepare you for future community transportation?
- What areas would you like to receive more practice and guidance in?
Instrumental Activities of Daily Living: Health Management & Maintenance
Coping Strategies for Substance Use

Purpose: To create coping strategy options for when adolescents desire to use substances

Audience: Ages 14+ who suffer from substance use problems

Time: Approximately 40 minutes

Directions: This activity can either be done individually or within a group setting.

1. Provide each individual with a jar, popsicle sticks, and markers/paint.
2. Instruct them on the purpose of this activity, and have them brainstorm positive coping strategies they could utilize instead of using substances (drugs or alcohol).
3. Provide examples of positive coping strategies to give them ideas (go for a walk, talk to a friend, relaxation strategies, meditation, do a hobby, etc.)
4. Have each individual write their positive coping strategies they could utilize onto their popsicle sticks.
5. Then have them place their popsicle sticks in their jar.
6. They can decorate their jar with colored markers or paint. Ex: Write Positive Coping Strategies on the jar, decorate the jar with positive things.
7. Explain to the group ways in which they can use their jar of positive coping skills. Explain that they can add more popsicle sticks to their jar as they think of more coping skills.

Discussion:

❖ How can you use this jar at home? Where do you plan to keep this jar?
❖ When would it be a good idea to look at the popsicle sticks in your jar?
❖ Which coping strategy can you see yourself utilizing the most?
❖ How will using this jar help you with substance abuse?
Identifying Recreational/Leisure Activities

**Purpose:** Individuals with substance use concerns are faced with great difficulty when finding healthy ways to occupy their time. Many of their social and leisure activities are centered around substances. The purpose of this activity is for clients to explore other healthy leisure interests that they can participate in to fill their time.

**Audience:** Adolescents of any age who have a concern with substance abuse or are at a high risk of abusing substances in the future. This activity can be completed individually or in a group.

**Time:** 15-20 minutes

**Directions:** Clients will read through the leisure activities listed in the following document and circle any that sound interesting/enjoyable. The client may select activities that they have participated in before that they found enjoyment in or activities that they have never tried before. A discussion following this activity will follow.

**Discussion:**

- What recreational/leisure activities did you select?
- What were some of your prior healthy leisure interests?
- What are some new activities that you are interested in trying?
- Who are some positive peer supports can you see yourself engaging in some of these activities with?
- How do you plan to incorporate these into your daily routine?
## Recreational & Leisure Activities

<table>
<thead>
<tr>
<th>Listening to Music</th>
<th>Canoeing</th>
<th>Carpentry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gardening</td>
<td>Arts &amp; Crafts</td>
<td>Volleyball</td>
</tr>
<tr>
<td>Photography</td>
<td>Singing</td>
<td>Auto Repairing</td>
</tr>
<tr>
<td>Crossword Puzzles</td>
<td>Playing a musical instrument</td>
<td>Fishing</td>
</tr>
<tr>
<td>Bowling</td>
<td>Reading</td>
<td>Learning a new language</td>
</tr>
<tr>
<td>Basketball</td>
<td>Skiing</td>
<td>Going to a coffee shop</td>
</tr>
<tr>
<td>Painting</td>
<td>Ice Skating</td>
<td>Playing with animals</td>
</tr>
<tr>
<td>Cooking/Baking</td>
<td>Going for walks</td>
<td>Board Games</td>
</tr>
<tr>
<td>Home Decorating</td>
<td>Woodworking</td>
<td>Music Lessons</td>
</tr>
<tr>
<td>Golf</td>
<td>Swimming</td>
<td>Rock Climbing</td>
</tr>
<tr>
<td>Baseball/Softball</td>
<td>Playing cards</td>
<td>Going to the Library</td>
</tr>
<tr>
<td>Attending concerts</td>
<td>Camping</td>
<td>Video Games</td>
</tr>
<tr>
<td>Dining Out</td>
<td>Hunting</td>
<td>Fitness Classes</td>
</tr>
<tr>
<td>Horseback Riding</td>
<td>Volunteering</td>
<td>Driving</td>
</tr>
</tbody>
</table>

Adapted from: https://www.ncbi.nlm.nih.gov/books/NBK64332/
Creating a Routine

**Purpose:** The purpose of this activity is to fill the client’s routine with healthy activities to keep them busy and avoid negative health behaviors.

**Audience:** Adolescents of any age who have a concern with substance abuse or are at a high risk of abusing substances in the future. This activity can be completed individually or in a group.

**Time:** 15-20 minutes

**Directions:** The client will fill in their daily schedule on the next page. The client will consider things they need to do such as go to work and school, as well as healthy leisure activities to fill their time. Ideas from the previous activity many be implemented into the routine. A discussion will follow the activity.

**Discussion:**

- What were some activities you incorporated into your routine?
- How did you determine which activities to put in your daily routine?
- In what ways are these activities considered healthy?
- What strategies can you implement to ensure that you follow through with your routine?
# Creating a Routine

<table>
<thead>
<tr>
<th>Time of Day</th>
<th>Tasks/Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 a.m. - 3 a.m.</td>
<td></td>
</tr>
<tr>
<td>3 a.m. – 6 a.m.</td>
<td></td>
</tr>
<tr>
<td>6 a.m. – 9 a.m.</td>
<td></td>
</tr>
<tr>
<td>9 a.m. – 12 p.m.</td>
<td></td>
</tr>
<tr>
<td>12 p.m. – 3 p.m.</td>
<td></td>
</tr>
<tr>
<td>3 p.m. – 6 p.m.</td>
<td></td>
</tr>
<tr>
<td>6 p.m. – 9 p.m.</td>
<td></td>
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<tr>
<td>9 p.m. – 12 a.m.</td>
<td></td>
</tr>
</tbody>
</table>
Identifying External Substance Use Triggers

Purpose: The purpose of this activity is to identify the external cues or triggers that influence substance use. Through identifying the triggers that contribute to this behavior, adolescents will recognize where some of the problems lie. If individuals are able to identify the triggers that encourage this habit, they may be able to better control their environment in order to avoid these unhealthy behaviors.

Audience: Adolescents of any age who have a concern with substance abuse or are at a high risk of abusing substances in the future. This activity can be completed individually or in a group.

Time: 20-25 minutes

Directions: Clients will look at the various people, places, events, and behaviors on the following page and circle any of the items that they would consider a trigger for substance use. The client may also write in answers that do not appear on the worksheet. After the client has identified some of their triggers they will engage in a discussion.

Discussion:

❖ What were some of the triggers for substance use that you identified?
❖ Which triggers can be avoided? Which triggers are unavoidable?
❖ What strategies could you implement to avoid the triggers?
## Identifying External Substance Use Triggers

<table>
<thead>
<tr>
<th>People</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends</td>
<td>Employer</td>
</tr>
<tr>
<td>Family Members</td>
<td>Co-Workers</td>
</tr>
<tr>
<td>Spouse/Significant Other</td>
<td>Drug Dealer</td>
</tr>
<tr>
<td>Neighbors</td>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Places</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>Bars/Clubs</td>
</tr>
<tr>
<td>Work</td>
<td>Concerts</td>
</tr>
<tr>
<td>Neighborhood</td>
<td>Downtown</td>
</tr>
<tr>
<td>Bathroom</td>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Events</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting new people</td>
<td>Holidays</td>
</tr>
<tr>
<td>Going out</td>
<td>Parties</td>
</tr>
<tr>
<td>Group Meetings</td>
<td>Payday</td>
</tr>
<tr>
<td>Going to Work</td>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behaviors &amp; Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>When driving</td>
</tr>
<tr>
<td>After an argument</td>
</tr>
<tr>
<td>After paying the bills</td>
</tr>
<tr>
<td>When listening to music</td>
</tr>
<tr>
<td>During a date</td>
</tr>
</tbody>
</table>

Adapted from:
https://www.ncbi.nlm.nih.gov/books/NBK64332/
Alternatives to Self-Harm

**Purpose:** The purpose of this session is to educate the client on techniques they can utilize to help them cope when urges of self-harm arise.

**Audience:** This would be appropriate for adolescents who engage in self-harm behavior.

This intervention would be completed individually with clients.

**Time:** 20 minutes

**Directions:**

1. The therapist will ask the client to think about the triggers to their self-harm behavior whether it’s a person, event, an emotion etc.
2. The therapist will discuss avoiding the triggers (if possible) with the client
3. The therapist will discuss the various alternative techniques on the following page with the client

**Discussion:**

❖ What alternative techniques are you wanting to implement in your life?

❖ What techniques have you tried before?
  
  ○ Were they effective?

❖ What category on the following page most describes your reasoning behind engaging in self-harm?
Alternatives to Self-Harm

To Express Pain and Emotions

1. Journal or write a letter to someone you’re angry with
2. Listen to music that demonstrates your feelings
3. Write down negative feelings and tear up the paper
4. Draw on place you want to cut with red marker or pen

To Calm Yourself

1. Take a bath or hot shower
2. Listen to calm music
3. Wrap self in warm blanket

Feeling Disconnected and Numb

1. Take a cold shower
2. Hold ice cube (short periods of time)
3. Chew something with a strong taste (mint, chili peppers)

To Release Tension or Vent Anger

1. Exercise: walk, run, go for a bike ride
2. Squeeze a stress ball or theraputty
3. Talk to at a trusted friend or family member

Adapted from:
Alternatives to Self-Harm Jar

**Purpose:** The purpose of this activity is to identify alternatives to self-harm and make use of these strategies in daily life.

**Audience:** For individuals 12+ who are struggling with self-harming

**Time:** Approximately 40 minutes

**Directions:** This activity can either be done individually or within a group setting.

1. Provide individuals with a jar, popsicle sticks, and markers/paint.
2. Instruct them on the purpose of this activity, and have them brainstorm positive alternative they can do instead of self-harm.
3. Provide examples of alternatives to self-harm (listen to music, write in a journal, exercise, utilize relaxation techniques).
4. Have each individual write down positive alternatives to self-harm on their popsicle sticks.
5. Have them place their popsicle sticks in their jar.
6. They can decorate their jar with markers or paint, with positive things.
7. Explain to the group how they can use this jar at home, and when would be good times to use this jar and pull out the popsicle sticks.

**Discussion:**

- How can you use this jar at home?
- When would it be a good idea to look at the popsicle sticks in your jar?
- Where are you going to keep this jar at home?
- How will using this jar help you from self-harming?

**Medication Management Kit**

**Purpose:** To help individuals manage their own medications in a safe way.

**Audience:** Ages 14+ who are currently taking medications on a daily basis.

**Time:** Approximately 40 minutes

**Directions:** This activity is preferred to be done individually.

1. *Therapist* sets up the medication management kit by:
   
   a. Obtaining a medium sized plastic tub to store medication bottles

   b. Purchase blank medication bottles (can purchase these from your local drug store)

   c. Other materials: scissors, paper, printer, multiple colored beads, and medication organizers (preferably two- one for the AM and one for the PM)

   d. Develop fake labels of fake medications. Include the dosage (ex: take two capsules with breakfast daily).

   e. Print labels and cut to size.

   f. Tape the labels to the medication bottles.

   g. Repeat with all your bottles of medications (at least five bottles).

   h. Make your own medication cards which lists various medications (you can make them up or mimic medications the client takes). Organize the cards according to the amount of medications and the difficulty of the directions. For example, have your first card display only 3 medications, with easy instructions, have the second card displaying 4 medications, and so on.

   i. Divide the different colored beads into each medication bottle.
j. Place all of these materials into the plastic storage tub and label the tub “Medication Management Kit”

2. For *client* to use:

   a. Give each individual one medication card with the difficulty graded to their abilities. If an individual takes three medications, give them the card that lists only three medications.

   b. The individuals will divide the medications into the organizers, according to the directions on the medication bottles.

   c. Assist the individuals if they are having problems or questions with the medication instructions.

**Discussion:**

- How can you use what you learned today and use it to manage your own medications?

- How can you use this technique of organizing your medications at home?

- What assistance do you have with setting up your medications?

- How can you utilize your own medication cards at home?
Remember to Take Your Meds

**Purpose:** The purpose of this intervention is to help individuals recognize the importance of taking medications and provide them with tips they can use to remember to take their medications.

**Audience:** 15+ for individuals who are taking medications or will be taking medications in the future.

**Time:** 25 minutes

**Directions:** This activity can be done either individually or within a group setting.

1. Go through the Medication Tips worksheet on the following page with each individual, or the group as a whole.

2. Instruct them to fill out the worksheet according to the questions asked.

3. Go around and provide examples, advice if questions arise.

**Discussion:**

- How did this activity help you become more aware of medication management techniques?

- How will you use these techniques at home and incorporate them into your routine?

- When will you implement these techniques?
Tips for Taking Your Meds

❖ **Incorporate medications into your daily routines.** *Take your medications at the same time every day, and make this a habit.*

When do you take your medications daily? _______________________________

Is this working for you? ____________________________________________

What can you “pair” with taking your pill? (i.e. eating breakfast/lunch/dinner, watching your 9am morning show, etc.) ________________________________

❖ **Use environmental cues.** *Environmental signals can serve as reminders to take your medication. (i.e. time of day).*

What time of day do you take your medications? __________________________

Are you always on time for taking your medications? ______________________

What other time might work better for taking your medications? _____________

❖ **Store your medications where they can easily be seen.** *You are more likely to take your medications when they are easily visible, and cannot miss them.*

Where do you currently store your medications? __________________________

Do you always remember to take your medications when they are in this place? _____________________________________________________________

Where is another area you could store your medications so they can easily be seen every day? _________________________________________________________

❖ **Use a gadget.** *Using an organizational pill container will make it easier and more convenient to take your pills.*

Where do you store your medications? _________________________________
If so, is this container working for you? _________________________________

❖ **If you go on a trip or a vacation, always plan when and how you are going to take your medications.** *Use cell phone alarms, timers, or watches to help remind you to take your pill when your daily routine is changed.*

Have you experienced going on a trip/vacation/etc. where you had to take your medications? ____________________________________________________

Did you have any difficulty taking your pills while you were away from home? If so, why? ____________________________________________________________________

What could you do to change your experience next time so you can remember to take your pills on time? ________________________________

Adapted from:
Understanding Medications

Purpose: The purpose of this activity is to help individuals understand how to read the medication label to increase medication management skills.

Audience: 15+ who take medications or will be taking medications in the future.

Time: Approximately 25 minutes

Directions: This activity can be done either individually or within a group setting. Use the medication label example on the following page and ask the following questions. You can also make up your own questions and grade them up or down according to the client’s abilities. It is also an option to make up your own medication label, using word document, if you want multiple examples of medication labels. It would also be a good idea to make up over the counter medication labels or provide empty over the counter medication containers where they can look at the container and answer the questions below according to what is on that specific over the counter medication container.

Questions:

❖ Who is this medication prescribed to?
❖ What is their address?
❖ What is the current date this medication was prescribed?
❖ What is the pharmacy name?
❖ What is the drug store number?
❖ What is the doctors name?
❖ Can the person prescribed to this medication get refills?
❖ Can I take this drug on February 1st, 2018? (insert any date)
❖ How much medication is this person supposed to take in a day?
❖ What times during the day is this person supposed to take their medication?
❖ How many pills are in this bottle?
❖ What size are these pills? (what mg)
❖ Does this person need to talk to their doctor before getting more medication?

Discussion:

❖ What did you learn from doing this activity?
❖ How did this activity prepare you for managing your own medications?
❖ Is there anything you still don’t understand about medication labels? If so, what is still confusing/not clear?
Understanding Medications

XXX Pharmacy
Dr. John Doe

NO 0001111-0810
Date: 01/01/17

JANE SMITH
446 2nd Ave NW, Anytown, US 11111

Take two capsules by mouth two times daily
Drug X 250mg capsules

Qty: 30

MRG
NO REFILLS - DR. AUTHORIZATION
USE BEFORE 12/31/17

Number used by drug store to identify this drug.
Doctor’s name

Take two capsules by mouth two times daily
Drug X 250mg capsules

Qty: 30

MRG
NO REFILLS - DR. AUTHORIZATION
USE BEFORE 12/31/17

Number used by drug store to identify this drug.
Doctor’s name

Take two capsules by mouth two times daily
Drug X 250mg capsules

Qty: 30

MRG
NO REFILLS - DR. AUTHORIZATION
USE BEFORE 12/31/17

Number used by drug store to identify this drug.
Doctor’s name
Instrumental Activities of Daily Living: Financial Management
Financial Management: Budgeting

Purpose: The purpose of the financial management activity is to teach individuals how to be financially responsible with their money and learn how to budget it appropriately.

Audience: All adolescents would be appropriate for this activity. This activity can be completed individually or in groups.

Time: This activity will take approximately 30 minutes to complete.

Directions:

1. In the budget spreadsheet worksheet on the following page, adolescents will indicate the amount of money they budget towards certain items each month. This can include money that they earn from a job that they hold, or money that they receive from family or friends who support them.

2. In the far-right column, adolescents will indicate how much money they actually spend on these items each month.

3. After completing the two columns, adolescents will identify their total expenses for the month as well as their total monthly income.

Discussion:

❖ What are your thoughts regarding how you spent your money this month?

❖ What changes would you like to implement in order to become more financially responsible?

❖ What are some strategies you can use to stick to your budget?
# Budgeting Spreadsheet

<table>
<thead>
<tr>
<th>Monthly Expenses</th>
<th>$ Amount Budgeted</th>
<th>$ Amount Spent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repairs/Maintenance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Car Payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bus or Other Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Snacks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dining out</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entertainment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Movies/Music/Videos</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hobbies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sporting Events</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concerts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cell Phone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clothing/Shoes/Accessories</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Grooming</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toiletries</td>
<td></td>
<td></td>
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<tr>
<td>Gym Membership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expenses Grand Total:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly Income:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Financial Goal Planning

Purpose: The purpose of this activity is to get adolescents thinking about their goals in terms of how they want to spend their money in the short term and long-term future. By establishing goals, adolescents can save and budget for things that are important to them.

Audience: All adolescents who are interested in financial planning. This activity can be completed individually or in groups.

Time: 20-25 minutes

Directions:

1. Clients will be provided with a chart hand-out on the following page
2. Clients will determine their short term and long term financial goals
3. Clients will establish a time frame for when they want to meet their goals
4. Clients will determine how much their particular goal costs to meet
5. Clients will determine the amount of money that can be put toward their goal each month
6. Clients will determine what strategies they can implement to meet their goal

Discussion:

❖ What are some the short and long-term goals you have identified?
❖ When do you hope to accomplish your goals by?
❖ What strategies will you implement to meet your goals?
<table>
<thead>
<tr>
<th>Goals</th>
<th>Time Frame</th>
<th>Cost</th>
<th>Amount of money that can be put toward the goal each month</th>
<th>Strategies to reach the goal</th>
</tr>
</thead>
<tbody>
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</table>
Rest & Sleep
Rest & Sleep

Rest and sleep is another important area that occupational therapists can address with high risk adolescents. The Occupational Therapy Practice Framework (OTPF) describes rest and sleep as “activities related to obtaining restorative rest and sleep to support healthy, active engagement in other occupations” (OTPF, 2014, p. 20). Interventions in this section target sleep preparation and sleep participation. Sleep preparation refers to engaging in routines that prepare the self for comfortable rest, establishing sleep patterns that support growth and health, and preparing the physical environment for sleep (OTPF, 2014, p. 20). Sleep participation refers to taking care of personal needs for sleep, preparing night time hygiene needs, and negotiating the needs and requirements of and interacting with others within the social environment (OTPF, 2014, p. 20). AOTA (2014) states that “restful and adequate sleep provides the foundation for optimal occupational performance, participation, and engagement in daily life”. The occupational therapists’ role is to promote the best quality of sleep performance through various interventions. AOTA describes several beneficial interventions that can be addressed in the area of sleep including: modifications to the sleep environment, establishing sleep hygiene routines, encouraging health management behaviors, and educating clients on sleep misconceptions and expectations (AOTA, 2014). This manual provides several of these identified sleep interventions for adolescents, in order to promote healthy, effective sleep habits and routines, as well as to facilitate increased engagement and performance in daily life.
The Model of Human Occupation (MOHO) is incorporated into the sleep interventions through the concept of habituation. Habituation focusses on the habits and routines of an individual (Turpin & Iwama, 2011). The interventions in this manual are focused on creating effective sleep routines, as well as encouraging the adolescent to build healthy habits to facilitate engagement in sleep. The environment is another aspect of the MOHO that is implemented in the sleep interventions (Turpin & Iwama, 2011). Special consideration in this manual was given to an individual’s sleep environment and how they can adapt their environment to facilitate high quality sleep.
Rest & Sleep: Preparing and Evaluating the Sleep Environment
Preparing the Sleep Environment

**Purpose:** The purpose of this session is to educate clients on how to prepare their sleep environment in order to achieve high quality sleep. Several tips are provided to educate the client on how to adequately prepare their sleep environment.

**Audience:** This session is appropriate for adolescents who have difficulty falling and staying asleep. This session can be individual or group.

**Time:** This session will take about 15-20 minutes to complete

**Directions:** The occupational therapist will go over several tips for the clients to consider when preparing their sleep environment. A discussion will follow the education.

**Discussion:**

- In what ways do you currently prepare your sleep environment?
- In what ways can you incorporate these strategies into your daily routine?
- What is one thing that you took away from this session?
Preparing the Sleep Environment

❖ **Make your room dark:** Light has an impact on your quality of sleep. Light and darkness are cues that let your body know that is time to rest or get ready for a productive day. Light can send wake up messages to the brain. Consider street or porch lights as well as bright power buttons on TVs or alarm clocks. You may consider low-wattage incandescent lamps before bed to wind you down in the hours before sleep. Darkening curtains or shades can be used to block out sunlight.

❖ **Turn Electronics off:** Electronics have the potential to disrupt sleep as they send alerting signals to the brain. If you have difficulty falling or staying asleep try to keep electronics off, especially those used at close range at least an hour before bed. Try to read a book to wind down instead of electronics.

❖ **De-clutter** your room and create a clean, ordered space: Clutter or piles of unsorted papers can make you anxious or restless.

❖ **Room Design:** Arrange your furniture in a way that is natural and pleasing to you. Choose wall colors that elicit warmth and calm. Choose artwork, blankets, and so forth that are soothing to you.

Adapted from:
Retrieved from https://sleepfoundation.org/bedroom/see.php
Evaluating Your Sleep Environment

**Purpose:** This activity will assist adolescents in assessing their own sleep environment in order to identify ways to modify their environment to allow for a good night’s sleep.

**Audience:** Intended for adolescents ages 12+

**Time:** Approximately 35 minutes

**Directions:** This activity can be done individually initially, then brought into a group discussion about possible modifications of the sleep environment.

1. Have each person fill out the chart below according to the different environmental categories (temperature, noise, light, ventilation, bed comfort, and electronic distractions).
   a. In the first column, have them describe their current sleep environment.
   b. In the second column, have them brainstorm ways they can modify their current sleep environment to eliminate environmental conditions that can affect their sleep.
   c. Once chart is completed, have a large group discussion of possible modifications that can be implemented in their own home.

**Discussion:**

❖ To what degree are you satisfied with your current sleep environment?

❖ What possible modifications can be made to your current sleep environment?
  
  ○ Are you able to change the temperature of your room?
  
  ○ In what ways can you eliminate noise distractions?
  
  ○ Do you have access to an air humidifier/purifier?
○ How can you eliminate light coming into your room?

○ What type of bed do you currently have? Is it comfortable enough for you? Do you think your bed is causing you to get less quality of sleep?

○ How can you eliminate electronic distractions? Do you sleep next to your cell phone? What are some techniques you may use to avoid electronic distractions?
## Evaluating Your Sleep Environment

For each category, describe your current sleep environment and ways to modify your sleep environment for better sleep.

<table>
<thead>
<tr>
<th>Environment</th>
<th>Your current sleep environment</th>
<th>Ways to modify your sleep environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temperature</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noise level</td>
<td></td>
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<tr>
<td>Ventilation (air quality)</td>
<td></td>
<td></td>
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<tr>
<td>Lighting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bed comfort</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electronic distractions (cell phone, TV)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Rest & Sleep: Sleep Routine
Creating a Sleep Routine

**Purpose:** Adolescents tend to have inconsistent wake and sleep routines, which interrupts good quality sleep. Establishing a routine will assist adolescents in obtaining effective sleep on a daily basis.

**Audience:** This intervention would be used for adolescents who have concerns regarding sleep. This intervention would be appropriate in groups or individually.

**Time:** 20 minutes

**Directions:** The client will create a sleep routine on the following page that they will implement each night before they go to bed. In the right-hand column, the client will indicate the activity that they plan to engage in before bed each night and in the left-hand column they will indicate the time they plan to engage in that activity. The therapist will provide guidance and cues to ensure that the adolescent incorporates healthy activities into their routine and that they choose activities that will facilitate preparing for sleep. There are some tips listed on the next page to consider when developing the sleep routine.

**Discussion:**

- What tasks/activities did you incorporate into your sleep routine?
- How do you see yourself following through with this routine?
Creating a Sleep Routine

Tips:

❖ Choose the same time to wake up and go to bed each day
❖ Avoid caffeine, alcohol, nicotine, and other chemicals that interfere with sleep
❖ Don’t nap too close to your regular bedtime
❖ Eat and drink enough, but not too close to bedtime
❖ Exercise regularly, but not too close to bedtime

<table>
<thead>
<tr>
<th>Time</th>
<th>Tasks/Activities</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Adapted from:
http://healthysleep.med.harvard.edu/need-sleep/what-can-you-do/good-sleep
Rest & Sleep:
Sleep Diary
Sleep Diary

**Purpose:** The purpose of this activity is to help individuals learn about their sleep patterns and habits by keeping a daily sleep diary.

**Audience:** Ages 15+

**Time:** Takes about 20 minutes to go over the instructions and questions. This activity will be implemented over 5 days, or otherwise advised from the therapist.

**Directions:** This activity is done individually. This activity is intended to be brought home and filled out throughout the week, and returned to the therapist during a designated session proposed by the therapist.

1. Go through and explain the sleep diary chart with the adolescents either together as a group or individually.

2. Instruct them to take home the chart and bring it back completed for the next week.

3. Once sleep diaries are returned and filled out, either individually or as a group, go through the discussion questions.

**Discussion:**

❖ What was it like filling out the sleep schedule every day?

❖ Did you have any concerns with filling out your sleep schedule?

❖ Looking at your filled-out sleep schedule, identify patterns you see that may be helping or hindering your sleep.

❖ How can you make changes to your environment or your daily habits to help you to sleep better?
# Sleep Diary

**Complete in Morning**

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ / ___ / ___</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>I went to bed last night at:</th>
<th>AM / PM</th>
<th>AM / PM</th>
<th>AM / PM</th>
<th>AM / PM</th>
<th>AM / PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>I got out of bed this morning at:</td>
<td>AM / PM</td>
<td>AM / PM</td>
<td>AM / PM</td>
<td>AM / PM</td>
<td>AM / PM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last night I fell asleep: (circle)</th>
<th>Easily</th>
<th>Moderately</th>
<th>Difficulty</th>
<th>Easily</th>
<th>Moderately</th>
<th>Difficulty</th>
<th>Easily</th>
<th>Moderately</th>
<th>Difficulty</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Number of times I woke up during the night</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Last night I slept a total of:</th>
<th>Hours</th>
<th>Hours</th>
<th>Hours</th>
<th>Hours</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>My sleep was disturbed by:</th>
<th></th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>List environmental factors</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>When I woke up today, I felt:</th>
<th></th>
</tr>
</thead>
</table>

(refreshed, somewhat refreshed, fatigued)

Adapted from: [www.sleepfoundation.org](http://www.sleepfoundation.org)
# Sleep Diary

**Complete at the End of the Day**

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ / ___ / ___</td>
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</tbody>
</table>

**I drank caffeinated drinks (coffee, pop, tea) in the:** (morning, afternoon, evening, or not at all)

<table>
<thead>
<tr>
<th>Morning</th>
<th>Afternoon</th>
<th>Evening</th>
<th>Not at all</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td># drinks</td>
<td># drinks</td>
<td># drinks</td>
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</tbody>
</table>

**Time of day I exercised** (morning, afternoon, evening, or not at all)

<p>| | | | | | |</p>
<table>
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<tr>
<th></th>
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</thead>
</table>

**Medications I took today:**

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

**I took a nap? (circle yes or no)**

<table>
<thead>
<tr>
<th>Yes / No</th>
<th>_____ min/hours</th>
<th>Yes / No</th>
<th>_____ min/hours</th>
<th>Yes / No</th>
<th>_____ min/hours</th>
<th>Yes / No</th>
<th>_____ min/hours</th>
</tr>
</thead>
</table>

**2-3 hours before bed I consumed:** (Circle)

<table>
<thead>
<tr>
<th>Alcohol</th>
<th>Big Meal</th>
<th>Caffeine</th>
<th>N/A</th>
<th>Alcohol</th>
<th>Big Meal</th>
<th>Caffeine</th>
<th>N/A</th>
<th>Alcohol</th>
<th>Big Meal</th>
<th>Caffeine</th>
<th>N/A</th>
<th>Alcohol</th>
<th>Big Meal</th>
<th>Caffeine</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Adapted from: www.sleepfoundation.org
Rest & Sleep:
Relaxation Techniques
Relaxation Techniques

**Purpose:** Utilizing relaxation techniques can assist adolescents in coping with their everyday stressors in order to improve their sleep quality. The following five techniques aim to reduce stress through relaxation.

**Audience:** Relaxation techniques can be utilized for all adolescents who are having trouble sleeping due to stress they are experiencing. These techniques can be implemented individually or in a group setting.

**Time:** 45 minutes

**Directions:** The clients will practice the following techniques with the therapists’ guidance. Further directions are provided on the following pages.

1. Deep Breathing
2. Square Breathing
3. Guided Imagery
4. Progressive Muscle Relaxation
5. Meditation

**Discussion:**

- What was your favorite relaxation technique?
- How did you feel throughout the activity?
- In what situations could you apply these techniques in your own life?
- How can you incorporate these techniques into your daily life?

[Image:PIXABAY.COM/EN/MEDITATION-REN-RELAXATION-BUDDHIST-1407133/]

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Deep Breathing

Directions:

1. Sit in a chair with your back straight with one hand placed on your stomach and the other hand placed on your chest.

2. Breathe in through your nose. The hand on your stomach should rise and the hand on your chest should move very little.

3. Exhale through your mouth pushing as much air out as possible while contracting your abdominal muscles. The hand on your stomach should move in as your exhale, but your other hand should move very little.

4. Continue to breathe in through your nose and out through your mouth. Try to inhale enough so that your lower abdomen rises and falls.

*Counting can be incorporated into the process. Breathe in through your nose for 4 seconds, hold for 2 seconds, and breathe out of your mouth for 6 seconds

Adapted from:
https://www.helpguide.org/articles/stress/relaxation-techniques-for-stress-relief.htm
Square Breathing

Directions:

Square breathing involves visualizing an image of a square while breathing.

1. Breathe in slowly through your nose while imaging the first side of the square
2. Hold your breath while imaging the second side of the square
3. Breathe out of your mouth while imaging the third side of the square
4. Rest while imagining the fourth side of the square

Adapted from:
http://www.secondcalldefense.org/4-square-breathing
Guided Imagery

Directions:

1. Explain to clients that guided imagery uses one’s imagination through creating a safe, relaxing place in your mind.

2. Select a place that the client feels relaxed and safe in. Some clients may feel relaxed near water, while others may fear it.

3. Find a guided imagery video that is appropriate for the client. Some sample videos are listed below.

Sample Guided Imagery Videos:

❖ The Forest
https://www.youtube.com/watch?v=gU_ABFUAVAs

❖ The Beach
https://www.youtube.com/watch?v=ar_W4jSzOlM

❖ Waterfall
https://www.youtube.com/watch?v=WBYYFbStfHM
Guided Imagery Sample

To go to your safe place, lie down and be totally comfortable. Close your eyes.…
Walk slowly to a quiet place in your mind.… Your place can be inside or outside.… It
needs to be peaceful and safe.… Picture yourself unloading your anxieties, your
worries.… Notice the view in the distance.… What do you smell?… What do you hear?…
Notice what is before you.… Reach out and touch it.… How does it feel? … Smell it.…
Hear it … Make the temperature comfortable.… Be safe here.… Look around for a
special spot, a private spot. Find the path to this place.… Feel the ground with your
feet.… Look above you.… What do you see?… Hear?…Smell?… Walk down this path
until you can enter your own quiet, comfortable, safe place. You have arrived at your
special place… What is under your feet?… How does it feel?… Take several steps ….
What do you see above you? What do you hear? Do you hear something else? Reach and
touch something.…What is its texture? …. Look as far as you can see.… What do you
see? What do you hear? What aromas do you notice?… Sit or lie in your special place.…
Notice its smells, sounds, sights.… This is your place and nothing can harm you here.…
If danger is here, expel it.… Spend three to five minutes realizing you are relaxed, safe,
and comfortable. Memorize this place’s smells, tastes, sights, sounds.… You can come
back and relax here whenever you want.… Notice the ground, touch things near you.…
Look far away and appreciate the view.… Remind yourself that this special place you
created can be entered whenever you wish. Say an affirmation such as “I can relax here”
or “This is my special place. I can come here whenever I wish”.

Adapted from:
(Davis, Eshelman, & McKay, 2008)
Progressive Muscle Relaxation

Progressive Muscle Relaxation Directions:

1. Take a few minutes to breathe in and out in slow, deep breaths. When you’re ready, shift your attention to your right foot. Take a moment to focus on the way it feels.

2. Slowly tense the muscles in your right foot, squeezing as tightly as you can. Hold for a count of 10.

3. Relax your foot. Focus on the tension flowing away and how your foot feels as it becomes limp and loose.

4. Stay in this relaxed state for a moment, breathing deeply and slowly.

5. Shift your attention to your left foot. Follow the same sequence of muscle tension and release.

6. Move slowly up through your body, contracting and relaxing the different muscle groups.

Video Resource

❖ [https://www.youtube.com/watch?v=86HucX8ZtAk](https://www.youtube.com/watch?v=86HucX8ZtAk)
Meditation

Directions: There are several different meditation resources that are available for use. Listed below are 3 different meditation exercises that clients may find beneficial. Each resource below has a recording as well as a written template.

Resources:

Body Scan for Sleep (13 minutes)

❖ http://marc.ucla.edu/mindful-meditations

Breath, Sound, Body Meditation (12 minutes)

❖ http://marc.ucla.edu/mindful-meditations

Complete Meditation (19 minutes)

❖ http://marc.ucla.edu/mindful-meditations
Education
Education

Education is an important consideration when working with juvenile delinquents. Adolescents in the juvenile justice system are more likely to have a low level of education and encounter difficulties attending school (Zhou et al., 2012). Adolescents experience major challenges with transitioning between primary and secondary schools, due to a lack of resources to effectively deal with change (Heath & Priest, 2016). As adolescents learning and behavioral needs in the educational system are going unmet, it is essential to address these needs and help them build the skills needed for them to be successful in their school environment.

The Occupational Therapy Practice Framework (OTPF) defines education as “activities needed for learning and participating in the educational environment (OTPF, 2014, p. 20). The OTPF outlines occupational therapist’s (OT’s) role in education. OTs support a student’s ability to participate in desired daily school activities while promoting positive behaviors necessary for learning (AOTA, 2016). The interventions in this section include helping students build time management skills, preparing them for transitioning to high school and college, using a daily planner, building resumes, and preparing student budgets.

The model of human occupation (MOHO) can be implemented through various education interventions. Habituation, performance capacity, and the environment are components of the MOHO and should be major considerations in education (Turpin & Iwama, 2011). Habituation refers to one’s habits and routines (Turpin & Iwama, 2011). It is important to consider the habits and routines of adolescents as they transition between
schools and engage in school-related tasks. Performance capacity is the ability to do things depending on physical, cognitive, and interpersonal skills (Turpin & Iwama, 2011). Adolescents need the cognitive ability to manage time and use a planner, as well as interpersonal skills needed to successfully transition to high school and college. OTs can assist adolescents to increase their performance capacity by providing them with strategies and skills needed to complete education related tasks.
Education:
Time Management
Time Management Wheel

**Purpose:** To help individuals to gain insight about how they spend their day and how much time they spend doing everyday activities.

**Audience:** Ages 12+

**Directions:** Have each individual fill in the circle by drawing lines from the center to the side, sectioning off what portion of time they think they spend doing during the day.

Examples of items to put in the wheel:

- Eating
- Doing self-care activities
- Working
- Going to school
- Hanging out with friends
- Spending time with family
- Taking care of others/pets
- Other

**Time:** Approximately 30 minutes.

**Discussion:**

- What surprised you as you filled out the wheel?
- What did you learn from doing this activity?
- How can you prioritize your daily activities for a better balance in life?
Section off your wheel with items such as:
- Eating
- Doing self-care activities
- Working
- Going to school
- Hanging out with friends
- Spending time with family
- Taking care of others/pets
- Other
Time Management Matrix

**Purpose:** To help individuals become effective self-managers and better structure their day/week according to what is most important to them.

**Audience:** Intended for individuals 15+

**Directions:**
- On the following page, there is an activity list and a time matrix. Have each individual put the items from the activity list into the boxes of the time matrix. The items below explain the time matrix according to the categories of urgent, non-urgent, important, and not-important.
  - Urgent: require immediate attention
  - Non-urgent: things you don’t have to do right away
  - Important: contribute to your mission, values, and goals
  - Not-important: Interruptions and unnecessary things

**Time:** Approximately 25 minutes.

**Discussion:** Explain that individuals will want to spend their time and energy in quadrant 2. This quadrant consists of activities that are important but not urgent. This includes relationship building, recognizing new opportunities, planning, and prevention.

- How do you currently spend your time?
- In what ways can you spend more of your time in quadrant 2 (important but not urgent)
- What things can you eliminate from your day that is time-wasting to help you to better manage your time for things that are more important?
Time Management Matrix

Activities List
- Kitchen fire
- Surfing the internet
- Exercising
- Crying baby
- Playing games
- Future planning
- Emergency calls
- Relationship building
- Busy work
- Looking at Facebook

Time Management Chart

**Purpose:** To understand how much time one spends in their day according to their daily occupations. This activity will help build time management skills by gaining insight into daily routines.

**Audience:** Intended for individuals ages 10-21.

**Directions:** Instruct individuals to fill out the chart according to how many hours per day they spend doing the specified activity, and then have them estimate how many hours per week they spend doing that activity.

**Time:** This activity takes approximately 20 minutes.

**Discussion:**

- Were you surprised with how many hours per day/week you spent doing various activities?
- How could you cut back time or add more time to certain activities to help organize your day?
- How satisfied are you with your time management skills?
# Time Management Chart

<table>
<thead>
<tr>
<th>Activity (occupation)</th>
<th>Hours Per Day</th>
<th>Hours Per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleep</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eating meals (breakfast, lunch, dinner)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-care (showering, grooming, dressing)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attending school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily chores</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social participation (recreation, leisure activities)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Education:
Transitioning to High School
Assignments Schedule

**Purpose:** The purpose of this activity is to assist individuals with organizing their class schedule, time management, and prioritizations skills.

**Audience:** For individuals ages 14+ who are transitioning to high school

**Time:** Approximately 30 minutes

**Directions:** This can be done individually or within a group setting. To modify this assignment, have the adolescent provide their own school schedule, rubric, and planner to make it more client-centered.

1. Provide individuals with a list of assignments and their due dates
2. Have each individual fill out the assignments chart according to the assignments list they received
   a. Instruct them to organize the schedule sequentially, starting with the assignments that are due first (i.e. a health paper assignment due Jan. 1\textsuperscript{st} will be written down before a science assignment due Jan. 12\textsuperscript{th}).

**Discussion:**

❖ Did you have any difficulty doing this assignment? If so, why?

❖ How will doing this activity help you organize your school assignments?

❖ When is a good time to organize your assignments for school?
Assignments List

English:
• Poem Assignment: Due January 12th
• English history paper: Due January 29th
• English presentation: Due February 22nd
• Movie review: Due March 2nd

Science:
• Anatomy worksheet: Due January 16th
• Dissection lab worksheet: Due March 13th
• Science topic paper: Due April 4th

Health:
• Health topic paper: Due February 2nd
• Health worksheet: Due April 16th
• Health movie video worksheet: Due April 24th

Social Studies:
• Social studies vocabulary worksheet: Due January 15th
• Social studies topic paper: Due February 24th
• Social studies presentations: Due March 29th
• Extra credit paper: Due April 15th

Math:
• Algebra worksheet: Due January 17th
• Summation worksheet: Due February 4th
• Fraction worksheet: Due March 20th
• Extra credit paper due: April 17th
## Assignments Schedule

<table>
<thead>
<tr>
<th>Class</th>
<th>Assignment</th>
<th>Due Date</th>
<th>Done</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
How to Use a Planner

**Purpose:** This activity will help individuals work on time management skills and with organizing daily routines.

**Audience:** Individuals ages 12+. This activity can be done individually or in a group setting.

**Time:** Approximately 30 minutes.

**Directions:** Provide individual with pre-made school schedule and appointment dates (schedule and appointment dates located on following page). Have the individuals fill out their planner using the dates provided. To modify this activity to make it more client centered, have the client utilize their own school schedule and their own planner.

Therapist can print out blank calendar by going to


**Discussion:** Have individuals reflect on:

- How the process of managing a schedule and planner went
- How they could fit this occupation of using a planner into their daily routine
- Any concerns or questions they have about their use of time management skills
Class Schedule & Daily Appointments

**Biology**: Monday-Friday 11:00-11:50

**Anatomy**: Monday-Friday 9:00-9:50

**English**: Monday- Friday 1:00-1:50

**Science**: Tuesday and Thursday 8:00-8:50

**Gym**: Monday, Wednesday, and Friday 8:00-8:50

**Hockey practice**: Mondays, Wednesdays, and Fridays at 3:15pm.

**Lunch**: Monday-Friday 12:00-12:50

**Dentist Appointment**: January 23rd at 8:45 am

**Meeting with supervisor**: February 18th at 9am.

**Oil change**: April 24th at 2pm.

**Pay utility bill**: The 1st day of every month

**Pay car insurance**: Every 6th months (starting January 1st)

**Pay cell phone bill**: The 10th day of every month

**Have lunch with grandma**: January 15th at 1pm.
My First Resume

**Purpose:** This will help high school students practice writing their first resume to help prepare for college or work-related endeavors.

➢ My First Resume worksheet is attached on following page. Therapist may print out appropriate number of worksheets according to group size.

**Audience:** Intended for high school students ages 14+

**Directions:** Have each individual fill out the “My First Resume” worksheet. The therapist can assist individuals with answering any questions they may have.

**Time:** Approximately 45 minutes.

**Discussion:** As a group, or individual, discuss:

❖ What was difficult about this activity?

❖ How did you feel while doing this activity?

❖ In what ways do you feel more prepared now about writing a resume in the future?

❖ Why is a resume important to learn how to do successfully?
My First Resume

_______________________________________________________
Your Full Name

_______________________________________________________
Address

_______________________________________________________
City, State, Zip Code

_______________________________________________________
Telephone Number

Position Sought (A job you might want to have): ______________________________

Abilities and Talents:
(List positive characteristics and things you are good at. For example: good listener, reliable, computer skills, great speller, good at math, etc.)

❖ ______________________________
❖ ______________________________
❖ ______________________________
❖ ______________________________
❖ ______________________________
❖ ______________________________

Achievements and Awards:
(List awards and honors you have received and when. For example: honor roll in 4th grade, perfect attendance in 6th grade, Scouting award, honor society, etc.)

❖ ______________________________
❖ ______________________________
❖ ______________________________
❖ ______________________________
❖ ______________________________
Work Experience:
List jobs you have had or currently have. (For example: dog walker, babysitter, plant waterer, etc. These don’t have to be jobs you get paid for.)

❖ ☐

❖ ☐

❖ ☐

Education: ☐

Grade                              Name of School

References:
List names of people who have positive things to say about you (ex: teachers, supervisors, co-worker).

❖ ☐

❖ ☐

❖ ☐

❖ ☐
Education:
Transitioning to College
College Vocab Words

**Purpose:** To prepare adolescents for college by getting familiar with college vocabulary.

**Audience:** Ages 16+

**Directions:** For the matching portion, have individuals match the word to the phrase it best matches. Once this part is done, have the group get into pairs or groups of 3 and discuss which vocab they are unfamiliar with and would like to learn more about. Please find the matching exercise on the following page.

**Time:** Approximately 45 minutes.

**Vocab Words:**

- **Application**- a written request for admission into a college or university
- **Admission**- the act of being accepted into a college
- **Acceptance Letter**- the letter a student receives from a college or university that states his/her application was approved
- **Tuition**- The charge or fee for instruction at a college or university. (You pay this every semester)
- **Registration**- To sign up for a class you want to take at a college or university.
- **Class Schedule**- The days and times a student must attend classes
- **Financial Aid**- Money loaned to a student to pay their tuition
- **Scholarship**- A sum of money given to a student, because of merit, need, etc.
- **Internship**- A period of time when a student gets experience in a profession/occupation.
❖ **Graduation**- The ceremony of awarding degrees or diplomas at the end of a college program.

❖ **Major**- A student’s primary theme of learning at a college or university

❖ **Minor**- A student’s secondary theme of learning at a college or university

❖ **Dorm**- A building at a college or university containing several rooms for students to live in.

❖ **Dining Hall**- A building on a college campus where students can purchase food and eat.

❖ **Meal Plan**- A sum of money a student can use to purchase food and beverages.

❖ **Fraternity**- A local or national organization of male students.

❖ **Sorority**- A local or national organization of female students.

❖ **Associates Degree**- The degree that is earned when a student graduates from a junior or community college.

❖ **Bachelor’s Degree**- The degree that is earned when a student graduates from a 4-year college or university.

❖ **Master’s Degree**- The degree that is earned when a student graduates from a graduate school after completing at least one year of graduate study.

❖ **Doctorate Degree**- The highest academic degree that can be earned at a graduate school.
## College Matching Activity

| Admission | B. The days and times a student must attend classes |
| Acceptance Letter | C. The letter a student receives from a college or university that states his/her application was approved |
| Tuition | D. the act of being accepted into a college |
| Registration | E. The charge or fee for instruction at a college or university. (You pay this every semester) |
| Class Schedule | |

| Financial Aid | A. A student’s primary theme of learning at a college or university |
| Scholarship | B. The ceremony of awarding degrees or diplomas at the end of a college program. |
| Internship | C. A period of time when a student gets experience in a profession/occupation. |
| Graduation | D. Money loaned to a student to pay their tuition |
| Major | E. A sum of money given to a student, because of merit, need, etc. |
| Minor | F. A student’s secondary theme of learning at a college or university |
College Matching Activity

Dorm ____

Dining Hall ____

Meal Plan ____

Fraternity ____

Sorority ____

A. A local or national organization of male students.
B. A sum of money a student can use to purchase food and beverages.
C. Building at a college or university containing several rooms for students to live in.
D. A local or national organization of female students.
E. A building on a college campus where students can purchase food and drinks.

Associates Degree ____

Master’s Degree ____

Bachelor’s Degree ___

Doctorate Degree ____

A. The highest academic degree that can be earned at a graduate school.
B. The degree that a student earns when a student graduates from a 4 year college or university.
C. The degree that a student earns when a student graduates from a graduate school after completing at least one year of graduate study.
D. The degree that is earned when a student graduates from a junior or community college.
Dorm/Apartment Checklist

**Purpose:** The purpose of this activity is to prepare individuals who are preparing to move out and live on their own. This activity will help organizational skills, time management skills, and prepare individuals to explore budgeting options for independent living necessities.

**Audience:** For individuals 18+ who are preparing to move out and live on their own.

**Time:** Approximately 30 minutes

**Directions:** Have each individual look through the checklist and determine which of these items they currently have, and which of these items they would need to purchase (They can check off items they currently have). After exploring these items, have the individuals do some research on available computers about the cost of these items, and brainstorm other locations they could purchase/rent these items from (thrift store, family, friends, etc.).

**Discussion:**

- Where could you go to purchase these items at fair prices?
  - Thrift stores
  - Local churches
  - Online website (Amazon, eBay, buy and sell websites)
  - Family/friends

- How will you go about preparing these items?

- What are some transportation options for transporting these items?

- What are your concerns with moving out?
## Dorm/Apartment Checklist

<table>
<thead>
<tr>
<th>Living Space</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>o Couch</td>
<td>o Lamp</td>
<td></td>
</tr>
<tr>
<td>o Chair(s)</td>
<td>o Pictures</td>
<td>o Throw blanket</td>
</tr>
<tr>
<td>o Coffee table</td>
<td>o Throw pillows</td>
<td></td>
</tr>
<tr>
<td>o TV</td>
<td>o TV stand</td>
<td></td>
</tr>
<tr>
<td>o TV</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bedroom</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>o Bed/mattress</td>
<td>o Hangers</td>
<td></td>
</tr>
<tr>
<td>o Comforter/blankets</td>
<td>o Desk</td>
<td>o Clothes hamper</td>
</tr>
<tr>
<td>o Pillows</td>
<td>o Curtains</td>
<td></td>
</tr>
<tr>
<td>o Pillow cases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Sheets</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bath</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>o Bath towels</td>
<td>o Toothbrush, toothpaste</td>
<td></td>
</tr>
<tr>
<td>o Hand towels/wash cloths</td>
<td>o Toilet paper</td>
<td>o Supplies (shampoo, conditioner, soap, shaver)</td>
</tr>
<tr>
<td>o Shower curtain</td>
<td>o Toilet plunger, toilet brush</td>
<td></td>
</tr>
<tr>
<td>o Bath supply storage</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Kitchen</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>o Kitchen table</td>
<td>o Oven mitt</td>
<td></td>
</tr>
<tr>
<td>o Refrigerator</td>
<td>o Kitchen towels</td>
<td></td>
</tr>
<tr>
<td>o Microwave</td>
<td>o Napkins</td>
<td></td>
</tr>
<tr>
<td>o Pots/pans</td>
<td>o Containers for food storage</td>
<td></td>
</tr>
<tr>
<td>o Dishes (plates, bowls, cups, etc.)</td>
<td>o Toaster</td>
<td></td>
</tr>
<tr>
<td>o Dish soap/sponges</td>
<td>o Coffee maker</td>
<td></td>
</tr>
<tr>
<td>o Silverware (forks, knives, spoons)</td>
<td>o Kitchen garbage can</td>
<td></td>
</tr>
<tr>
<td>o Silverware organizer</td>
<td>o Cooking utensils (spatula, whisk, tongs, can opener, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>o Lamp</td>
<td>o Cleaning supplies</td>
<td></td>
</tr>
<tr>
<td>o Power strip</td>
<td>o Laundry soap</td>
<td></td>
</tr>
<tr>
<td>o Fan</td>
<td>o Trash bags</td>
<td></td>
</tr>
<tr>
<td>o Rug(s)</td>
<td>o Vacuum cleaner</td>
<td></td>
</tr>
<tr>
<td>o Bookshelves</td>
<td>o Broom, dustpan</td>
<td></td>
</tr>
<tr>
<td>o Batteries</td>
<td>o First aid kit</td>
<td></td>
</tr>
<tr>
<td>o Air conditioner</td>
<td>o Light bulbs</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** These items will vary depending on whether you are moving into a dorm or an apartment. For example, dorms are usually furnished with the basics (bed, dresser, desk, chair).
College Budget Worksheet

**Purpose:** The purpose of this exercise is to prepare adolescents for college while focusing on money management. This will help individuals prioritize their expenses and think about saving and managing their money.

**Audience:** Ages 17+

**Time:** Approximately 45 mins.

**Directions:** Have the individuals fill out the worksheet with estimated guesses of their income and expenses.

1. The top portion focuses on income received from work, scholarships, grants, and financial aid.

2. The middle portion focuses on fixed expenses. These are expenses that stay the same from month to month. These include rent, vehicle payment, tuition and insurance.

3. The last portion focuses on variable expenses. These are expenses that vary from month to month and include utilities, cell phone bill, cable/internet, transportation, medical/dental bills, groceries, eating out, entertainment and clothing.

4. At the bottom, have individuals total up their income, and expenses. Then subtract the expenses from the income, to determine if they will be able to afford their expenses based on their income.

**Discussion:**

- Have the individuals decide if they have enough money to cover expenses, and if not, how they could adjust the expenses, or their income, to meet their needs.
# College Budget Worksheet

<table>
<thead>
<tr>
<th>Income</th>
<th>Yearly</th>
<th>Semester</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work</td>
<td></td>
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<tr>
<td>Scholarships/</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>grants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial aid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td></td>
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</tr>
</tbody>
</table>

## Expenses (Fixed)

- Rent ________________________________
- Auto Expenses (car) ____________________
- Tuition ______________________________
- Insurance ____________________________
- Other ________________________________
- **Total:** ____________________________

## Expenses (Varied)

- Utilities ____________________________
- Cell Phone __________________________
- Cable/ Internet ______________________
- Transportation ______________________
- Medical/ Dental ______________________
- Groceries ____________________________
- Eating out ___________________________
- Entertainment ________________________
- Clothing _____________________________
- Other ________________________________
- **Total** ____________________________

**Totals:**

Income: _____________ (-) Fixed Expenses: _____________

(-) Variable Expenses: _____________ (=) ________________
College Icebreaker Questions

**Purpose:** This activity is intended to get individuals talking about college and will help strengthen social participation and communication skills. This activity will prepare individuals for college and help to answer any questions they may have.

**Audience:** 15+

**Directions:** From the cards listed below, gather them in the middle of the table, face down, and have each individual pick a card, and answer the questions as best they can. If an individual is unable to answer a question, have the group help and report on the question. Once the group is done sharing, have the therapist reflect on what was said, and provide input to anything that was missed.

**Time:** Approximately 25 minutes.

<table>
<thead>
<tr>
<th>What would be the benefits and drawbacks of a large college?</th>
<th>What is most important to you when choosing a college, and why?</th>
<th>Name 3 things you think are myths about college.</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are some of the benefits of attending a community college (2-year college)?</td>
<td>What are you most excited about when going to college?</td>
<td>Name 3 things you think will be most useful while in college.</td>
</tr>
<tr>
<td>What are you least excited about when going to college?</td>
<td>Name 3 resources you think will be most useful when going to college.</td>
<td>What are some ways to pay for your college?</td>
</tr>
<tr>
<td>Which college would you like to visit and why?</td>
<td>Where do you want to go to college?</td>
<td>What do you want to go to college to be?</td>
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</tr>
</tbody>
</table>
Work
Work

Work is an important aspect to consider when looking at an adolescent’s identity and future life course. Many juvenile delinquents lack the skills needed to obtain and retain jobs that provide adequate compensation (Schaeffer et al., 2014). This often affects the future course of adolescents lives as they turn to substances and display anti-social behaviors (Schaeffer et al., 2014). Work provides adolescents with the opportunity to participate in society, as well as gain compensation, meaning, and fulfillment (AOTA, 2017). Adolescents have the opportunity to develop many skills at work including: time management, interpersonal skills, commitment, and responsibility (Zimmer-Gembeck & Mortimer, 2006). Work can also instill feelings of self-worth, faith in abilities, and confidence in oneself. Work allows adolescents to explore their interests, be a part of diverse work settings, and form social relationships with positive role models. Work can also help adolescents to identify the benefits of education to get past what they perceive to be “dead end jobs” (Zimmer-Gembeck & Mortimer, 2006).

The Occupational Therapy Practice Framework (OTPF) categorizes work under employment interests and pursuits, employment seeking and acquisition, and job performance (OTPF, 2014, p. 20). The OTPF outlines occupational therapists’ (OTs) role in the area of work. OTs can help adolescents identify and select various work opportunities based on their interests. In addition, they can assist adolescents in completing and reviewing appropriate application materials for jobs, as well as preparing for interviews (OTPF, 2014, p. 20). OTs may also assist adolescents in developing work
related skills such as time management, communication, and conflict resolution (OTPF, 2014, p. 20).

The Model of Human Occupation (MOHO) can be implemented through various work interventions. Volition is a main component of the MOHO and should be a major consideration in the area of work (Turpin & Iwama, 2011). Adolescents who find interest in their jobs and feel confident in their abilities to successfully complete their job tasks are going to be more likely to engage and perform their work functions. Assisting adolescents in finding jobs that they see as meaningful and interesting will be key during intervention. Additionally, performance capacity is an area of MOHO that was addressed throughout the interventions (Turpin & Iwama, 2011). Many of the interventions are focused on building job related skills in order to increase the client’s performance capacity.
Work:
Job Searching
Job Searching Overview

**Purpose:** The purpose of this activity is for individuals to understand how to find various jobs that are available to them in the community.

**Audience:** This activity is appropriate for adolescents ages 14+ who are interested in obtaining a job. This activity would be completed individually with clients.

**Time:** 30 minutes

**Directions:**

1. The occupational therapist will demonstrate how to locate jobs in the newspaper and on the internet by providing tips and resources that adolescents can access.

2. The adolescent will practice utilizing these resources to develop a deeper understanding of what to do when searching for a job.

3. The following documents will provide specific steps on how to find jobs in the newspaper and on the internet.

**Discussion:**

- What were the benefits of utilizing each resource to find jobs (the internet and newspaper)?

- What were the drawbacks of utilizing each resource to find jobs (the internet and newspaper)?

- What types of jobs were you able to find that were of interest to you?

- What are the next steps in pursuing these jobs of interest?
Job Searching

The Newspaper:

❖ The newspaper is a valuable resource to utilize when searching for jobs, as not all employers post job advertisements on the internet.

❖ The newspaper is unique in that it provides local job listings and there is no need to worry about sorting through the national job offers.

❖ Steps for job searching:

1. Obtain the local newspaper

2. Open the newspaper to the employment section

3. Carefully read the job descriptions posted

4. Circle any job descriptions that are of interest

5. Look through your circled options and select any jobs that you would like to apply for

6. Write down pertinent information regarding the jobs of interest (i.e. job title, business, salary, contact information, application information)
Job Searching

The Internet:

❖ The internet is also a valuable resource to utilize when searching for jobs as individuals have access to job postings all over the world, in all sectors of work, and at all levels of pay.

❖ There are several job searching engines to utilize. Examples include:

  o Indeed.com
  o SimplyHired.com
  o Monster.com
  o Idealist.com
  o USAJobs.com

Steps for job searching:

1. Choose a job search website (examples are listed above)
2. Find the website online
3. Type in the job title and location where you are job searching (i.e. Retail Associate, Grand Forks)
4. Look through the various jobs that come up with your search
5. Read through the job descriptions and select any jobs of interest
6. Write down pertinent information regarding the jobs of interest (i.e. job title, business, salary, contact information, application information)
Work:
Creating a Resume
Creating a Resume

**Purpose:** The purpose of creating a resume is to outline your experiences, skills, and abilities. A resume can be utilized to sell yourself to your future employer.

**Audience:** This activity can be used for adolescents 14+ who are interested in obtaining a job. This activity will be completed individually.

**Time:** 30-45 minutes

**Directions:**

1. The therapist will go over the purpose of a resume and various tips to keep in mind while developing the resume
2. The client will obtain a resume template found on pg. 123
3. The client will brainstorm answers to the various categories on the template and type their responses in
4. The client may choose to add a category in the template that is not already listed if they choose to do so
5. The therapist will help the client with any responses and go over the resume with the client when completed

**Discussion:**

❖ What was the easiest and most challenging part of creating your resume?
❖ What do you see as your greatest selling point on your resume?
❖ What are you going to do with your resume now that it is completed and ready for use?
Tips for Creating a Resume

Content Tips:

❖ Clearly state the position you are applying for and whether it is a full-time or part-time position

❖ Include key words on your resume. Employers often scan a resume in 15 seconds or less and are looking for specific words that show you are skilled and qualified

❖ Make your skills and abilities the selling point of your resume

❖ Do no list personal, age-related, or health information on your resume

Formatting Tips:

❖ Put your name at the top of the resume in caps with large, bold font. You want your name to stand out to the employer.

❖ Organize your headings in a way in which the most essential points are listed first

❖ List information in chronological order

❖ Use a clear, conservative font that is easy to read (i.e. Times New Roman, Arial)

❖ Proofread your resume. Make sure it is free of spelling and grammar errors.

❖ Keep your resume to one page, unless you have a lot of experience

Adapted from:
http://www.purdue.edu/hr/careers/resources/resumetips.html
https://www.gcflearnfree.org/resumewriting/resume-tips-and-strategies/1/
# Job Resume Template

## Name

[Address]  |  [Phone Number]  |  [Email Address]

## Objective

[Describe your career goal or ideal job]

## Education

[Date of school attendance]  |  [School Name]  |  [City, State]

[Degree Obtained if Applicable]

[List any classes that pertain to the job]

## Relevant Coursework

[Date of Employment]  |  [Company Name]  |  [City, State]

[Job Title]

- List Job Responsibilities

## Work Experience

[Indicate awards any awards you have received and activities that you have been involved in]

## Honors & Activities

[List any organizations where you held a leader role (i.e. clubs, sports teams)]

[Individuals name, Title, Company, Contact Information]

[These may be listed on the following page]

## Leadership Experience

## References
Work:

Job Interview Practice
Job Interview Practice

**Purpose:** The purpose of this activity is to brainstorm responses to interview questions that are commonly asked and to practice delivering responses to an employer.

**Audience:** This activity is appropriate for adolescents ages 14+ who are interested in obtaining a job. This activity will be completed individually.

**Time:** This activity will take 1-1.5 hours to complete. The various sections of this activity can be split up between different sessions.

**Directions:**

1. The client will begin by brainstorming-writing answers to commonly asked interview questions. Client may discuss questions/responses with the therapist.
2. The client will practice their responses alone to prepare for the role play.
3. The therapist and client will role play through a mock interview in order to give the client practice with answering the questions.
4. After the role play the therapist will provide feedback to the client and make any adjustments that are needed.
5. The therapist will go over several interview tips with the client in order to prepare them for their experience.

**Discussion:**

❖ What questions were the most difficult for you to answer?
❖ What are some tips that we reviewed this session that stuck out to you?
❖ How are you going to continue to prepare for your future job interview?
Job Interview Question Brainstorm

1. Tell me about yourself

2. How did you hear about the company?

3. Why are you interested in this job?

4. How do others describe you?

5. What are some of your strengths?

6. What are your some of your areas of growth?

7. Why should we hire you?

8. What are your salary requirements?

9. Tell me about a challenge or conflict you have had and how you dealt with it.
Job Interview Role Play

1. Therapist (Acting as the Employer): Tell me about yourself.
   
   **Client Response:**

2. Therapist (Acting as the Employer): How did you hear about the company?
   
   **Client Response:**

3. Therapist (Acting as the Employer): Why are you interested in this job?
   
   **Client Response:**

4. Therapist (Acting as the Employer): How do others describe you?
   
   **Client Response:**

5. Therapist (Acting as the Employer): What are some of your strengths?
   
   **Client Response:**

6. **Client Response:**

7. Therapist (Acting as the Employer): What are your some of your areas of growth?
   
   **Client Response:**

8. Therapist (Acting as the Employer): Why should we hire you?
   
   **Client Response:**

9. Therapist (Acting as the Employer): What are your salary requirements?
   
   **Client Response:**

10. Therapist (Acting as the Employer): Tell me about a challenge or conflict you have had and how you dealt with it.

    **Client Response:**
Tips for Job Interview

Before the Interview

❖ Do some research to find out about the place you are interested in working for
❖ Come up with a variety of questions you have about the position
❖ Prepare and practice for the interview
❖ Dress appropriately
  o Males: Consider wearing a dress shirt or dress sweater with dress pants and shoes. It would also be appropriate to wear a suit.
  o Females: Consider wearing a dress shirt or dress sweater with dress pants and shoes. It would also be appropriate to wear a dress.
  o Make sure clothes are pressed, not wrinkled, and not revealing
❖ Be punctual (arrive early)

During the Interview

❖ Provide accurate, honest information
❖ Be professional and respectful
❖ Be conscientious of your body language (Relaxed posture, avoid yawning, fiddling with your hands, distractions, and crossing your arms)
❖ Do not make negative statements about past employers
❖ Sell your strengths, don’t worry about bragging about yourself
End/After the Interview

❖ Thank the employer for their time

❖ Ask for the employer’s business card in order to follow up later, if needed

❖ Write a thank you letter to the employer after the interview

Adapted from:
https://www.berklee.edu/career-center/job-interview-tips
https://www.bu.edu/seo/students/getting-a-job/tips/interview-tips/
Work:
Building Job Related Skills
Team-Building Exercise

**Purpose:** The purpose of this activity is to build team work skills that focus on enhancing listening skills through verbal cues, communication skills, trust, and collaboration.

**Audience:** Ages 12+

**Time:** Approximately 30-40 minutes

**Directions:** This activity is done in a group setting, and done in pairs.

1. Work together as a group to arrange the room to include obstacles in random places. Put chairs, tables, and other objects in various places in the room. You can also have the rest of the group (who is not currently participating) stand in various places in the room.
2. Designate one specific spot in the room as the final destination. Mark it with tape.
3. There will be two teams with two people per team. The rest of the group can scatter around the room. Per team, one person will be blindfolded, and the other person will be giving the person who is blindfolded directions on how to reach the final destination.
4. Have 2 or 3 teams go at the same time, in order to provide competition among the members. The team who reaches the final destination first, wins.

**Discussion:**

- How did you feel participating in this activity?
- In what ways did this activity help you work together as a team?
- What went well? What didn’t go well?
- In what ways would you change the way you worked as a team?
- What ways could you make this activity easier?
Cup Stacking

**Purpose:** The purpose of this activity is to facilitate teamwork, patience, problem solving skills, and critical thinking skills, which all are incorporated into skills needed in the workplace.

**Audience:** 12+

**Time:** Approximately 30-40 minutes

**Materials Needed:** 6 plastic cups, rubber bands, tape, and string.

**Directions:** This activity is done in a group setting. The challenge is for the group to build a pyramid out of the plastic cups (3 on the bottom, 2 in the middle, and 1 on top). Group members cannot touch the cups with their hands or any other part of their body, even if a cup falls on the floor.

1. Depending on the group size, tie strings (1 string per person) to one rubber band. For example, if there are six group members, tie six strings to one rubber band, and make sure the strings are equally spaced apart.

2. Each person holds onto one of the strings that is attached to the rubber band.

3. They use this device to pick up the cups and place them on top of each other by pulling the strings simultaneously to open and close the rubber band around the cups.
Discussion:

❖ Was anyone frustrated during the activity, if so, how was it handled?

❖ What did you learn about yourself and others?

❖ Why was teamwork so important for this activity?

❖ What are some skills needed to be good at teamwork?

❖ How can we use what we learned from this activity through other experiences, such as work?

Listen and Re-Cap

**Purpose:** This activity focuses on communication, specifically listening skills.

Communication and listening skills are skills that are needed in the workplace.

**Audience:** For individuals ages 14+

**Time:** Approximately 25-35 minutes

**Directions:** This activity is done as a group setting.

1. Divide adolescents into pairs.
2. One partner draws a topic card from a prepared deck of cards (listed on following page) and talks about that topic while the other partner listens without speaking.
3. The listening must really focus on receiving their partners words, and not letting their mind wander.
4. The listening partner then clearly and accurately recaps what their partner said.
5. They then switch roles.

**Discussion:**

❖ How did it feel to summarize and recap what your partner said?
❖ What was difficult in recapping what your partner said?
❖ Why do you think it was difficult?
❖ Why do you think some people are not very good at listening?
❖ What are some things you can do to become a better listener?
## Listen and Re-Cap Discussion Cards

Cut out these discussion cards to use for the activity.

<table>
<thead>
<tr>
<th>Favorite sports</th>
<th>Favorite foods</th>
<th>Favorite vacation</th>
<th>Describe your family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Favorite animals</td>
<td>Favorite hobbies</td>
<td>Favorite holidays and why</td>
<td>Favorite book and why</td>
</tr>
<tr>
<td>Least favorite school subject and why</td>
<td>Coffee, tea, or neither</td>
<td>Favorite season</td>
<td>Place you would like to live</td>
</tr>
<tr>
<td>What do you want to be when you grow up?</td>
<td>Favorite movie and why</td>
<td>Favorite restaurant and why</td>
<td>Favorite desserts</td>
</tr>
</tbody>
</table>
Conflict Management

**Purpose:** This activity helps individuals resolve common conflicts in the workplace, and helps adolescents strengthen their conflict management skills. Skills that are being addressed in this activity are listening skills, patience, self-confidence and stress management.

**Audience:** For individuals ages 15+

**Time:** Approximately 40 minutes

**Directions:** This activity is intended for a group setting. You may use choose any number of scenarios you want to address.

1. Provide the group with a conflict management scenario (these can be found on the following page)
2. As a team, have them brainstorm ideas to the questions being asked in the case study.
3. Go through the general discussion questions at the end.
4. Then role-play each activity according to the instructions, and have discussion at the end.

**Discussion:**

- What were you feeling during the exercise?
- How was this exercise helpful?
- Where could you use these strategies in your own daily life?
- What was helpful when hearing your group members responses to the questions?
Conflict Management Scenarios

Scenario 1: Listening

You have been employed at a new company for about six months. A co-worker, David, has been repeatedly sexually harassing you. You have finally had enough and decide to file a complaint with Human Resources. You meet with the HR Director, Monica. During your meeting, she never takes any notes as you speak. She keeps checking her phone and also her Facebook on her laptop. You notice that she is doodling on her notepad. At the end of the conversation, you wonder if she really understood your concern at all.

Questions:

1. Has Monica shown active listening skills?
2. What non-verbal cues has she shown the employee?
3. What could Monica do to be a better active listener?
4. How do you, the employee, feel after the meeting? Do you feel that your concerns were heard?

Role Play: After addressing the questions above, have the group re-do the scenario by role-playing the scenario in the most appropriate way, keeping in mind active listening skills and appropriate behavior in the workplace.

Discussion:

❖ How did role-playing this activity help you strengthen your active listening skills?
❖ How can you apply what you learned today to your daily life?
Scenario 2: Patience

You are part of a team that is preparing a presentation for a major conference. The final meeting on the presentation is this morning at 9 a.m. There are 4 participants: Mia, Julio, James and yourself. You arrive in the meeting room at 8:55 and James is there. Julio arrives at 9:02. You continue to wait for Mia to arrive so you can begin. No one has heard from her. You are getting irritated and feeling anxious. At 9:10 you can feel your muscles tightening and breathing increasing. James and Julio are visibly angry and talking about how stressed they are. You NEED to get this done today. At 9:20, all of you are fidgeting and decide to begin. At 9:23, Mia arrives with no apology or explanation.

Questions:

1. What signs of impatience are the team members displaying?
2. What is the cause of this impatience?
3. What can the team members do to manage their impatience?
4. How does the reaction of the team members make Mia feel when she arrives?
5. How does Mia’s lack of concern for the other team members make them feel?

Role Play: After addressing the questions above, have the group re-do the scenario by role-playing the scenario in the most appropriate way, keeping in mind patience and appropriate behavior in the workplace.

Discussion:

❖ What did you do during the role-play activity to manage your patience?
❖ How can you use what you learned today about patience in your own life?
Scenario 3: Technology

Micky loves to use technology. In fact, he just got the latest smartphone and boy, was it expensive. He loves to use it to listen to music, play games and stay connected with the world. However, sometimes that gets him in trouble. You see, he loves to use social media and to archive his every move, every day! The problem is that he is so known in the social media world and he has shared some pretty private posts. He is worried about his future employment in the business world if they see some of the posts he has shared. So today he decided he is going to start changing how he uses technology in the social media world.

Questions:

1. What are some ways for Mickey to keep himself on track?
2. What are appropriate and inappropriate examples of technology usage for his future employment opportunities?
3. Have you ever had a potential employer search your social media profile?
4. Do you think employers have the right to search the local media posts of employees they may be considering?

Role Play: After addressing the questions above, have the group role play appropriate ways to use their technology.

Discussion:

❖ In what ways do you struggle with your own technology use?
❖ How would you consider changing your own technology use to set a better example to employers?
**Scenario 4: Self-Confidence**

You’re in a meeting with your coworkers, brainstorming ideas for a big upcoming project. Most of your co-worker’s ideas are being rejected by the project leader. He seems to be waiting for that one really great idea. You think you have it, but are afraid of speaking up because the idea of speaking in front of groups is nerve-wracking for you. If your idea is chosen, it would make a great impression with your new manager.

**Questions:**

1. Should you share your idea? Why or why not?
2. What kind of positive self-talk can you use to increase your confidence?
3. What can the team leader do to make the atmosphere more comfortable for sharing ideas?
4. What can you do in the future to help co-workers feel free to share ideas?
5. What can co-workers do for you to help increase your self-confidence?

**Role Play:** After discussing the questions above, have the group role play the scenario above, using positive self-talk, confidence, and assertiveness.

**Discussion:**

- How did it feel to be confident and assertive when proposing your idea?
- In what ways do you struggle with your own confidence and self-esteem?
- How can you apply what you learned today to your daily life?
Scenario 5: Stress-Management

One of your employees needs help with a project that is due soon. You also have another employee who is asking for you to mentor her. You need to meet with the Board of Directors tomorrow for an important quarterly meeting. The board members will be arriving tonight and you need to pick them up from the airport and take them out to dinner. In addition, you have several important presentations to prepare in the morning for the board meeting. You are feeling anxious, tense and having difficulty concentrating and getting things done. You feel pulled in many directions and are feeling very stressed out!

Questions:

1. What signs of stress are you exhibiting?
2. What stress management techniques can you use to calm down?
3. How do you handle multiple tasks at one time? How do you prioritize and decide what is important?
4. How can your employees help?

Role Play: After answering the questions above, role play this scenario using stress management techniques.

Discussion:

❖ What stress management techniques are most helpful for you?
❖ How can you use these stress management techniques in your daily life?
Leisure
Leisure

Leisure is another area of occupation that is important to address with juvenile delinquents. Juvenile delinquents tend to have unhealthy leisure interests such as hanging out with negative peer influences and using drugs and alcohol. Young, Dembo, and Henderson (2007) found that about half of youth in correctional facilities have one or more substance use disorders, with the most common involving alcohol and marijuana.

The Occupational Therapy Practice Framework (OTPF) addresses leisure as an area of occupation and defines it as “any non-obligatory activity that is intrinsically motivated and engaged in during discretionary time” (OTPF, 2014, p. 21). Occupational therapists can help adolescents with leisure exploration and leisure participation (OTPF, 2014, p. 21). In this section, two assessments are identified that can assist clients to explore various leisure activities. Additional interventions address leisure exploration/participation and leisure activities as healthy coping strategies.

The Model of Human Occupation is incorporated into this section using volition as a main component (Turpin & Iwama, 2011). Volition affects how individuals anticipate action, make choices about what action they will engage in, experience action, and give meaning to their actions (Turpin & Iwama, 2011). Adolescents need motivation to engage in leisure occupations of interest. Motivation increases as they find leisure activities they enjoy doing. Assisting adolescents in exploring healthy leisure activities they find meaningful and intrinsically motivating will be key during interventions.
Leisure:
Identifying Leisure Interests
Interest Checklist

**Purpose:** To gain information about an individual’s interests/leisure activities in various categories. This activity will bring awareness of possible leisure activities individuals can engage in and incorporate into their daily routines to promote health and well-being.

**Audience:** Individuals ages 12+

**Time:** 30 minutes

**Directions:** This intervention can be done individually or within a group setting where individuals work separately but side by side. The checklist can be found on the following page.

1. Explain the purpose of the activity and the procedure to complete it
2. Ask the client to place checks in each column to indicate their interest
3. Encourage the client to prioritize their list by circling the 5 most important/realistic activities to participate in.

**Discussion:**

❖ How do you see yourself participating in this leisure activity?

❖ When is it a good time to participate in this leisure activity?

❖ Is this activity something you can do by yourself, or with others? If doing this leisure activity with other individuals, who do you see yourself doing this activity with?

❖ What equipment or material do you need to complete this activity?

❖ If you don’t already own the equipment/supplies needed to engage in this activity, where could you purchase or rent the equipment/supplies?
<table>
<thead>
<tr>
<th>Interest Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Painting</td>
</tr>
<tr>
<td>Woodworking</td>
</tr>
<tr>
<td>Crafts</td>
</tr>
<tr>
<td>Photography</td>
</tr>
<tr>
<td>Cooking</td>
</tr>
<tr>
<td>Hiking</td>
</tr>
<tr>
<td>Camping</td>
</tr>
<tr>
<td>Fishing</td>
</tr>
<tr>
<td>Swimming</td>
</tr>
<tr>
<td>Taking care of a pet</td>
</tr>
<tr>
<td>Hanging out with family</td>
</tr>
<tr>
<td>Hanging out with friends</td>
</tr>
<tr>
<td>Bowling</td>
</tr>
<tr>
<td>Drawing</td>
</tr>
<tr>
<td>Biking</td>
</tr>
<tr>
<td>Playing Board Games</td>
</tr>
<tr>
<td>Listening to Music</td>
</tr>
<tr>
<td>Reading</td>
</tr>
<tr>
<td>Watching T.V./Movies</td>
</tr>
<tr>
<td>Volunteering</td>
</tr>
<tr>
<td>Walking</td>
</tr>
<tr>
<td>Exercising</td>
</tr>
<tr>
<td>Playing Sports</td>
</tr>
</tbody>
</table>
Leisure Card Activity

**Purpose:** The leisure card activity utilizes the cards from the Activity Card Sort. It is intended to help adolescents describe their social, instrumental, and leisure activities. The activity cards can be used to help adolescents pick leisure activities they are interested in by visually looking at the pictures on the cards.

**Audience:** 12+

**Time:** 30 minutes

**Directions:**

1. Adolescents can choose their top 5 activities from the categories of leisure, social, health and fitness, work, and education.
   a. Show the cards one at a time and ask if the adolescent is interested in that particular activity.
   b. After the entire stack of cards is shown, ask the child to identify five activities most important to him/her, and five activities he/she would most like to do.

2. After the adolescent has identified their chosen activities, explore ways in which they can incorporate these activities into their daily lives.

3. The therapist can modify this activity as they see fit for their client through utilizing the activity cards to determine areas of interest.
Discussion:

- How did this activity help you find enjoyable leisure activities you can do?
- What activities can you see yourself doing in your own life?
- How are you going to incorporate these leisure activities into your daily routine?
- What concerns do you have about doing your favorite leisure activities?
- What is the benefit of incorporating these healthy leisure activities into your life?

Leisure:
Planning Leisure Activities

📅
How to Spend My Leisure Time

**Purpose:** The purpose of this activity is to identify healthy ways that adolescents desire to occupy their time. Adolescents have the opportunity to compare the way they desire to spend their time with the way they actually occupy their time and make the appropriate changes.

**Audience:** Adolescents who engage in unhealthy leisure interests or who have few leisure activities they engage in.

**Time:** 25 minutes

**Directions:** On the following page, adolescents will portion off the pie chart to account for the amount of time they wish to spend engaging in certain leisure occupations. The bigger the area portioned off, the more time the adolescent wishes to spend engaging in that occupation. Some examples of items that can go in the pie chart are included on the next page.

**Discussion:**

- How does the pie chart you created compare to how you have been spending your leisure time?
- What are the biggest changes you wish to make?
- How will these healthy leisure choices affect your health and well-being?
How Would I Like to Spend My Leisure Time?

**Here are some ideas to get you thinking…**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Exercising</th>
<th>Socializing</th>
<th>Reading</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participating in sports</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Art &amp; Craft Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Puzzles/Crosswords</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Playing Games</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listening to Music</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteering</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooking/Baking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Watching T.V.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Leisure Calendar

**Purpose:** The purpose of the leisure calendar is for adolescents to plan the leisure activities they are going to participate in each day. If activities are planned, it is more likely that the adolescent will follow through with completing them.

**Audience:** This activity is appropriate for all adolescents who lack the motivation to engage in leisure interests or who have difficulty planning things they like to do.

**Time:** Approximately 20-30 minutes

**Directions:** The client will brainstorm leisure activities they want to engage in weekly or monthly and document them on their leisure calendar. The leisure calendar can be found on the following page.

**Discussion:**

- What types of leisure activities did you plan for yourself to engage in?
- What needs do your leisure activities fulfill (i.e. socialization, alone time, physical activity, mental stimulation, spirituality)?
- How will utilizing this leisure calendar help you to hold yourself accountable for following through with these activities?
- Where will you keep your leisure calendar?
My Leisure Activities

**Purpose:** The purpose of this activity is to get adolescents to think about the variety of benefits that healthy leisure activities produce (i.e. socialization, mental stimulation, creativity, physical activity). In addition, it will help adolescents choose a variety of activities pertaining to these benefits.

**Audience:** This activity is appropriate for all adolescents who are in need of developing healthy leisure activities and for individuals who have trouble identifying healthy leisure activities to engage in.

**Time:** Approximately 30 minutes

**Directions:** The client will read each statement on the following page and identify a leisure activity that fits under the category. A discussion will follow the activity.

**Discussion:**

- What leisure interests did you identify?
  - Discuss the various categories.

- What categories were the most difficult to come up with leisure interests?

- Why is it important to have a variety of leisure interests that meet different needs (i.e. socialization, alone time, physical activity)?

- What leisure interests listed in the activity are you interested in implementing more frequently in your daily life?
My Leisure Activities

A leisure activity I can do alone

________________________________________________________________________

A leisure activity I can do to socialize

________________________________________________________________________

A leisure activity I can do to compete

________________________________________________________________________

A leisure activity I can do for mental stimulation

________________________________________________________________________

A leisure activity I can do to help others

________________________________________________________________________

A leisure activity I can do for physical fitness

________________________________________________________________________

A leisure activity I can do to be creative

________________________________________________________________________
Leisure:
Using Leisure as Coping Strategies
Leisure and Feelings

**Purpose:** The purpose of this activity is to raise awareness of leisure activities being effective as possible coping strategies.

**Audience:** For individuals ages 11+ who have a need to identify positive coping strategies.

**Time:** Approximately 30 minutes.

**Directions:** This intervention is best utilized in a group setting.

1. Pass out paper and pens and have each individual write down 2-3 leisure activities they enjoy. Collect these papers in a basket and set aside.

2. Next, ask the group to brainstorm feelings and emotions they like to feel (i.e. belonging, sense of adventure, love, happiness, accomplishment, etc.).

3. Write down the feelings/emotions the group has identified on the board, leaving space below each.

4. Next, take out the basket of leisure activities the group identified, pull out the papers and read each leisure activity, and ask the group how the activity makes them feel (i.e. how does walking in the park make you feel? Peaceful, relaxed, etc.)

5. List the leisure activities on the board under the appropriate emotions/feelings the group has identified.

6. Lastly, explain to the group that when we feel low or depressed, we are able to get back in touch with these emotions and feelings through the use of the leisure activities identified.
Discussion:

❖ What did you learn by doing this activity?
❖ In what ways was this activity helpful for you?
❖ How can you incorporate healthy leisure activities into your daily life?
❖ When would be the best times to engage in healthy leisure activities?
Social Participation
Social Participation

The occupation of social participation is important to consider when working with juvenile delinquents. As many juvenile delinquents suffer from mental health problems, they may be socially excluded in society and frequently have restricted social networks (Newlin, Webber, Morris, & Howarth, 2015). Adolescents involved with the juvenile justice system often lack the skills needed for participation in positive social activities. These social interaction skills include assertiveness skills, verbal and non-verbal communication skills, and emotional regulation skills. It is also important that these individuals develop strategies to increase their self-esteem in order to successfully engage in social participation.

The Occupational Therapy Practice Framework defines social participation as “the involvement in a subset of activities that involve social situations with others and that support social interdependence” and outlines occupational therapists’ (OTs) role in social participation (OTPF, 2014, p. 21). OTs help individuals build the skills needed to successfully participate in desired engagement in the community, family activities, and those that involve peers and friends (AOTA, 2016). Being socially connected is not only important for psychosocial and emotional well-being, but it also has a positive impact on physical well-being and overall longevity (Webber & Fendt-Newlin, 2017).

The Model of Human Occupation can be implemented through various social participation interventions. These interventions incorporate the components of performance capacity and volition (Turpin & Iwama, 2011). It is important to consider the interpersonal skills needed to communicate effectively with others, and the cognitive
ability to recognize the values of the person, such as self-esteem and self-efficacy. OTs can assist adolescents in building skills such as communication skills and self-esteem, and to instill self-confidence in the adolescent’s abilities, appearance, and actions to help support them to successfully participate in the occupation of social participation (Webber & Fendt-Newlin, 2017).
Social Participation: Warm-Up Activity
Beach Ball Activity

**Purpose:** The purpose of this activity is for group members to share about themselves with their peers. This activity engages the group members in socialization. This activity can also be used to teach adolescents how to have appropriate social interactions and boundaries.

**Audience:** This activity would be appropriate for adolescents who lack engagement in socialization or who tend to have inappropriate socialization interactions and boundaries.

**Time:** Approximately 15-30 minutes

**Directions:** The occupational therapist will purchase a beach ball and write various questions on the beach ball to facilitate social interaction. The beach ball will contain fun get-to-know-you questions, as well as deeper thought provoking questions. Examples of these questions can be found on the following page. To start the activity, the occupational therapist will throw the beach ball to a client. The client will catch the ball and focus their attention to the spot on the ball where their thumbs are placed. The client will choose one of the questions and read it to the group. Afterwards, the client will develop a response to the question. Each participant in the group will then answer the same question. After everyone in the group has answered the question, the client will throw the ball to another client and repeat the process. If the client’s thumbs do not land on a specific question, the client can choose a nearby question to use.

**Discussion:**

- During the activity, the occupational therapist may prompt clients to further explain their answers or ask follow-up questions to facilitate socialization.
Beach Ball Activity

Get to Know You Questions

- What skills would you like to master?
- What is your dream vacation location?
- What is your favorite movie?
- What are 2 positive qualities about yourself?
- What is your favorite hobby?
- What is your greatest strength?
- If you could meet any celebrity who would it be and why?
- What are you most grateful for?
- What is your favorite holiday and why?
- What is your favorite color and why?
- What is your fondest childhood memory?
- What are 2 coping strategies that you implement in times of stress?
- What is your favorite season?
- What makes you smile?
- What is your dream job?
- If you could start over, what would you do differently?
Social Participation: Assertiveness Skills
Assertiveness Quiz

**Purpose:** This activity will help clients gain insight about their current level of assertiveness and explore ways in which they can work on these skills.

**Audience:** 12+

**Time:** 20 minutes

**Directions:** This activity can be done individually or in a group setting.

1. Explain the purpose of the quiz and directions on how to complete the quiz
   a. Explain what the numbers mean at the top of the quiz.
   b. 1 means that you never do/think what the specific question asks
   c. 5 means that you always do/think what the specific question asks
   d. Explain that if they don’t agree with either of the extremes (never, always), that they can pick a number in between that best represents their opinion.

2. Ask them to complete the quiz, and ask questions if needed

3. Once completed, have them add up the numbers on the left-hand column and put the total at the bottom, in the “total” box.

4. Based on their total score, have them read the paragraph below that pertains to their number.

**Discussion:**

❖ What did you learn about yourself when doing the quiz?

❖ What was surprising about your results?

❖ What can you do to help you be more or less assertive in your everyday life?
## Assertiveness Quiz

### Items

<table>
<thead>
<tr>
<th>I ask others to do things without feeling guilty or anxious.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>When someone asks me to do something I don’t want to, I saw “no” without feeling guilty or anxious.</td>
<td></td>
</tr>
<tr>
<td>I am comfortable when speaking to a large group of people.</td>
<td></td>
</tr>
<tr>
<td>I confidently express my honest opinions to authority figures (adults).</td>
<td></td>
</tr>
<tr>
<td>When I experience powerful feelings (anger, frustration, disappointment), I can talk about them easily.</td>
<td></td>
</tr>
<tr>
<td>When I express anger, I do so without blaming others for “making me mad”.</td>
<td></td>
</tr>
<tr>
<td>I am comfortable speaking up in a group situation.</td>
<td></td>
</tr>
<tr>
<td>If I disagree with a most people’s opinions, I can “stick to my guns” without feeling uncomfortable.</td>
<td></td>
</tr>
<tr>
<td>When I make a mistake, I acknowledge (recognize) it.</td>
<td></td>
</tr>
<tr>
<td>I can tell others when their behavior creates a problem for me.</td>
<td></td>
</tr>
<tr>
<td>Meeting new people in social situations is something I do with ease and comfort.</td>
<td></td>
</tr>
<tr>
<td>When discussing my beliefs, I make sure not to call other people’s thoughts “crazy”, “stupid”, or “ridiculous”.</td>
<td></td>
</tr>
<tr>
<td>I assume that most people are competent and trustworthy and do not have difficulty delegating tasks to others.</td>
<td></td>
</tr>
<tr>
<td>When considering doing something I have never done, I feel confident I can learn to do it.</td>
<td></td>
</tr>
<tr>
<td>I believe my needs are as important as those of others and I have a right to have my needs satisfied.</td>
<td></td>
</tr>
</tbody>
</table>

### Total Score

<table>
<thead>
<tr>
<th>Never</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Always</th>
</tr>
</thead>
</table>

---

167
Scoring:

❖ If your total is **60 or higher**, you are consistently assertive and probably handle most situations well.

❖ If your total is **45-60**, you are fairly assertive. There are some situations in which you may be naturally assertive, but you should be able to increase your assertiveness through practice.

❖ If your total is **30-45**, you seem to be assertive in some situations but your natural response is either non-assertive or aggressive. You may want to change some perceptions and practice new behaviors in order to handle things much more assertively in the future.

❖ If your total is **15-30**, you have difficulty being assertive. You need to practice and allow yourself time to grow and change. You can become much more comfortable in situations where assertive yourself is important.

Stand Up for Your Beliefs

**Purpose:** This intervention is intended to help individuals practice asserting themselves and defending their beliefs.

**Audience:** Ages 16+ who may be passive, shy, and have trouble asserting themselves.

**Time:** Approximately 45 minutes

**Directions:** This activity is intended to be used in a group setting

1. Tape a sign saying “NO” to one wall, and a sign saying “YES” to the wall on the opposite end of the room.

2. Place chairs in the center of the room

3. Cut out the questions located on the following page. Place them in a basket and have everyone choose one question.

4. Have each individual write their question on the board (one at a time).

5. Have the individual, or the therapist read the statement out loud, and instruct the class to go to one side or the other (i.e. if they agree with the statement they go to the YES side, if they disagree with the statement, they go to the NO side.

6. Have each person take turns defending their reasons for YES and NO. All group members must respect each other’s beliefs.

7. Debating is NOT allowed as the purpose is to take a risk and state beliefs without the fear of being chastised or mocked.

8. It is okay if individuals stay in the middle, if they neither agree completely with YES or NO.
Discussion:

❖ Have the group members discuss how it felt to take a stand for their beliefs

❖ Ask group members what they learned from this experience

❖ Ask group members how they can see themselves standing up for their beliefs in the future, in other possible contexts.

❖ Ask group members what concerns they may have about standing up for their beliefs.

Adapted from:

Stand Up for Your Beliefs Questions

Cut out these questions to use for the activity. Therapist may leave out some questions, or add questions of their own depending on age of group members and group dynamics.

<table>
<thead>
<tr>
<th>Should parents spank their children?</th>
<th>Should parents argue in front of their children?</th>
<th>Can an alcoholic learn to drink in moderation?</th>
<th>Does one vote make a difference?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Should visible tattoos be allowed in the workplace?</td>
<td>Should the school day start later?</td>
<td>Should kids with failing grades be allowed to play school sports?</td>
<td>Do kids need recess?</td>
</tr>
<tr>
<td>Should people be forced to retire at a certain age?</td>
<td>Should the drinking age be lowered from 21?</td>
<td>Should the death penalty be allowed?</td>
<td>Should abortion be legal?</td>
</tr>
<tr>
<td>Should animals be tested for science?</td>
<td>Should adults have the right to carry concealed guns?</td>
<td>Should gay marriage be legal?</td>
<td>Should there be more gun control laws in America?</td>
</tr>
<tr>
<td>Should the federal minimum wage be increased?</td>
<td>Should the driving age be raised?</td>
<td>Should the words “under God” be used in the Pledge of Allegiance?</td>
<td>Do violent video games contribute to youth violence?</td>
</tr>
</tbody>
</table>
Social Participation: Non-Verbal Communication Skills
Non-Verbal Communication

**Purpose:** This activity is intended to help individuals distinguish different non-verbal communication and will help increase communication and social participation skills.

**Audience:** Ages 12+ who may have difficulty communicating clearly with others or difficulty understanding what others are saying through body language (non-verbal communication). This may be done individually or within a group context.

**Time:** Approximately 25 minutes.

**Directions:** First, ask individuals to identify types of non-verbal communication that they are familiar with. Then provide them with the non-verbal communication worksheet (located on the following page). Have the individuals fill out the worksheet, then prepare for discussion afterward.

**Discussion:**

- What non-verbal communication would you like to be more aware of and why?
- In what ways do you have difficulty figuring out what non-verbal communication other are giving?
- How can you be more aware of your non-verbal communication in the future?
- Have the group *demonstrate* examples of:
  - Happy/excited facial expressions
  - Sad/angry facial expressions
  - Good posture
  - Poor posture
  - Appropriate space between two individuals (1.5- 4 feet apart).
Non-Verbal Communication Worksheet

Non-Verbal Communication: When people send messages to another without using words. Use this guide to find examples of different ways people communicate without words.

**Facial Expressions:**
The way people’s eyes, noses, and mouths convey what they are thinking.
Examples: ________________
______________
______________

**Posture:**
The way people stand or sit, and the position of their shoulders and chin.
Examples: ________________
______________
______________

**Appearance:**
The way people dress, style their hair, do their makeup (how they look).
Examples: ________________
______________
______________

**Space:**
How far apart 2 people stand or how much space they take up.
Examples: ________________
______________
______________

**Gestures:**
How people use their hands, arms, legs, and head to say things.
Examples: ________________
______________
______________

What non-verbal communication would you like to be more aware of, and why?
________________________________________________________________________
________________________________________________________________________
Social Participation: Self-Esteem
Positive Affirmations

**Purpose:** This activity will help individuals build their self-esteem through the use of positive affirmations.

**Audience:** For individuals ages 12+

**Time:** Approximately 30 minutes

**Directions:** This activity can be done individually or within a group setting.

1. Therapist will describe what positive affirmations are and provide examples.
   a. Affirmations are positive statements that you can make about yourself that make you feel better about yourself. They describe ways you would like to feel about yourself all the time, but they may not describe how you are currently feeling.
   b. Examples of positive affirmations:
      i. I feel good about myself
      ii. I am a hard worker
      iii. I take good care of myself
      iv. I am a good person
      v. I deserve to be alive
      vi. Many people like me

2. Have each individual make a list of their own affirmations.

3. Have each individual share one affirmation they have created, or have them write their affirmations up on the board.
4. At the same time, have everybody repeat their affirmation out loud to themselves, several times in a row.

Discussion:

❖ How did writing these affirmations make you feel?
❖ How did saying the affirmations aloud make you feel?
❖ What situations would it be good to pull out your list of affirmations and read them aloud?
❖ How are you going to use this list of affirmations in your daily life?
Self-Esteem Worksheet

**Purpose:** For clients who have problems with negative self-esteem. This is a form of cognitive behavioral therapy in which negative thoughts are turned into positive thoughts.

**Audience:** 12+

**Time:** Approximately 20 minutes

**Directions:** This can be done individually or in a group setting. Have the individuals fill out this worksheet, turning the “instead of” phrases into more positive phrases, like the examples listed. Then have a discussion either individually or within a group setting, about possible positive phrases that could replace the negative phrases.

<table>
<thead>
<tr>
<th>Instead of….</th>
<th>Try thinking…</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’m not good at this.</td>
<td>What am I missing?</td>
</tr>
<tr>
<td>I’m awesome at this.</td>
<td>I’m on the right track.</td>
</tr>
<tr>
<td>I give up.</td>
<td>I’ll use some of the strategies we’ve learned.</td>
</tr>
<tr>
<td>This is too hard.</td>
<td></td>
</tr>
<tr>
<td>I can’t make this any better.</td>
<td></td>
</tr>
<tr>
<td>I just can’t do math (or reading/writing, etc.)</td>
<td></td>
</tr>
<tr>
<td>I made a mistake.</td>
<td></td>
</tr>
<tr>
<td>She’s so smart. I’ll never be that smart.</td>
<td></td>
</tr>
<tr>
<td>It’s good enough.</td>
<td></td>
</tr>
<tr>
<td>Plan A didn’t work.</td>
<td></td>
</tr>
</tbody>
</table>
# Self-Esteem Worksheet

Fill out the missing blanks in the “try thinking” category with more positive thoughts.

<table>
<thead>
<tr>
<th>Instead of….</th>
<th>Try thinking…</th>
</tr>
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<tbody>
<tr>
<td>I’m not good at this.</td>
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</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>It’s good enough.</td>
<td></td>
</tr>
<tr>
<td>Plan A didn’t work.</td>
<td></td>
</tr>
</tbody>
</table>
Toot Your Horn

**Purpose:** Helps individuals boost their self-esteem and look at themselves more positively.

**Audience:** Ages 12+ who have low self-esteem

**Time:** Approximately 25 minutes

**Directions:** This activity can be done individually or within a group setting.

1. Have each member of the group complete the worksheet
2. Once completed, have each individual share at least 2 things with the group

**Discussion:**

❖ How did you feel as you were completing this activity?
❖ Was this difficult or easy for you to complete? Why or why not?
❖ How could you use this activity in your daily life?
❖ When would be a good time to use this activity?
❖ How did this activity benefit you? Or make you feel better?

Adapted from:
www.self-esteem-experts.com
Toot Your Horn Worksheet

1. I like myself because: ________________________________________________

2. I’m an expert at: ___________________________________________________

3. I feel good about: _________________________________________________

4. My friends would tell you I have great: _____________________________

5. My favorite place is: ______________________________________________

6. I am loved by: ____________________________________________________

7. People say I am great at: __________________________________________

8. I’ve been told I have pretty: ______________________________________

9. I consider myself a good: ______________________________

10. What I enjoy most is: ____________________________________________

11. I feel good when I: ______________________________________________

12. The person I admire the most is: __________________________________

13. I have a natural talent for: _______________________________________

14. Goals for my future are: _________________________________________
15. I’ve been successful at: ________________________________

16. I know I will reach my goals because I am: ________________

17. People compliment me about: ________________________________

18. I laugh when I think about: ________________________________

19. The traits I admire about myself are: _________________________

20. I feel peaceful when: ________________________________
Discharge Planning and Follow-Up
Discharge Planning and Follow-Up

Why is Discharge Planning Important?

Discharge and follow-up care is a critical component for clients with mental health problems and substance use disorders. Clients impacted by mental health, substance abuse or co-occurring disorders leaving a treatment program will most likely have a number of continuing health care issues that will need to be addressed (Baron et al., 2008). Proper discharge and follow-up procedures ensures clients continue to build off health gains made during their rehabilitation stay. Discharge and follow-up procedures ensures that clients are properly supported in their transition back into the community, helps link clients to appropriate resources and environmental supports, and minimalize the likelihood of the client to relapse back into offending behavior (Baron et al., 2008). In addition, access to environmental supports can significantly influence recovery from psychiatric illness in adolescents.

Who Should Be Involved in Discharge Planning?

Discharge planning must be a collaborative team approach that should include the client, their family/caregiver(s), and the treatment team which can include the occupational therapist, psychologist, social worker, psychiatrist, councilor, case manager, and any other professionals involved in the care of the client (Baron et al., 2008). In addition, the team should include supports in the community such as peers, relatives, and friends (Baron et al., 2008).
When Should You Implement Discharge Planning?

Discharge planning should begin upon the client’s admission into the community mental health facility and the discharge plan should continue to be updated during the course of the client’s treatment stay with the provider (Baron et al., 2008).

Elements of Successful Discharge Planning

❖ Discharge planning must be client-centered and specifically tailored to the individual.
❖ Discharge planning needs to be comprehensive. This means that all the client’s needs across multiple mental health systems should be addressed.
❖ Discharge planning for adolescents that abuse substances must include the appropriate treatment.
❖ Proper resources are essential to discharge planning.
❖ Discharge plans must be practical and realistic and maximize available community resources for the benefit of the adolescent and their family.

Information to Collect Upon Discharge

❖ Reason for the adolescent’s discharge
❖ Mental health/substance abuse treatment and service needs
❖ Services provided to the client
❖ Primary concerns or problems identified during the treatment stay
❖ Assessment of the adolescents functioning
❖ Referrals for additional treatment
❖ Location in which the adolescent is going to be discharged to
Any other relevant information related to adolescent’s achievement of treatment goals and outcomes

**Follow-Up**

It is recommended to set follow-up appointments with the client and their family for 1 week, 1 month, and 3 months. It is important to involve the family in the discharge and follow-up process. Listed below are possible follow-up question topics. These topics will be individualized based on the adolescent and their past and current history and concerns. Possible follow-up question topics:

- Current status
- Concerns or questions about recovery process
- Resources/supports utilized
- Current family/peer support
- Employment status
- Further assistance with finding a job
- Concerns with school
- School transition process
- Sobriety
- Suicide/self-harm status/concerns
- Substance abuse status/concerns
- Current health issues/depression/anxiety
- Current life satisfaction
- Community mobility/transportation issues/concerns
- Sleep concerns
❖ Current medication management status/concerns
❖ Current leisure activities/concerns
❖ Current resources utilized
❖ Additional resources needed
❖ Additional questions/concerns not addressed

Adapted from:
<table>
<thead>
<tr>
<th>Discharge Plan Checklist</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The client’s strengths, needs, abilities, and preferences at this point prior to</td>
<td></td>
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<tr>
<td>discharge are documented.</td>
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<tr>
<td>The gains from participating in this program and the goals achieved are documented.</td>
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<tr>
<td>Post-discharge needs and issues are identified and conveyed to the adolescent and their</td>
<td></td>
<td></td>
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<tr>
<td>family/caregiver.</td>
<td></td>
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<tr>
<td>Referrals to other agencies for post-discharge needs are made.</td>
<td></td>
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<tr>
<td>Family and caregivers are updated on the adolescent’s needs, and are informed of</td>
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<tr>
<td>resources available, support groups, and other community resources.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff contact information has been given to adolescent and their caregiver.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Designated OT staff has been assigned to follow-up.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow-up dates and times have been set with adolescent and their family/caregivers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community resources have been provided to the adolescent and their family/caregivers.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Adapted from:
References

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Evaluation Tools
**Evaluation Tool for Occupational Therapy Practitioners**

Please consider taking the time to answer the following statements below. The data collected will assist us in modifying the manual to best meet clients’ needs.

1. Overall, I am satisfied with the occupational therapy manual that was created for juvenile delinquents transitioning into the community following incarceration.

   Strongly Agree    Agree    Somewhat Agree    Disagree    Strongly Disagree

2. I found the assessment tools in the manual to be effective in guiding intervention.

   Strongly Agree    Agree    Somewhat Agree    Disagree    Strongly Disagree

3. I found the interventions to be effective in meeting the needs of my clients.

   Strongly Agree    Agree    Somewhat Agree    Disagree    Strongly Disagree

4. I found the discharge and follow up procedures to be helpful in addressing adolescents’ areas of concern.

   Strongly Agree    Agree    Somewhat Agree    Disagree    Strongly Disagree

5. What changes would you recommend for the manual?

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

6. Comments

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
Evaluation Tool for Clients

Please consider taking the time to answer the following statements below. The data collected will assist us in making changes to best meet adolescents needs in the future.

1. Overall, I was satisfied with my occupational therapy experience.
   
   Strongly Agree     Agree     Somewhat Agree     Disagree     Strongly Disagree

2. The activities I engaged in during my occupational therapy sessions met my needs.
   
   Strongly Agree     Agree     Somewhat Agree     Disagree     Strongly Disagree

3. I was provided with adequate resources during treatment and at discharge.
   
   Strongly Agree     Agree     Somewhat Agree     Disagree     Strongly Disagree

4. My follow-up concerns were addressed at the 1 week, 1 month, and 3-month time periods
   
   Strongly Agree     Agree     Somewhat Agree     Disagree     Strongly Disagree

5. What changes would you suggest during the treatment process?
   
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

6. Comments
   
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________