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Occupational therapy at Stable Days: Supporting a Christian Worldview

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Occupational therapy at Stable Days: Supporting a Christian worldview

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Approval Page

This Scholarly Project Paper, submitted by Liz Nerhus and Jordan Mooney 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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Title: Occupational therapy at Stable Days: Supporting a Christian worldview

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Purpose: The purpose of this project was to provide a framework for use by an occupational therapist providing integrated services from a Christian worldview perspective within a faith-based setting.

Methodology: An extensive literature review was completed on the topics of occupational therapy in integrated faith-based settings, with an emphasis on spirituality, experience of practitioners, current tools of the profession, and the basic tenants of the Christian faith. The search databases used included: CINAHL, OTSEARCH, Pubmed, SocIndex, and PsycINFO. The literature review revealed that nearly 80% of Americans identify spirituality as an important part of their life (Williams-Reade, Lobo and Gutierrez, 2018). Within occupational therapy, spirituality is a valued component of a person and should be included in evaluating and treating someone to provide holistic and client-centered care (Maley, Pagana, Velenger & Humbert, 2016). Guidelines for spiritual integration have been outlined in the fields of social work and counseling. However, there are few guidelines in occupational therapy education for spiritual sensitivity and practice. Humbert (2016) introduced a model for integrated spirituality in occupational therapy, but the model does not explicitly provide guidelines for integrating spirituality expressed through a Christian worldview into occupational therapy practice.

Results: A framework was developed for alignment of occupational therapy tools within the Christian faith perspective for a local faith-based institution (Stable Days Youth Ranch). Using Humbert’s Conceptual Model for integrated spirituality as a guide, a
framework for an integrated worldview was developed. The product was organized into six sections which included: an overview of the mission, values, goals, and programming provided by Stable Days Youth Ranch; the population being addressed; an introduction to Humbert’s Conceptual Model; aligning key elements of the Christian worldview emphasized at Stable Days Youth Ranch with each of the five categories of Humbert’s Conceptual Model; a role for occupational therapy in each of Humbert’s categories; and vignettes illustrating the unique role of occupational therapy in providing integrated faith-based services.

**Conclusion:** This project developed a framework for alignment of occupational therapy tools/models within the Christian faith perspective for a local faith-based institution (Stable Days Youth Ranch). This framework can be used as a guide for integrating occupational therapy services into the therapy framework of other Christian faith-based institutions.
CHAPTER I

Introduction

Nearly 80% of Americans identify spirituality as an important part of their life (Williams-Reade, Lobo and Gutierrez, 2018). Guidelines for spiritual integration have been outlined in the fields of social work and counseling. However, there are few guidelines in occupational therapy education for spiritual sensitivity and practice. In the first edition of the Occupational Therapy Practice Framework: Domain and Process (OTPF), spirituality was included as a client factor. The second edition of the OTPF went on to include religious observance as an instrumental activity of daily living (American Occupational Therapy Association [AOTA], 2008). The inclusion of these factors acknowledges spirituality and religious observance as having an impact on our clients’ health, wellbeing, and occupational engagement. In order to provide holistic and client-centered care, spirituality should be included in the evaluation and treatment process (Maley, Pagana, Velenger & Humbert, 2016).

As of 2014, there were over 173 million Christians living in the United States and with the population being over 70% Christian, it is likely that occupational therapists will provide care to someone from this religious background (Alper & Sandstrom, 2016). With no identified guidelines of how to integrate the Christian worldview into therapy, the role for occupational therapy within health care agencies and organizations that provide services from a Christian worldview perspective is limited. Organizations include faith-based nursing homes, counseling centers, rehab facilities, hospitals, and community based programs (Seniorliving, 2018; Adventist Health, 2018). In addition, current best
practices in occupational therapy indicate that integrating culture into practice is important to providing holistic care, however there are no guidelines for addressing spirituality expressed from a Christian worldview perspective for clients or for establishing occupational therapy programming within an organization operating from a Christian faith-integrated perspective. (Christman & Mueller, 2017; AOTA, 2014; Gray, 2015).

Stable Days Youth Ranch is a horse ranch in Grand Forks, ND, where mentorship services are provided to at-risk youth aged 5-17 from a Christian worldview perspective. Children and adolescents of all backgrounds, skills, and abilities are welcome to participate in the ranch activities, as the owners believe all children can benefit from this therapeutic environment. It is common for children and adolescents at Stable Days Youth Ranch to have a history of trauma, with participants struggling with post-traumatic stress disorders, depression, anxiety, reactive attachment disorder, developmental disabilities, and poor self-esteem. When children and adolescents experience trauma, it is common for sensory, cognitive, physical, and even psychosocial impairments to arise. The owners of Stable Days Youth Ranch are interested in expanding services to provide occupational therapy. In order to provide integrated care and occupational therapy services consistent with the mission and vision of the organization, there is a need for a product that aligns tools/models of occupational therapy practice with the Christian worldview perspective. Integrated care refers to the provision of client centered, holistic, and occupation-focused services by an occupational therapist operating from a Christian rather than secular worldview perspective.
Humbert’s Conceptual Model for application of spirituality within occupational therapy practice was chosen to guide the formation of this product and scholarly project. The owners of Stable Days Youth Ranch hope to offer occupational therapy services that are reflective of best practices in the profession while also addressing all aspects of spirituality from a Christian perspective. Humbert’s Conceptual Model provides a philosophical and theoretical foundation that could be utilized and adapted to fit within an integrated faith-based setting from a Christian worldview. Her model includes thoughtful use of activity and intervention, which can be used by a therapist to provide “just-right challenges that promote hope and motivation” (Humbert, 2016, p.130).

Humbert’s Conceptual Model was selected as fundamental components of the model could be easily applied to the population at Stable Days Youth Ranch and connected with the Christian worldview. By outlining the occupational therapy process from within Humbert’s Conceptual Model of spirituality in practice and situating model concepts with the Christian worldview, a framework could be formed for use by occupational therapists to address spirituality in practice. The model outlines five themes common to experiences of spirituality including: occupational meaning and choice, life meaning and purpose, volition and resilience, religious and theological beliefs, and states of being (Humbert, 2016). Chapter II is an overview of the current literature related to how spirituality is currently addressed within occupational therapy practice, the benefits of providing integrated care, the important components of Humbert’s Conceptual Model that relate to this product, and an overview of Stable Days Youth Ranch. Chapter III is a description of the methodology used in the product design and an overview of the influence of the literature review on product formation. Chapter IV is the created product, which includes
an introduction to a Christian faith-based occupational therapy program at Stable Days Youth Ranch. The product was created through use of Humbert’s Conceptual Model as a guide to align current ranch programming with best practices in occupational therapy for the trauma cluster population and the basic tenants of the Christian faith. Chapter V is a summary of the overall purpose of the scholarly project and the product. It also addresses product limitations and includes recommendations for product implementation within appropriate settings.
CHAPTER II

Literature Review

Overview

Spirituality has been identified as an important aspect of a person and their occupational identity. It is included in the Occupational Therapy Practice Framework (OTPF) and defined as a key factor that can affect someone’s occupational performance (Gray, 2015). This literature review provides an overview of the value of integrating spirituality within someone’s care; the distinction between spirituality and religion and implications for practitioners striving to provide integrated faith-based services. An overview of the different worldviews most common in occupational therapy practice are identified and compared to the basic tenants of the Christian faith, also articulated as the Christian worldview. The current nature of faith-based health-services is described and the impact of faith integrated into practice is explored. A broader view of how spirituality is currently addressed within occupational therapy practice is reviewed. Specific attention is given to exploration of Humbert’s Conceptual Model for addressing spirituality in occupational therapy. Current tools of the profession for assessment of spirituality are reviewed including tools for exploration of a client’s spirituality, beliefs, and occupational performance. Current challenges with integrating the Christian worldview into practice are reviewed and precautions and considerations for the Christian worldview application are suggested. Finally, an overview of the mission, purpose and operating
structure of Stable Days Youth Ranch (SDYR), a local Christian faith-based facility is described as the site for product application.

**Value of Spirituality Integration**

Spirituality and religious observance have been identified as valued aspects of the person which influence personhood, roles, routines, and habits. Consideration of spirituality has been an important aspect of the profession of occupational therapy for decades and is associated with the provision of client-centered and holistic care (Gray, 2015). Spirituality has been defined many ways including the relationship of our embodied selves to God, others, the environment and self, which results in a search for meaning and purpose (Christman & Mueller, 2017); and the personal quest for understanding answers to ultimate questions about life, about meaning and about relationship with the sacred or transcendent, which may or may not lead to or arise from the development of religious rituals and the formation of community (AOTA, 2014). The definition of spirituality is unique to each individual but can be understood as a dimension of life that guides meaning, purpose, and perspective to those who identify as religious or spiritual. Spirituality is often loosely defined within literature and there is little direction in how it should be approached in practice. However, the value of addressing spirituality within practice is unmatched, with research showing that addressing client’s spiritual needs is associated with higher quality of life, improved coping, decreased medical care costs, and lower levels of anxiety, stress, and depression (Christman & Mueller, 2017).

Studies show that 50-90% of cancer patients rate spirituality and their faith as being personally important (Stein, Kolidas, & Moadel, 2015). However, there appears to
be a gap between what is important to patients and the kind of care they actually receive. Stein, Kolidas, & Moadel (2015) state that unmet existential needs are ranked as one of the highest supportive care needs in cancer patients. Still, in a study of advanced cancer patients, 72% stated spiritual needs were minimally supported during care (Stein, Kolidas, & Moadel, 2015).

**Spirituality and Religion**

As terms, spirituality and religion are often defined in a similar manner, however, it is important to distinguish the difference between these two concepts. Spirituality is often loosely defined and can be conceptualized as an individual’s subjective perception of something bigger than themselves (Gray, 2015). The term spirituality is not connected to one particular set of beliefs; it can be an all-encompassing and broad term that describes how someone derives meaning from their life. Religion on the other hand can be defined as a specific set of beliefs related to the worship of God or a higher power (Gary, 2015). Religion can be a perspective and foundation for what people express and build their spirituality upon. Spirituality can be expressed across religions and someone can identify with spirituality as an important aspect of their life without it being tied to a certain religion (Gary, 2015). This is an important distinction because spirituality and religion are often linked and talked about interchangeably.

A broad definition of spirituality is beneficial in recognizing it as a client factor, however, there is the need to be specific in order to address the spiritual needs of clients within occupational therapy practice (beliefs may be undefined or centralized upon a belief system/worldview). Without specificity, intervention cannot address needs in a client-centered manner. When the client, therapist, and organization all share in a
common worldview, such as the Christian worldview, there is stronger opportunity for addressing the client’s spiritual needs in a client-centered manner.

**Comparative Worldviews**

Exploration of worldviews underlying expressions of spirituality is helpful to understanding and responding to different individuals. A worldview is the set of beliefs, attitudes and values that shape a person’s view of what is real, moral, who people are and what they should do (Horner, 2011). "A worldview is a commitment… that can be expressed as a story or in a set of presuppositions (assumptions which may be true, partially true or entirely false) which we hold (consciously or subconsciously, consciously, consistently or inconsistently) about the basic constitution of reality, and that provides the foundation on which we live and move and have our being." (Sire, 2009). Sire (2009) explored the tenants of worldviews through consideration of six questions including: the nature of God, the nature of the cosmos, the nature of humans, the ability of humans to know what went wrong in the world, and how to fix it.

There are three worldviews in particular that are helpful to understanding how spirituality is understood and addressed within the occupational therapy profession; these include pantheism, the secular humanistic perspective, and the Christian worldview. Pantheism (from Greek, pan-"all") is a worldview that presupposes all of reality is God. All is God and God is all; there is no distinction between God and everything else (Horner, 2011). In a pantheistic worldview, God is an imminent, impersonal animating force that coexists with all things. All is God, God is all, and all is one. God and the cosmos are the same and mankind is an expression of the divine itself (Poplin, 2014; Horner, 2011). From the perspective of the pantheist worldview, karma is an impersonal
force that embodies the consequences of a person’s choices in this lifetime. Pantheists reach various degrees of spiritual enlightenment by actualizing their god-nature or by becoming increasingly one with the ultimate spiritual reality (Poplin, 2014). This view is most reflective of an eastern perspective but is also evident in the popular spirituality known as new ageism. From this perspective, man does not see himself as a separate entity in the universe but a part of a whole; this is most likely reflective of a collectivist rather than an individualistic perspective. This view has recently been introduced to occupational therapy through the tenants of the KAWA model (Turpin & Iwama, 2011). The ultimate outcome of pantheism is harmony within the universe, and the focus of doing for the individual is to contribute to universal harmony.

The worldview of secular humanism affirms that human beings have the right and responsibility to give meaning to their own lives. This impacts occupational therapy because secular humanism is evident in most perspectives of spirituality identified in occupational behavior models. Although spirituality is mentioned, it is expressed as a concept that is socially or individually constructed. For example, meaning is not expressed as truth, but as experiential. Values are expressed as relative to the individual or the individual’s situation. Secular humanism is not theistic, and relies on human reason and other natural values to inform ethics and purpose in the spirit of reason and free inquiry (Poplin, 2014). Several well-known individuals have expressed this perspective. Albert Einstein states “a man’s ethical behavior should be based effectually on sympathy, education, and social ties and needs; no religious basis is necessary” (Faria, 2015, para. 5). Aristotle also mentions noble individuals who are intelligent, wise, and intrinsically good, who need no education, training, or religion to exercise virtue (Faria, 2015).
Secular humanists refer to these individuals with the belief that man is the measure of all things (Faria, 2015).

In contrast, the tenets of the Christian worldview can be described in propositional statements (Sire, 2009) such as:

1) God is infinite, personal, triune, transcendent, omniscient, sovereign, and good.

2) The cosmos was created, exists and operates in a uniformity of cause and effect in an open system.

3) Humans are created in the image of God and so possess personality, self-transcendence, intelligence, mortality, gregariousness and creativity.

4) Humans can know the world around them and God himself because of a built-in capacity to do so. God takes on an active role in communicating with man, revealing himself in general and special revelation (i.e. through Jesus and the created world).

5) Although created good, the image of God in man was defaced in the fall. With loss of fellowship with the transcendent one, man lost the ability to understand the universe, judge it accurately and to make ‘free’ decisions. There was a loss of intelligence, reasoning, morality, social harmony, and creativity. Man became alienated from God, others, nature and themselves.

6) Through individual appropriation of the sacrifice of Jesus Christ, there is possibility for redemption for each man/woman and restoration to goodness. A spiritual transaction takes place. Redeemed humanity receives substantial (though not complete) healing in every area including personality, self-transcendence, intelligence, morality, social capacity and creativity. God is understood as the
maker, sustainer, redeemer and friend of Christians who live not for self but for God; “to glorify God and enjoy Him forever”.

7) There is an understanding that complete healing occurs after the death of the Christian which also coincides with peace with God and others; this is known as “glorified” humanity.

Coe (2010), describes the central tenants of Christianity using Biblical sources and cites the following fundamental beliefs:

1. That God exists (Hebrews 11:2)
   - To those who believe, everything that exists is evidence of God’s existence (Grudem, 2000, p. 142)

2. Mankind was created in the image of God and they are fundamentally relational beings (Genesis 1:26, 2:18)
   - God created man not because He needed to, but to bring Himself glory (Isaiah 43:7) This guarantees that all of mankind’s lives are significant and important to God Himself.

3. Mankind are sinners saved by grace through the finished work of Christ on the cross (Romans 5:6-10)

4. To those who believe, they are a new creature “in Christ” (2 Corinthians 5:17)

5. That being fundamentally relational, mankind’s ultimate end or purpose in life as relational beings in Christ is loving neighbor and God, glorifying Him forever “so that God may be all in all” (1 Corinthians 10:13; 15:13)
   - To fulfill the purpose for which mankind were created; to glorify God and take delight in Him.
6. That this is only accomplished by being transformed into the image of Christ by means of the indwelling Holy Spirit who, in union with the spirit, desires to fill us with the fullness of His presence (Ephesians 3:17-19; 5:18) so that all life is for the sake of His glory

**The purpose of this scholarly project is not to exhaustively define or defend these beliefs, but to introduce them as a foundation that guides integrated practice from a Christian worldview perspective.

In contrast to secular humanism, the Christian worldview is not determined by mankind but is grounded in the reality of a personal God; presupposing the tenants of the Christian faith and teachings of the Bible determine what is true, moral, and purposeful for mankind (Horner, 2011). God is not viewed as an impersonal force as is expressed in a pantheistic world view; the individual who has adopted a Christian worldview has entered into a relationship that will impact all areas of life. Therefore, many aspects of human expression that are addressed in occupational therapy such as values, habits, routines, and patterns of interest will be impacted. As expressed by Mary Poplin, (2014) a convert from a secular humanistic perspective speaking to other Christians, this worldview involves everything about people trusting God with their life, including their eternal life, and committing themselves to follow Him and His will in obedience for the rest of their lives.

**Current Problems with Integration of the Christian Worldview into Practice**

Because religious beliefs often impact the way individuals cope with suffering, it is important for spirituality to be integrated into practice. Nearly 80% of Americans identify spirituality as an important part of their life (Williams-Reade, Lobo and
Gutierrez, 2018). However, there are few guidelines in occupational therapy for spiritual sensitivity and practice, with no identified guidelines of how to integrate the Christian worldview into the occupational therapy process. There are no studies seeking consensus about guidelines to incorporate spirituality and spiritual care into occupational therapy (Mthembu, Wegner, & Roman, 2018). Therefore, more research is needed to design and develop how spirituality and spiritual care can be incorporated into occupational therapy practice.

An examination of the practice experiences of evangelical Christian occupational therapists revealed that therapists experienced their religious beliefs and practices as a resource for occupational therapy, particularly the relational aspects of practice. Without having their beliefs as a reference point for their work, therapists expressed they would feel like they are not fulfilling their purpose in life (Bray, Egan & Beagan, 2012). Therapists in this study experienced tension as they navigated a primarily secular healthcare system. There are several frameworks offered to exploring one’s own spirituality in occupational therapy, however there are no resources that are specific on how to integrate one’s faith in occupational therapy practice (Bray, Egan & Beagan, 2012). By having more tools of the profession related to how a practitioner can integrate their faith into their practice within a faith-based setting, there would be more uniformed guidance for how a therapist can navigate these challenges.

**Nature of Faith-Based Health Services**

Faith-based health services supported by a Christian worldview perspective can be found throughout the United States. Medical services are provided in settings where the provider and patient’s faith is an integral part of the care (Dyess, 2015). Because of
the unique propositions of the Christian worldview, faith-based organizations that align with a Christian perspective display unique characteristics. Faith-based health services seek to provide care that is holistic; focusing on the mind, body, and spirit. Faith-based services emanate from the core beliefs of the Christian worldview; that God has uniquely created each person, loves them unconditionally, and sent His Son to die for them so they may be rescued from their own brokenness and reconciled to God.

Medical professionals providing faith-based services integrate the Christian faith into their practice. A shared belief in a loving God who wants to be reconciled with people through Jesus Christ is the building block upon which everything starts in an integrated faith-based practice. It guides how the team interacts with one another and how they interact with patients and clients. According to Dyess (2015), many of the holistic and faith-based health care services can be described as “human and loving, the whole team seems to work better to feel better and there’s an emotional wellness that goes I think with the work, with giving selflessly to others. Staff are motivated by God’s love and to shower our patients with that love. Our aim is to show compassion to our patients” (p.221).

Often times faith-based organizations are offering services that are not already being provided in a community (Dyess, 2015). Many faith-based healthcare services provide non-emergency medical care to high risk or high need populations. When faith is central to the mission of the institution, medical practitioners provide services from an integrated worldview, which guides how they think about, view, and treat their patients. For example, Dyess (2015) completed a research study and found that medical providers in these faith-based health organizations believe that the foundation of what they are
doing is to love their patients unconditionally and to provide them with care that is rooted in unconditional love and compassion because they themselves are loved by God in the same manner. As Evans and Devlin (2016) noted, faith-integrated professionalism is the foundation of the medical care provided. There is “an integral relationship between faith and knowledge, or the process of integrating the content of one’s faith with the subject matter of one’s professional discipline” (p.361).

**Impact of Faith-Integrated Practice**

Maley, Pagana, Velenger & Humbert (2016) completed a systematic literature review of studies focusing on clients dealing with major life events and transitions. While this study did not only include studies focusing on a Christian worldview, they found people dealing with a major life event or transition identify spirituality as a means of coping with life circumstances. Throughout rehabilitation, clients found that their belief in God having a bigger plan with their life assisted them in understanding and making sense of life events that were outside of their control, and assisted them in finding the beauty and gift that is hidden within suffering or daily life. This is consistent with the Christian worldview belief that the world is filled with injustice and brokenness, but there is the promise that even from great tragedies, God can bring good. The results of the systematic review confirmed that avenues to and through spirituality, the experience of spirituality, and the meaning of spirituality were all important concepts to clients dealing with major life transitions and can be beneficial to address within occupational therapy due to its meaning to the client. The authors suggest that a treatment approach addressing a client’s spiritual needs in a manner that is consistent with the client’s beliefs from
evaluation to discharge, can positively impact the quality of care provided and result in a more meaningful and therapeutic client experience (Maley et al., 2016).

Professionals working in a faith-based institution are often required to indicate alignment within faith-based ideals and to indicate their own faith as being Christian. An integrated faith-based occupational therapy practice can be a powerful tool to effectively reach others and to provide care that is desired and more meaningful to the client. Having spirituality integrated within occupational therapy practice assists occupational therapists in being able to address this aspect of a person in a way that is holistic and meaningful to the client.

When both client and therapist have the same beliefs regarding spirituality, there is increased client satisfaction with the therapeutic relationship; this is also the case for therapists and their client interactions (Bray, Egan & Beagan, 2012; Evans & Devlin, 2016; Carroll, Stewart-Sicking & Thompson, 2013). By addressing spirituality within practice, occupational therapists can discover what is most meaningful to their clients and collaboratively create client-centered treatment goals and interventions. Integrating spirituality within practice not only increases the quality of care provided to clients, it can also increase work satisfaction and employment attitudes amongst practitioners (Carroll et al., 2013).

When practitioners feel connected to their beliefs and spirituality in their workplace, they report higher rates of satisfaction and a deeper sense of meaning in their jobs (Carroll et al., 2013). Therapists who felt they were ‘called’ to do their work, felt they were a part of something bigger than themselves. Feeling connected to one’s beliefs and values is an important aspect in how people derive meaning from their lives. A recent
study of Christian occupational therapists revealed that therapists rated spirituality as important but were unsure of how to integrate/address spirituality in practice. There is currently a discrepancy between what patients have expressed they want with spirituality being addressed within care and what is currently happening in many clinical settings (Carroll et al., 2013).

**Spirituality in Occupational Therapy**

Most health care professions operate from a secular viewpoint, which defines spirituality as the quality of connectedness to self, others, the world or the divine (Gray, 2015). In occupational therapy literature, spirituality is expressed and manifested through personal narrative, reflections, and actions (Gray, 2015). These components collectively influence one’s sense of self and worldview. Spirituality is expressed within occupational therapy practice, notably through inclusion in occupational behavior models used within the profession and in the Occupational Therapy Practice Framework (2nd and 3rd editions) (AOTA, 2008; AOTA, 2014). The language of these models insinuate that addressing spirituality is useful and beneficial to client-centered occupational therapy practice, however it is not specific in how it should be addressed.

The notion that what people do with their time is important and impacts their wellbeing is commonly stated in occupational therapy theories (Gray, 2015). Religious and spiritual activities are conducted within time and shape a person’s roles, routines, and habits (Humbert, 2016). The second edition of the Occupational Therapy Practice Framework: Domain and Process (OTPF) includes religious observance as an instrumental activity of daily living (IADL) (AOTA, 2008). Religious observance includes, “an organized system of beliefs, practices, rituals, and symbols designed to
facilitate closeness to the sacred or transcendent,” per the framework (AOTA, 2008, p.631). The third edition of the OTPF further defined religious observance to include spiritual activities and expression as an IADL (AOTA, 2014). Spiritual activities are defined as, “activities that allow a sense of connectedness to something larger than oneself or that are especially meaningful” (AOTA, 2014, p.S20). The inclusion of these occupations in the OTPF would suggest that spiritual needs fall into the scope of occupational therapy (Thompson, 2018).

Spirituality affects many aspects of living; religious observance is only one aspect of spirituality. When occupational therapy addresses spirituality, it is often in response to suffering and major life challenges. Egan & Swedersky (2003) identified four themes whereby occupational therapy practitioners address spirituality. The first theme is dealing with clients’ religious concerns by the practitioners considering their clients’ faith and how their belief in a higher power can assist them in dealing with their current suffering. The second theme is addressing clients’ suffering through practitioners holding the value that part of their role is meeting the needs of clients in distress. The third theme is encouraging the clients’ self through practitioners discovering the role the illness or injury is having on their clients’ lives and then exploring occupations that add joy, meaning, and purpose to their life in the midst of their current circumstances. The fourth theme of how spirituality can be addressed within practice is addressing therapist development through practitioners reflecting on their own experiences of helping clients and how it benefits both parties (Egan & Swedersky, 2003). These four themes can be important aspects to consider when integrating spirituality within practice and serve as a
guide for therapists to be able to consider the impact spirituality has within the therapeutic process.

**Humbert’s Conceptual Model for Application of Spirituality for Practice**

Humbert (2016), introduced a conceptual model for application of spirituality to occupational therapy practice that can be utilized and adapted to fit within an integrated faith-based setting from a Christian worldview. Her model includes attention to occupational therapy assessment and thoughtful use of activity and intervention, which can be used by a therapist to provide “just-right challenges that promote hope and motivation” (Humbert, 2016, p.130).

She proposed that several types of activities contribute to spirituality including 1) **meaningful activities** that reflect the ‘fundamental essence’ of the individual, 2) **life meaning activities** which are used therapeutically to assist the client in making sense of painful situations, 3) **activities supporting religious, faith and spiritual practices**, 4) **creative activities** that facilitate spiritual awareness, positively influence health and provide opportunities for transformation, and 5) **occupations of the spirit** that promote spiritual experiences and personal growth.

Humbert (2016) introduced five themes that contribute to spirituality: occupational meaning and choice; life meaning and purpose; volition and resilience; religious and theological beliefs; and lastly, states of being.

**Occupational meaning and choice** can be experienced and understood by clients through their occupational roles, valued activities and rituals, connection to others, and occupational integrity (which is integrating into one’s occupational choices what matters the most to them). Occupational meaning can be based upon someone’s personal
interests, values, and routines and this aids a person in choosing, engaging, and performing in desired occupations. When someone is no longer engaging in meaningful occupations, it can be an important aspect of occupational therapy to reintroduce someone to meaningful activities. This leads to occupational integrity which can be defined as having the occupations that matter the most to someone integrated into their daily lives (Humbert, 2016).

**Life meaning activities and purpose** is another way people can make sense of their spirituality because it can reflect the underlying beliefs about one’s existence and their part in this world, which often is thought about when one is dealing with a life crisis. When people articulate a meaning for their suffering and life, it provides a deeper understanding of their goal and purpose, which aids them in coping with life tragedies. People often choose activities they view give their life a meaning and purpose, which in turn increases overall satisfaction within their different roles and occupations and can be a way people demonstrate their spirituality (Humbert, 2016).

**Volition and resilience** are active components of one’s spirituality and includes the intrinsic motivation to engage in valued life occupations/tasks. If this is lost, it can be addressed within occupational therapy interventions by assisting clients in gaining confidence through structured successes. Volition can be internally or externally facilitated through completing different occupations/activities to instill confidence in people. Engaging in difficult but essential activities is related to a clients’ sense of self, volition, and spirituality. Resilience can be facilitated through engagement in occupations so someone has the ability to persevere through hard and severe circumstances. An
Religious and theological beliefs are incorporated within one’s spirituality because they center on trusting in a higher power to cope with life circumstances to connect with something greater than themselves, and it is often within a larger conceptualization, appreciation, and understanding of one’s life. Spirituality can be explicitly connected with someone's religious and theological beliefs and engaging in activities rooted in one’s religious and theological beliefs is a way many demonstrate and deepen their spirituality (Humbert, 2016).

Activities related to states of being also contribute to spirituality. States of being can be described as someone experiencing life in the present moment (Humbert, 2016). Within this concept, two affective responses found in people who are engaging in a meaningful activity within one’s spirituality are joy and flow (timelessness). Participating in valued occupations can elicit both joy and flow, which can enrich someone’s life during many different seasons of life. When being in different states of being, everyday experiences can be viewed as being spiritual and through this can add meaning to one’s life (Humbert, 2016).

Humbert’s (2016) principles for intervention include focusing on the just-right challenge and promoting hope and motivation. The just right challenge is defined as finding a balance between a client’s current skill level and challenging them enough to maximize their participation and engagement in meaningful activities (Humbert, 2016). Promoting hope and motivation in clients can be done through believing in the client’s skills and abilities to provide optimism in the client, which in turn can foster their
motivation. Providing clients with interventions and tasks that result in success allows the therapist to orchestrate hope in a client (Humbert, 2016). A hopeful client, according to Humbert (2016), is able to achieve maximal benefit from the therapy process.

Humbert (2016) identified four aspects of spirituality that should be considered in the therapy process including: 1) **honor and respect**; 2) **selection of occupations and routines**, 3) **identity formation and strength**, and 4) **incorporated spirituality**. **Honor and respect** describes the approach of having a commitment to the client and recognizing the spiritual qualities both the client and therapist can bring to the therapy process. This concept goes beyond the idea of recognizing the humanity of clients and requires the therapist to acknowledge the client’s goals, desires, and motivation for therapy and to incorporate those into the therapy process. While not all occupations being addressed within therapy will be overtly connected to spiritual practice, having honor and respect requires the therapist to acknowledge the spiritual nature of activities and the possible impact they can have on a client. (Humbert, 2016).

**Selecting occupations and routines** moves beyond honor and respect by allowing the practitioner to select from a variety of occupations that are meaningful to the client and considered spiritual in nature. It provides an opportunity to further support clients by intentionally addressing occupations to enhance their quality of life and provide meaning to the client through engaging them in spiritually meaningful activities (Humbert, 2016). According to this model, **identity formation and strength**, the third aspect of spirituality within occupational therapy practice, involves promoting the use of occupations to assist a client in framing their identity. Engaging in a meaningful and spiritual occupation can be a means to transform, heal, and develop resiliency. The
practitioner must demonstrate sound clinical reasoning to select appropriate occupations to address strength and identity formation through the client’s engagement in occupations (Humbert, 2016).

Humbert’s fourth aspect of incorporated spirituality is the pinnacle of integrated practice because it involves directly engaging in spirituality with the client. During the therapy process the client and therapist focus on spirituality collaboratively and explicitly by tailoring interventions that align with being spiritual for the client and therapist (Humbert, 2016). Applying Humbert’s Conceptual Model within an integrated faith-based setting where both therapist and client have a Christian worldview, and engaging specifically in occupations identified as having religious and spiritual meaning can promote occupational engagement, spirituality, and finding meaning and one’s identity (Humbert, 2016). All four of these aspects of spirituality can be including within the assessment and intervention process to better assist in integrating a Christian worldview of spirituality within a faith-based occupational therapy practice.

Tools of the Profession

Humbert (2016) asserts that the process of applying spirituality to practice should include use of assessments, life narratives, and observations to gather information about a client and the people in their lives to guide the therapy process. Open-ended questions exploring the client’s life narrative are identified as helpful to support the client’s personal beliefs, values, and worldview. Additionally, a number of assessments have been identified in the literature which might assist occupational therapists in measuring spirituality within clients. With there being a limited amount of assessments that address aspects of spirituality, not all of the following assessments have been used with children
and adolescents so it is up to the practitioner’s discretion if they will be appropriate to use with different populations. They include the Sanctification of Work Scale; Spiritual Transcendence Scale; the Faith and Belief, Importance, Community, and Address in Care Assessment (FICA); Ingleside Skilled Nursing and Rehabilitation Center Assessment Tool; Spiritual Assessment Guidelines by Schnorr; The Multidimensional Measurement of Religiousness/Spirituality for Use in Health Research; and the OT Quest (Hemphill, 2015; Carroll et al., 2013; Gary, 2015).

The Sanctification of Work Scale (SWS) was developed from the Sanctification of Marriage Scale and adapted for employment research (Carroll et al., 2013). The SWS consists of two subscales: first, the Manifestation of God Scale has 11 items which ask an individual to rate items such as “God is present in my work; My job is consistent with my spiritual or religious identity”. The second subscale is the Perceived Sacred Qualities and this has 10 items in which respondents are requested to indicate the degree to which descriptive words such as “Holy, Inspiring, Spiritual, Religious, Miraculous, Sacred” describe their current job. Unlike other assessments, this one does specifically address spirituality from a Christian perspective within the workplace (Carroll et al., 2013).

The Spiritual Transcendence short form measures the participants’ spiritual beliefs in a general manner and not tied to a certain context or environment. This is different from the SWS which measured the application of their spiritual beliefs to a specific area of daily functioning (Carroll et al., 2013). The FICA is another spiritual assessment which asks a series of questions about patients’ faith, the importance of their beliefs, if they belong to a spiritual community, and if there are spiritual practices they wish to develop. Through these questions, the FICA examines four concepts: faith or
beliefs, importance, community, and address (how one addresses their spirituality). This spiritual assessment is also not tied to a specific context or environment and can be utilized more generally than the SWS (Hemphill, 2015; Carroll et al., 2013).

The Ingleside Skilled Nursing and Rehabilitation Center Assessment tool was constructed upon the underlying premise that people search for meaning in life up until the moment of death. This tool can be used to assess the meaning of a higher power and comes from a secular point of view (Hemphill, 2015). An alternative spiritual assessment that was designed for a specific religion is the Spiritual Assessment Guidelines by Schnorr. This assessment was initially designed for persons of the Quaker faith but has also been adapted to assess spirituality within different faiths. The questions ask about the source of spiritual strength, meaning and purpose, love and relatedness, forgiveness, hope, effects of illness, and religious affiliation (Hemphill, 2015).

The Multidimensional Measurement of Religiousness/Spirituality for Use in Health Research is a research instrument available free of charge from the Fetzer Institute. The constructs examined that relate to health care are daily activities, spiritual experiences, meaning, values, beliefs, forgiveness, private religious practices, religious/spiritual history, commitment, organizational religiousness, and religious preference. The assessment is available in a short or long form, as the entire assessment does not have to be administered to obtain valid results (Hemphill, 2015). The OT Quest is another spiritual assessment that could be beneficial in measuring spirituality with clients. It is a tool developed to assess spirituality based on 5 themes: spiritual, being, meaning, intention, and expression. These themes are then divided into 2 different
categories of facilitators and barriers, however there is no known documentation of its use with patients currently receiving occupational therapy (Gray, 2015).

These assessments cover many dimensions of spirituality ranging from measuring the application of spiritual beliefs to a specific area of daily functioning, an individual’s source of spiritual strength, meaning and purpose, love and relatedness, forgiveness, hope, effects of illness, and religious affiliation. Spiritual assessments typically take the form of interviews, questionnaires, and inventories since spirituality is different from person to person. Most of these spiritual assessments are not affiliated with any one belief. This allows for them to be utilized with a wide population however relies on the client to share their own meaning of spirituality and how it affects and shapes their daily life, as well as identify the facilitators and barriers to engage within one’s spirituality (Hemphill, 2015; Carroll et al., 2013; Gary, 2015).

**Precautions/Considerations for the Applied Christian Worldview**

Precautions and considerations emerged from the literature which provide guidance for creating a product to integrate the Christian worldview with occupational therapy practice. Bray, Egan & Beagan (2012) found that practicing evangelical Christian occupational therapists censored themselves and were afraid people would think they were proselytizing if they integrated their faith into practice. The intent of services should be clear and Christian worldview welcomed in order to ensure someone is not pushing personal interpretations and beliefs on others. It is important that an integrated Christian occupational therapy practice is appropriate for the desired population; they need to know they are seeking care from a Christian organization operating from a Christian worldview and have the opportunity to choose or decline this care option. Additionally, it is
important for an integrated Christian healthcare service to be transparent and for the targeted population to be aware that they are getting a Christian service. Another consideration that Lodge Haynes (2017) found is that Christians can be reluctant with wanting to seek health care believing it requires a faith/spiritual answer. She found that 75% of Christians supplement prayer with medical interventions and used it as a substitute to seeking out health care treatment (Lodge Haynes, 2017).

**Stable Days Youth Ranch**

Stable Days Youth Ranch is an organization in the Grand Forks, ND area that provides an integrated faith based mentorship program to adolescents and young adults (Lester, B. & Lester, C., n.d.). Stable Days Youth Ranch (SDYR) is a horse ranch that began in 2011 to provide local youth (ages 5-17) with an opportunity to discover their personal development in an environment where faith can be shared for the purpose of unfolding potential and helping in the finding of each person's unique value and place. While at the ranch, children of all abilities can interact with other children, staff, and horses through a variety of activities, adventures, and responsibilities. The development of SDYR is based upon the desire to serve God through faith in action at the ranch. Their vision and statement of faith is:

“Stable Days Youth Ranch is a faith-based organization. The Founders, Board of Directors, and staff believe that Jesus Christ is the one true Son of God, Savior, Redeemer, and coming King. We believe the Bible is the inerrant Word of God. It is our privilege and utmost desire to serve God through the programs of Stable Days and to boldly demonstrate our faith through our words and actions. We are honored to serve volunteers and participant’s, regardless of personal
finances, social standings or faith related backgrounds, with the endless grace and new mercies that have been so freely given to us by our generous and good God!”  
(Lester, B. & Lester, C., n.d.).

This ranch provides services for children and adolescents from all backgrounds with many getting referred by psychiatrists, therapists, social workers, school counselors, or legal guardians. Children and adolescents of all backgrounds, skills, and abilities are welcome to participate in the ranch activities as the owners believe all children can benefit from this therapeutic environment. It is also not a requirement for a child to have a specific religious background or affiliation to be involved in the programming. However, the ranch was founded on the healing benefits witnessed when children with trauma experience the love of Jesus Christ in the context of the equine and ranch activities. It is common for children and adolescents at SDYR to have a history of trauma, with participants struggling with post-traumatic stress disorders, depression, anxiety, reactive attachment disorder, developmental disabilities, and poor self-esteem. When children and adolescents experience trauma, it is common for sensory, cognitive, physical, and even psychosocial impairments to arise.

The curriculum is rooted in the Christian worldview and tenants of the Christian faith. Clients are given opportunities to explore activities at the ranch and have the opportunity to connect these with a greater sense of purpose. Children participate in many hands-on activities at the ranch including horse care, horseback riding, care for other animals, gardening, canoeing, games, and crafts. Mentors meet the participants where they are and make goals for each child depending on the child’s current needs. Through hands-on activities and a meaningful relationship with their mentor, children are provided
with opportunities to explore their identity and make sense of the world around them. They are also challenged to learn their unique value and integrate various aspects of their lives into a congruent identity. All participants are presented with the basic structure of the Christian worldview during activity participation at the ranch; they are provided opportunities to learn about God as creator, to learn about sin as a concept of falling short of one’s intended potential; and will have opportunity to reach out to Jesus as Savior and enter into a relationship with Him as Lord. The concepts of forgiveness from God and forgiveness to others are stressed, along with love, trust, and obedience. Other basic concepts that are stressed at the ranch across various activities are the importance of being uniquely created by their Heavenly Father, people can find meaning and purpose through learning about their identity as a child of God, and people can find healing through being in an environment where they can freely explore God’s creation and be surrounded by people who are willing to mirror Jesus’ love towards them. It is presumed that God is real and takes initiative to communicate with people, therefore healing that occurs is attributed to a spiritual reality rather than specific therapeutic processes used by trained professionals.

As with many faith-based organizations, it is important to the organization’s mission that mentors have a faith in Jesus Christ and live in such a way as to be a living example to all those served by the ranch. Training for the mentorship position is variable and dependent on personal experiences with horses and whether or not potential mentors have experience working with the population of children and adolescents with special needs. With the program being dependent on the individual skill set of each mentor, training is determined on a one-on-one basis with seasoned mentors or the owners.
spending time with each mentor to ensure they learn all the required skill sets necessary to be successful (Lester, B. & Lester, C., n.d.).

The ranch serves children of all backgrounds with the root of the therapeutic relationship being unconditional love and grace given by God to staff and clients alike. While engaging in tasks, children are able to grow physically, emotionally, spiritually, and intellectually. (Lester, B. & Lester, C., n.d.). The owners of SDYR have expressed interest in occupational therapy services but seek services that will support a Christian worldview while extending and complementing the value of existing services. The owners believe that inclusion of occupational therapy as a ranch service has the potential to increase the quality of care provided at the ranch and offer a unique holistic and therapeutic service to children within the community.

**Conclusion**

In summary, many occupational therapy practitioners acknowledge and respect the role of spirituality and religion in the lives of clients but do not provide integrated care because there is not a model of practice developed for the specific worldview being addressed. Spiritual care means attending to the whole person, which includes the spiritual dimensions of one’s experiences (Mthembu et al., 2018). There is a gap between theory, education, and practice regarding spiritual care in the field of occupational therapy. Further, there is no consensus regarding guidelines to incorporate integration of spirituality and spiritual care into occupational therapy education although it is, “imperative that students acquire skills” in these areas. There is a need for the development of guidelines for integrating spiritual care in health care education and practice (Mthembu et al., 2018). Availability of such a model would be helpful to the
occupational therapists seeking to provide integrated faith-based services to a Christian faith-based organization such as Stable Days Youth Ranch. There is a specific need for a guiding framework for therapists wishing to provide services from the perspective of a Christian worldview.
CHAPTER III

Methodology

In creating this scholarly project, there were many steps taken. The initial phase was to identify a local Christian faith-based organization, Stable Days Youth Ranch, that was seeking to expand their services to include occupational therapy. The hope of the agency was to offer occupational therapy services that were reflective of best practices in the occupational therapy profession while also addressing all aspects of spirituality from a Christian perspective. Through the assistance of the UND SMHS librarian, several search engines, including: CINAHL, OTSEARCH, Pubmed, SocIndex, and PsycINFO were identified to locate pertinent literature. Articles were located and were read and analyzed by the product authors as to their pertinence to the chosen topic. Once all articles were read by both student authors, each article was analyzed in regard to strength of evidence, and pertinence to the topic. From there, an outline for the literature review was created.

The literature review begins with an overview of the value of integrating spirituality within someone’s care; the distinction between spirituality and religion and what that means for practitioners striving to provide integrated faith-based services. This overview provided concepts for the product overview, giving the reader an orientation to the value and need for a product integrating occupational therapy services within a faith-based organization. An overview of various worldviews most common in occupational therapy practice are identified and compared to the basic tenants of the Christian faith,
also articulated as the Christian worldview. This aspect of the literature was used in the product to articulate a framework for the basic concepts of the Christian worldview that could be aligned with an occupational therapy conceptual model of spirituality. The current nature of faith-based health services was described in the literature and the impact of faith integrated into practice was explored. This provided a foundation for the reader to appreciate that the outcomes of a Christian faith-based organization would differ from that of an organization whose values are framed from a different worldview perspective, such as secular humanism. This set the stage to articulate the differences in value orientation and general operating principles for Stable Days Youth Ranch. A broader view of how spirituality is currently addressed within occupational therapy practice was reviewed. Specific attention was given to exploration of Humbert’s Conceptual Model for addressing spirituality in occupational therapy. This model served as a grounding framework for identifying aspects of spirituality important for addressing from the perspective of the occupational therapy role. Current tools of the profession for assessment of spirituality were reviewed including tools for exploration of a client’s spirituality, beliefs, and occupational performance. Several of these tools were integrated into the final project section aligning assessment tools with Humbert’s spiritual activity categories. Current challenges with integrating the Christian worldview into practice were reviewed and precautions and considerations for Christian worldview application were suggested. These challenges and precautions were taken into consideration in developing general guidelines for product use.

For the sections describing Stable Days Youth Ranch, conversations were had with the owners of the ranch, as well as research on how they were founded, what
population they serve, and their mission and values as an organization. Throughout this process, the owners were consulted to provide feedback and ultimately approval of the sections of the product pertaining to programming provided at Stable Days Youth Ranch, in order to ensure that the organization was fairly represented.

After the product was created, a table was constructed to align the fundamental aspects of the product together. The table provided an overview of the concepts of each of Humbert’s categories, then aligned the concepts to the needs of the identified population, the associated concepts of the Christian worldview, current Stable Days Youth Ranch programming relative to each category, relevant occupational therapy assessments in each category, and the role of an occupational therapist within direct intervention, education, consultancy, and advocacy. The table was utilized as a guide for product refinement and a visual overview of the key sections of the product. To additionally articulate the role of an occupational therapist at Stable Days Youth Ranch, five vignettes were created to represent direct intervention, education, consultancy, and/or advocacy services that might be provided and therapist reasoning strategies employed relative to each of Humbert’s categories related to spirituality. After each one of the vignettes were created, a third draft of the product was formed utilizing different sections to clearly articulate how an occupational therapist can connect current tools of the profession with existing programming at Stable Days Youth Ranch.

After the product was created, both writers re-addressed the literature review and added information on topics currently missing to fully inform the product, such as information on the different categories of Humbert’s Conceptual Model. Throughout the entire process of creating this scholarly project, both writers consistently met with each
other, as well as with an advisor, who provided guidance and was a sounding board for clarifying project ideas.
CHAPTER IV

Product

Introduction: Christian faith-based Occupational Therapy at Stable Days

This product was created to give the Christian occupational therapist a road map for integration of the Christian worldview across all aspects of the therapy process. With no current model or framework in place for how an occupational therapist would provide integrated faith-based services, this product uses current tools of the profession for spirituality integration to outline a Christian faith-based occupational therapy program. This guide articulates how a Christian occupational therapist could work effectively within the local Christian faith-based organization of Stable Days Youth Ranch. Through use of the guide, the therapist is able to fully integrate his/her personal identity as a Christian and professional identity as an occupational therapist with the Christian faith-based mission of the organization.

Nearly 80% of Americans identify spirituality as an important part of their life (Williams-Reade, Lobo and Gutierrez, 2018). Guidelines for spiritual integration have been outlined in the fields of social work and counseling. However, there are few guidelines in occupational therapy education for spiritual sensitivity and practice. In the first edition of the *Occupational Therapy Practice Framework: Domain and Process* (OTPF), spirituality was included as a client factor. The second edition of the OTPF went on to include religious observance as an instrumental activity of daily living (American Occupational Therapy Association [AOTA], 2008). The inclusion of these factors
acknowledges spirituality and religious observance as having an impact on our clients’ health, wellbeing, and occupational engagement. In order to provide holistic and client-centered care, spirituality should be included in the evaluation and treatment process (Maley, Pagana, Velenger & Humbert, 2016).

As of 2014, there were over 173 million Christians living in the United States and with the population being over 70% Christian, it is likely that occupational therapists will provide care to someone from this religious background (Alper & Sandstrom, 2016). With no identified guidelines of how to integrate the Christian worldview into therapy, the role for occupational therapy within health care agencies and organizations that provide services from a Christian worldview perspective is limited. Organizations include faith-based nursing homes, counseling centers, rehab facilities, hospitals, and community based programs (Seniorliving, 2018; Adventist Health, 2018). In addition, current best practices in occupational therapy indicate that integrating culture into practice is important to providing holistic care, however there are no guidelines for addressing spirituality expressed from a Christian worldview perspective for clients or for establishing occupational therapy programming within an organization operating from a Christian faith-integrated perspective (Christman & Mueller, 2017; AOTA, 2014; Gray, 2015).

Stable Days Youth Ranch is a horse ranch in Grand Forks, ND, where mentorship services are provided to at-risk youth aged 5-17 from a Christian worldview perspective. Children and adolescents of all backgrounds, skills, and abilities are welcome to participate in the ranch activities, as the owners believe all children can benefit from this therapeutic environment. It is common for children and adolescents at Stable Days Youth Ranch...
Ranch to have a history of trauma, with participants struggling with post-traumatic stress disorders, depression, anxiety, reactive attachment disorder, developmental disabilities, and poor self-esteem. When children and adolescents experience trauma, it is common for sensory, cognitive, physical, and even psychosocial impairments to arise. The owners of Stable Days Youth Ranch are interested in expanding services to provide occupational therapy. In order to provide integrated care and occupational therapy services consistent with the mission and vision of the organization, there is a need for a product that aligns tools/models of occupational therapy practice with the Christian worldview perspective. Integrated care refers to the provision of client centered, holistic, and occupation-focused services by an occupational therapist operating from a Christian rather than secular worldview perspective.

Humbert’s Conceptual Model for application of spirituality within occupational therapy practice was chosen to guide the formation of this product and scholarly project. The owners of Stable Days Youth Ranch hope to offer occupational therapy services that are reflective of best practices in the profession while also addressing all aspects of spirituality from a Christian perspective. Humbert’s Conceptual Model provides a philosophical and theoretical foundation that could be utilized and adapted to fit within an integrated faith-based setting from a Christian worldview. Her model includes thoughtful use of activity and intervention, which can be used by a therapist to provide “just-right challenges that promote hope and motivation” (Humbert, 2016, p.130). Humbert’s Conceptual Model was selected as fundamental components of the model could be easily applied to the population at Stable Days Youth Ranch and connected with the Christian worldview. By outlining the occupational therapy process from within
Humbert’s Conceptual Model of spirituality in practice and situating model concepts with the Christian worldview, a framework was formed for use by occupational therapists to address spirituality in practice. The model outlines five themes common to experiences of spirituality including: occupational meaning and choice, life meaning and purpose, volition and resilience, religious and theological beliefs, and states of being (Humbert, 2016).

This product was created based on an extensive literature review including the value of integrating spirituality within someone’s care and the distinction between spirituality and religion and what that means for practitioners striving to provide integrated faith-based services. A worldview perspective was explored and the basic tenants of the Christian worldview identified. The current nature of faith-based health services was explored along with the impact of faith-integrated practice. A broader view of how spirituality is currently addressed within occupational therapy practice was reviewed. Specific attention was given to the exploration of Humbert’s Conceptual Model for addressing spirituality in occupational therapy. Current tools of the profession for assessment of spirituality were reviewed including tools for exploration of a client’s spirituality, beliefs, and occupational performance. Current challenges with integrating the Christian worldview into practice were identified and precautions and considerations for the Christian worldview application were suggested. Overall the literature search validated the need for a tool to enable occupational therapists to provide meaningful integrated faith-based services to clients, and especially those receiving care in a Christian faith-based setting.
An integrated faith-based approach to therapy services includes an understanding on the part of the occupational therapist and the recipients of therapy that the services offered are congruent with the Christian worldview. As was mentioned above, the worldview that is accepted as shaping the healthcare experience affects the way one views life, death, value, surrounding environments, personal characteristics/attributes, relationships, and the meaning and purpose of life. When the Christian worldview is the point of reference, as opposed to a secular humanistic perspective or an alternative spiritual worldview perspective, the healthcare experience is altered.

Product Overview

The first section of the guide is an overview of the mission, values, goals, and programming provided by Stable Days Youth Ranch. The second section describes the population addressed, with particular attention to children and adolescents who have experienced a traumatic event as a population focus. Four specific diagnoses within the trauma cluster are described in detail including specific symptoms and characteristics associated with each diagnoses. Section three introduces Humbert’s Conceptual Model for application of spirituality in occupational therapy. Five key aspects of spirituality are discussed including occupational meaning and choice, life meaning and purpose, volition and resilience, religious and theological beliefs, and states of being. Each of Humbert’s categories are then aligned with the needs of the clients served, illustrating the relevance of Humbert’s Conceptual Model for the targeted population. Section four aligns key elements of the Christian worldview that are emphasized at Stable Days Youth Ranch with each of the five categories of Humbert’s Conceptual Model, and also provides examples of therapeutic activities provided at Stable Days Youth Ranch that support
Christian worldview. **Section five** illustrates a potential role for occupational therapy in each of Humbert’s categories, and aligns the services provided with selected aspects of the Christian worldview that are supported at this local ranch. Suggestions for occupational therapy assessment and intervention are proposed in each category, and a role for occupational therapy in direct intervention, education, consultancy and advocacy explored for each. **Section six** provides a vignette to illustrate an occupational therapy role for each aspect of spirituality, demonstrating the alignment of guidelines for product use with assessment tools and intervention strategies.

**Guidelines for Product Use**

This product is meant to be used within the context of the general operating guidelines of the Christian organization of Stable Days Youth Ranch. It is presumed that the principles of the Christian worldview as interpreted by the Christian organization will guide all questions of reality orientation. For example, it is assumed that God is real, that He does interact within both the physical and spiritual dimension to intersect with the lives of both the clients and the employees and volunteers at Stable Days Youth Ranch. As such, God is invited into all aspects of the therapeutic experience of those participating to the degree requested or agreed upon by the consumer (or caregiver of the consumer). For example, activities related to spirituality such as prayer, Bible reading, and sharing of personal stories relating to God’s intervention in one’s life is encouraged across all spirituality dimensions. It is presumed that the Holy Spirit is real and plays an active role in the healing process.

Informed consent will be obtained from the child or adolescent’s parent or guardian to ensure they are aware of the services being provided at Stable Days Youth Ranch.
Ranch, and want integrated occupational therapy services to be provided to their child/adolescent. It is also important that the occupational therapist gathers a thorough assessment of the child/adolescent and provides intervention, education, consultancy, or advocacy that is appropriate to what the client has expressed to want to work on. This product is a tool to be utilized within an established Christian organization and used as a way for an occupational therapist to provide services that align with the organizations’ beliefs, values, and mission/vision statements. This product is not intended to be used in all settings and with all populations, it is up to the therapist’s and operating facility’s discretion as to whether integrated faith-based occupational therapy services are appropriate.
Section One: Stable Days Overview

The mission of Stable Days Youth Ranch (SDYR) is based upon a Biblical text that integrates faith and service: “Religion that God accepts as pure and without fault is this: caring for orphans or widows who need help, and keeping yourself free from the world’s evil influence” (James 1:7). Their motto, “Grins, Grit, and Grace” is a picture of a robust mentorship program offering equine and agriculture based mentoring to youth ranging from 5 to 18 years old (Lester, B. & Lester, C., n.d.). The overall goal of this program is to create a balanced combination of hard work, hilarity, wellness, and passion to their clients all the while being a place the child or adolescent can experience new learning, adventure, support, and respite. The frequency of the programming varies and might occur only once or every week depending on the needs of the child/adolescent. The availability of staff and the needs identified through an intake questionnaire/application filled out by the case manager or guardian also impact programming decisions. It is the mission of this ranch to “inspire participants, to encourage them to seek after truth, and to continually seek out opportunities to serve others through nurture and love” (Lester, B. & Lester, C., n.d.).

All participants in this program have the option to accept or decline the use of faith-based activities throughout sessions. Declination does not alter the protocol for mentor preparation, which includes private prayer for each child/adolescent prior to the session and the mentor’s perspective of the child as created, valued and loved by God. (Lester, B. & Lester, C., n.d.). The programming utilizes agriculture, art, nature, adventure, and the unique characteristics of horses to accomplish goals that are designed and set based on each participant’s unique life story. Throughout this mentorship process,
the mentors strive to facilitate intellectual, social, physical, spiritual and emotional learning and development. The program emphasizes use of encouragement and participants have the freedom to make decisions, choices and even mistakes as they discover unexpected friendships, new capabilities and an enthusiasm for life. Experiencing authentic peace and nurturing a heart of thankfulness, children can accept the freeing truth that life is often both hard and good (Lester, B. & Lester, C., n.d.).

SDYR provides a unique service in the greater Grand Forks area where children and adolescents of all backgrounds can come and learn that they are loved and valued, and can engage in various activities to explore personal identity. SDYR is one of many Christian-based settings that might benefit from the inclusion of occupational therapy services provided from a Christian worldview perspective. A partnership between SDYR and occupational therapy would allow program participants to expand their knowledge and skills from a sole focus on spirituality to also learn skills and develop abilities for success in everyday life, such as ADL and IADL skills, social participation and pre-work preparation. An additional outcome is the child’s experience of joy or life satisfaction despite experiencing challenging circumstances.
Section Two: Population Description

Children and adolescents seeking services at SDYR come from all walks of life, however it is common for many of the participants in their programming to have a background of some sort of trauma. Many of the participants have been removed from their homes and are now in foster homes, living with relatives or some other guardian appointed by the state, or currently in a juvenile correctional center. The children and adolescents all have their own unique story and backgrounds, with many of them experiencing neglect and/or emotional, physical, psychological, or sexual abuse. Because of this, common diagnoses seen are generalized anxiety disorder, post-traumatic stress disorder, major depression disorder, and reactive attachment disorder. While all of these diagnoses have similarities and oftentimes surface after the experienced trauma, each one of the diagnoses identified has different implications for the implementation of occupational therapy services.

According to the DSM-V, the common characteristics of generalized anxiety disorder (GAD) are excessive anxiety and worry more days than not for at least six months, as well as at least three of the following symptoms: restlessness, fatigue, difficulty concentrating, irritability, muscle tension, trembling, and sleep disturbance (American Psychiatric Association, 2013). Children and adolescents with the diagnosis of GAD demonstrate difficulty with controlling anxiety and worry. They often have social, occupational, academic, and interpersonal dysfunction. Anxiety in children/adolescents can result in them withdrawing from the world around them and becoming isolated. This is often seen in the client population at SDYR through
occupational deficits and participants minimally interacting with their surrounding environment (American Psychiatric Association, 2013).

Major depression disorder (MDD) is also a common diagnosis within the population of children and adolescents at SDYR who have a history of trauma. The defining characteristics of this disorder can be different in children vs. adolescents (American Psychiatric Association, 2013). In a child, common symptoms include: irritable or depressed mood, failure to make expected weight gain, poor academic performance, isolation from family and friends, boredom, increased somatic complaints, refusal to try new tasks, and impaired self-image. For an adolescent, common symptoms include: substance abuse, restlessness, irritability, aggression, social and family isolation/withdrawal, desire to leave home, academic difficulty, sensitivity rejection, and antisocial behavior. Depression can also be present in someone who is developmentally delayed and this is often manifested differently. Common MDD symptoms for this population include: self-injurious behavior, temper-tantrums, attention-seeking behavior, verbal and/or physical aggression, property destruction, social withdrawal, and deterioration in activities of daily living and social skills. In all three of those populations, it is imperative that individuals receive assistance to resume engagement in meaningful occupations to maximize their quality of life (American Psychiatric Association, 2013).

Post traumatic stress disorder (PTSD) is another trauma related disorder commonly seen in the client population at SDYR. According to the DSM-V, the characteristics of this diagnosis include being exposed to a traumatic event and then having intense fear, helplessness, or horror because the event is re-experienced for more than one month in duration (American Psychiatric Association, 2013). It is common for
people to have illusions, hallucinations, flashback, and physiological reactivity related to the traumatic experience. This can manifest and result in the following symptoms experienced in children and adolescents: avoidance, diminished interest, restricted affect, bleak sense of future, amnesia, blaming (self or others), quick temper, aggressive behaviors, substance abuse, impaired concentration, and impaired sleep. Symptoms usually start within three months of the traumatic experience, however this is not always the case and can have divergent impacts on a person throughout the lifespan. When a child or adolescent is suffering from PTSD, it is common for them to not engage in meaningful occupations because their capacity to do so is inhibited with the symptoms they are experiencing. Addressing the issues arising through the occupational therapy process will encourage engagement and increase quality of life (American Psychiatric Association, 2013).

Reactive attachment disorder (RAD) is the fourth diagnosis commonly seen in the population at SDYR of children and adolescents who have experienced trauma. Within the DSM-V, this disorder is defined as a consistent pattern of inhibited, emotionally withdrawn behavior toward adult caregivers (American Psychiatric Association, 2013). This leads to children rarely or minimally seeking or responding to comfort when distressed. Children and adolescents commonly display the following symptoms: minimal social and emotional responsiveness to others; limited positive affect; unexplained irritability, sadness, or fearfulness that arise during different interactions with adult caregivers. Often times a child with RAD have experienced social neglect or deprivation of not having their emotional needs for comfort, stimulation, and affection met by a caring adult. They often have repeated changes of who their primary caregiver is and this
in turn limits the opportunities to form stable attachments (American Psychiatric Association, 2013). The symptoms and characteristics associated with RAD can significantly impact a child or adolescent’s ability to be able to engage in a wide variety of occupations because of the behaviors and inability to maintain positive relationships. Occupational therapists can play an important role in helping address the occupational dysfunction and associated deficits and work on building essential skills for resuming occupational participation.
Section Three: Humbert’s Conceptual Model for Application to Population

Humbert’s Conceptual Model provides a conceptual framework that occupational therapists can draw from in order to provide integrated faith-based services. When spirituality is addressed in occupational therapy, the practitioner should consider how the client views spiritual beliefs to aid in choosing the most effective therapy approaches. The fundamental components of this model can be easily applied to the population at SDYR and connected with the Christian worldview. By outlining the occupational therapy process from within Humbert’s Conceptual Model of spirituality in practice and situating the model concepts within the Christian worldview, a framework can be formed for use by occupational therapists to address spirituality in practice. Humbert’s Conceptual Model outlines five themes common to experiences of spirituality including: occupational meaning and choice, life meaning and purpose, volition and resilience, religious and theological beliefs, and states of being (Humbert, 2016).

Occupational Meaning and Choice

This aspect of spirituality is evident in the client’s intrinsic motivation to engage in and sustain valued life tasks (Humbert, 2016). Occupational meaning is dependent on the person's personal interests, routines, and values related to selecting and engaging in occupations. An example of this is a woman found that in the occupation of writing that her “spirit was touched” (Whitney, 2010, p.127 ). She stated, “writing is an action of my spirit. I have rituals, habits, and a writer’s lens through which rich moments of life filter into my brain and fall into imaged pages or possible novels or essays or poems” (Whitney, 2010, p.127 ). She found that the occupation of writing was a way she
connected with her spirituality and through this meaning she associated with it, it was a desired occupation she choose to engage in frequently (Humbert, 2016).

Within the trauma cluster many children and adolescents experience neglect and/or emotional, physical, psychological, or sexual abuse. Children may demonstrate difficulty with controlling anxiety and worry. As a result, they may withdraw from the world around them and becoming isolated. This is often apparent in the client population at SDYR as initially children/adolescents minimally interact with their surrounding environment, which negatively impacts occupational engagement. Difficulty with meaning and choice in occupation may be exacerbated by inconsistency in living environment as many of these children/adolescents are displaced, living in foster homes, group homes, or juvenile detention, which results in disruption to routines and habits.

Life Meaning and Purpose

This category is defined as the underlying beliefs and assumptions about one’s reason for existence; for living about and being a part of the world (Humbert, 2016). It can be evident in how people cope and make sense of events such as epidemics, extreme poverty, political injustice, violence, and the stigma associated with disability. Work, for example, might be viewed by some as a means to meet financial demands to maintain and support life, but others may find meaning, purpose, and ultimately spirituality from their work (Humbert, 2016).

Within the trauma cluster many children/adolescents experience social neglect, repeated changes of primary caregiver, and trauma experiences that disrupt their life meaning and purpose. This population often have difficulty with trust and building stable relationships with others. Their social interactions are characterized by minimal social
contact and emotional instability, which can disrupt the child or adolescent’s understanding of meaning and purpose in connection with others.

Volition and Resilience

Volition is defined as the intrinsic motivation to engage in and sustain valued life tasks (Humbert, 2016). If volition is lost, it can be regained through extrinsically facilitated occupational therapy intervention. Volition is created through accomplishing or completing activities and gaining confidence that is developed through these successes. Humbert (2016) provides an example of this in a child with severe burns encouraged to replace his own wound dressing with his initial response being aggravation and agony, but with time, he slowly engaged in the task. His increased success lead to volition and empowerment as treatment progressed. Resilience is the ability for a person to persevere in extreme situations. Participating in meaningful occupations can provide patients with a spiritual experience through feelings of satisfaction, pride, awareness, excitement, discovery, and competence.

The trauma experienced in this population can dramatically impact a child or adolescent’s motivation to persistently engage in occupations. Difficulty with finding motivation for persistence may be exacerbated by inconsistency in living environment. Children and adolescents in this population may also demonstrate either adaptive or maladaptive coping strategies, which impacts their resiliency to overcome their life challenges.

Religious and Theological Beliefs

This category is defined by trusting in a higher power to cope with life circumstances (Humbert, 2016). People preserve through connecting with something
greater than themselves in the midst of illness or crisis. The meaning goes beyond merely participation in occupations and can be understood as a larger conceptualization, appreciation, and understanding of life. Religious and theological beliefs provide a way in which people make sense of the events in their lives. An example of this might be a client who had a traumatic brain injury finding comfort through their belief in God and having a relationship with Jesus, which encouraged the client to persevere and have patience in their recovery (Humbert, 2016).

Within the trauma cluster, the children and adolescents have encountered many adverse childhood experiences. Positive application of religious and theological beliefs can provide a framework for the child/adolescent to cope and make sense of what has happened to them as well as what gives them strength and encouragement to persevere through difficult life circumstances. In addition, opportunity to engage with a faith community might provide further support for role resiliency.

States of Being

This category is defined as the way in which people experience life in the present moment (Humbert, 2016). It is seen as the emotional or affective responses of a person with engagement in a valued activity such as joy (feelings of great delight) and flow (the experience of timelessness). Humbert (2016) provides an example of this in a child displaying extreme happiness and joy after completing an activity of daily living independently after struggling with the task. When displaying great joy the child began to dance and called it the “indep-en-dance” with a huge smile on his face. She reports “the word independence will now be associated with a dance that expresses the spirit of the person, not just a task” (Humbert, 2016, p. 130).
Children and adolescents within the trauma cluster often have occupational deficits due to being withdrawn and isolated and experience a lack of motivation to complete meaningful activities. Because of this, these children/adolescents often do not have opportunities to experience joy and flow from engaging in desired occupations.
Section Four: Humbert’s Categories and the Christian Worldview at SDYR

Occupational Meaning and Choice

The overarching concept of the Christian worldview which relates to this category of Humbert’s Conceptual Model is that God has created every human being and given each one the ability to make their own choices. The occupations that individuals choose as meaningful are dependent on personal interests, routine and values which are also dependent on their strengths and weaknesses (Humbert, 2016). Sub-concepts of the Christian worldview presented by Coe (2010) and Sire (2009) related to this category include:

- God has given man the ability to exercise choice.
- All choices are possible, yet not all are beneficial. God allows people to pursue actions of their choosing and provides guidance and love to accompany humans in making these choices. (Due to the fall all are affected by the negative choices of others and everyone has the capacity to make these choices themselves). But humans are also offered grace, forgiveness, and the capacity for change with God’s help. Through participation in programming at SDYRS, the client has the opportunity to re-examine interests, routine and values to consider a Christian worldview perspective.
- Individual appropriation of the sacrifice of Jesus Christ is understood as a gateway to human restoration to goodness, therefore explication of (making explicit) concepts related to human choice in this area are highly valued.
There are many therapeutic activities that currently happen at SDYR that support a Christian worldview and support the aspect of occupational meaning and choice within someone’s spirituality. Representative activities related to this category include:

**Table 1**

*Activities adapted from Schultz, B. (2017). *Christ in sessions* [handout]. Bend, OR: Crystal Peaks Youth Ranch.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning verbal and physical commands to control a horse</td>
<td>The participant learns what to say when riding a horse using verbal cues. He/she learns the physical cues to have the horse move under saddle. Through this occupation the participant can choose to engage and could find the activity meaningful because they are connecting with an animal that is responsive to their emotions and feelings.</td>
</tr>
<tr>
<td>Round pen work</td>
<td>The participant and horse interact in the round pen and the participant learns how to communicate with the horse to experience a “join up” where the horse chooses to listen to the participant and follows their verbal and physical cues. The horse is demonstrating that it has choice to engage in different activities, such as listening to the child.</td>
</tr>
<tr>
<td>Planned Perfectly</td>
<td>The participant plans an obstacle course and then participates in discussion with the mentor about how plans may succeed or fail, but God declares the end from the beginning.</td>
</tr>
<tr>
<td>Ambassador of Christ</td>
<td>While tacking up the horse, the mentor might do something out of order. When the participant notices, the discussion centers on what others might notice about how a life is lived and how one might live in a way to reveal Christ to others.</td>
</tr>
<tr>
<td>True Freedom</td>
<td>The mentor points out how the truth of the horse’s heart is seen when the ropes are gone. A discussion on choices follows, including the choice of following God’s directives.</td>
</tr>
<tr>
<td>Bible Craftsman</td>
<td>The mentor discusses woodworkers in the Bible (Joseph and Noah). Examples include how God used Nehemiah to guide building the wall of Jericho and led Solomon in</td>
</tr>
<tr>
<td>Activity</td>
<td>Description</td>
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</tr>
<tr>
<td>Created to Create</td>
<td>The child/adolescent is directed to build something without a kit. This reveals that people are created with the desire to make and mold things, an innate desire that is unique to humans.</td>
</tr>
<tr>
<td>Soil of the Heart</td>
<td>The mentor tells the parable of the sower while planting a garden as a means to explore with the participant the type of soil best representing the condition of his/her heart.</td>
</tr>
<tr>
<td>Weeds</td>
<td>While weeding, the mentor discusses the Biblical creation story, reflecting on the consequences of human sin such as no longer living in a perfect garden and the need to work to produce food.</td>
</tr>
<tr>
<td>Identify Fruit</td>
<td>The mentor engages the child/adolescent to compare the fruit of different types of trees as a means to explore the “fruit” that results from each life. For example, the mentor might ask the child/adolescent if they could pick cherries from an apple tree. Checking fruit used as an analogy for self-assessment.</td>
</tr>
<tr>
<td>Armor of God</td>
<td>The mentor uses a craft activity to build a set of armor for a soldier, that illustrates protective armor that God invites Christians to use to shield oneself from evil.</td>
</tr>
<tr>
<td>Play Nice</td>
<td>The mentor plays board games with the child/adolescent and his/her siblings to observe and work on family dynamics.</td>
</tr>
</tbody>
</table>

**Life Meaning and Purpose**

The overarching concept of the Christian worldview which relates to this category of Humbert’s Conceptual Model is that everyone has value because each person is created for a purpose by their Heavenly Father. Sub-concepts of the Christian worldview introduced by Coe (2010) and Sire (2009) related to this category include:
● Each child is unique and each life is significant.

● The purpose of man is determined through God.

● Man is important to God and this guarantees that man’s life and what he does is significant.

● God, as a relational and loving being, cares about the circumstances and needs of each person he has created.

● God created man for his glory, each with the capacity/need for relationships and engagement.

Examples of therapeutic activities that currently happen at SDYR that support a Christian worldview and address this component of Humbert’s Conceptual Model include:

**Table 2**

*Activities adapted from Schultz, B. (2017). *Christ in sessions* [handout]. Bend, OR: Crystal Peaks Youth Ranch.*

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeding the animals</td>
<td>The participant feeds the animals their daily hay/supplements. Caring for the animals shows how there is meaning and purpose in even mundane life tasks.</td>
</tr>
<tr>
<td>Cleaning/grooming the animals</td>
<td>The participant bathes and/or groom the animals. This provides opportunity to bond with the animals and talk with the mentor about life meaning and purpose.</td>
</tr>
<tr>
<td>Kayaking</td>
<td>The mentor kayaks together with the participant or individually on the river. This is an opportunity for the participant to connect with nature and talk about their life meaning and purpose in relation to God’s creation.</td>
</tr>
<tr>
<td>Child of the King</td>
<td>The mentor and participant joust using pool noodles with diving rings. This introduces discussion about kings and queens and opportunity to talk about the “King of Kings”.</td>
</tr>
<tr>
<td>Created with Purpose</td>
<td>While tacking up the horse, the mentor discusses the interdental space of each horse as a created feature as without it, the horse would not be able to use a bit and be ridden by humans. Specific created features of the participant are then explored.</td>
</tr>
<tr>
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</tr>
<tr>
<td>A Story to Tell</td>
<td>The mentor tells the participant the horse’s story, opening the door to share a personal mentor story or inviting the participant to share their own story.</td>
</tr>
<tr>
<td>Perfect Love</td>
<td>If/when a child or adolescent’s horse is demonstrating negative behavior, the mentor relates this to the link between love and discipline. For example, he/she may relate that because people love and care about their horses, they train them and since God also loves each person so provides opportunities for training in everyday life.</td>
</tr>
<tr>
<td>Different is Beautiful</td>
<td>The mentor points out the unique characteristics of a horse, relating this to how diversity is beautiful and God’s creativity in making a beautiful and diverse world.</td>
</tr>
<tr>
<td>Chosen</td>
<td>The mentor relates the occasion of a horse coming toward a child/adolescent as communication of value and love, then makes a comparison to the lavish love of God and His initiative in choosing each child/adolescent for Himself.</td>
</tr>
<tr>
<td>Paint a Bible Story</td>
<td>The mentor and participant paint the stories of the bible as a talking point for discussing either on the horses or on paper. Examples of stories to paint might include the thief on the cross, Jonah, Noah, or David and Goliath.</td>
</tr>
<tr>
<td>Through the Grain</td>
<td>If working with wood, the mentor might point out how the grain in a board runs through the length of it to illustrate that the good news of Jesus is evident in the entire Bible without losing the story.</td>
</tr>
<tr>
<td>The Prize</td>
<td>When playing a board game, the mentor might discuss how some spaces have much more value than others to illustrate the importance of Christ and His value in comparison to other pursuits.</td>
</tr>
<tr>
<td>Treasure</td>
<td>Through playing a board game involving winning money, the mentor is able to discuss values and explore to the Biblical value of storing up treasure in Heaven.</td>
</tr>
<tr>
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</tr>
<tr>
<td>Imagine</td>
<td>The mentor and participant use their imagination to create figures from floating clouds or other free-form creative projects and explore what it means that God has given them an inheritance greater than they can imagine in Christ.</td>
</tr>
</tbody>
</table>

**Volition and Resilience**

The overarching concept of the Christian worldview which relates to this category of Humbert’s Conceptual Model is that despite life struggles, it is possible to find meaning, purpose and strength when considering a broader perspective about one’s existence and part in the world (Humbert, 2016). Sub-concepts of the Christian worldview outlined by Coe (2010) and Sire (2009) related to this category include:

- Man was created with specific purpose and intention but with the fall became alienated from God, others, nature and themselves. God is understood as the maker, sustainer, redeemer and friend of Christians, providing strength, healing and joy to those who call upon Him.
- The Christian’s purpose is to live not for self but for God; to glorify God and enjoy Him forever;
- The ultimate end or purpose in life as relational beings in Christ is loving neighbor and God.

Current examples of therapeutic activities that occur at SDYR that support a Christian worldview and address volition and resilience in connection with one’s spirituality include:
Table 3

*Activities adapted from Schultz, B. (2017). *Christ in sessions* [handout]. Bend, OR: Crystal Peaks Youth Ranch.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kayaking</td>
<td>Through kayaking on the river, the mentor encourages the child/adolescent to persevere and complete an activity even when challenges arise.</td>
</tr>
<tr>
<td>A Story to Tell</td>
<td>The mentor tells the horses story, opening the door to share a personal story or ask the child/adolescent to share their own. Many of the horses have stories that demonstrate perseverance through trying circumstances. This can provide a way for the child/adolescent to connect with a horse that has had to have volition and resilience to continue trusting people, mirroring many of the struggles they face themselves.</td>
</tr>
<tr>
<td>Darkness to Light</td>
<td>While grooming, the mentor might use the thrush (infection that can happen in the hooves) to illustrate the presence of sin in people’s lives. It thrives in darkness but dies when exposed. The horse is unable to rid itself of thrush. Similarly, people cannot eliminate sin in their own lives without God’s help.</td>
</tr>
<tr>
<td>Trust</td>
<td>While round penning, the mentor initiates a discussion about trust and what it means to trust God even in pain and suffering.</td>
</tr>
<tr>
<td>Weeds</td>
<td>The mentor relates weeding to the Biblical story of creation and the fall of mankind ie how people no longer live in a perfect garden and have to labor in order to produce food. The mentor relates present unpleasant life circumstances, pain and suffering, to the original sin and separation from God.</td>
</tr>
<tr>
<td>Abide in Christ</td>
<td>When cutting dead parts off of plants in the garden, the mentor might discuss how leaves become dead when separated from the plant and relate this to Jesus telling his followers that if they are separated from the Vine, they are “dead” and bear no fruit.</td>
</tr>
<tr>
<td>Clothed in Splendor</td>
<td>When a child expresses anxiety, the mentor might use the image of flowers and relate this to how God clothes the flowers that are here and gone, so He will surely take care of all of His children because they have more value than</td>
</tr>
</tbody>
</table>
Religious and Theological Beliefs

The overarching concept of the Christian worldview which relates to this category of Humbert’s Conceptual Model is that God exists, and is the ultimate “higher power” (Coe, 2010; Sire, 2009). Sub-concepts of the Christian worldview outlined by Coe (2010) and Sire (2009) related to this category include:

- God is understood as infinite, personal, triune, transcendent, omniscient, sovereign, and good and takes an active role in communicating with humans.
- Alienated from God through the fall, there is possibility for human redemption and restoration to goodness through individual appropriation of the sacrifice of Jesus Christ.
- A spiritual transaction takes place that leads to substantial healing.
• Through the indwelling Holy Spirit, working in union with the human spirit, the Christian is able to communicate with God and have a sense of His presence through Bible reading, prayer and participation in Christian community.

• Through stories and precepts in the bible, those who trust in God learn to know His heart and intentions for each individual life.

Examples of therapeutic activities that currently happen at SDYR that support a Christian worldview and address this component of Humbert’s Conceptual Model include:

**Table 4**

*Activities adapted from Schultz, B. (2017). *Christ in sessions* [handout]. Bend, OR: Crystal Peaks Youth Ranch.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paint a Bible Story</td>
<td>The participant paints the stories of the bible on a horse as a talking point for discussing the stories of the Bible. This allows the participant to learn theological beliefs that can connect them to God and assist them in making sense of their lives.</td>
</tr>
<tr>
<td>Under Authority</td>
<td>The mentor uses basic riding principles to illustrate the need for people to respond to God’s leading in their lives. The horse is useful when it responds to the rider, similarly, people’s lives are most joyous and purposeful when they see their need for God.</td>
</tr>
<tr>
<td>True Rest</td>
<td>Through round pen activity the mentor leads discussion about how true rest is found when the horse is at the center with their trainer, rather than outside following their own desires.</td>
</tr>
<tr>
<td>Colors in the Bible</td>
<td>The mentor engages the participant in discussion of everyday colors found in nature and how they are connected with Bible truths. For example, green may remind someone of eternal life because evergreens are always green regardless of the season.</td>
</tr>
<tr>
<td>Fun with Measurements</td>
<td>The mentor might began with measuring distances for horse activities but bridge to discussion about measurements in the Bible, such as a span or cubit, and</td>
</tr>
</tbody>
</table>
then connect to how bigger is not always better. For example, the mentor might share the story of David and Goliath and how David’s trust in a “big” God delivered him

<table>
<thead>
<tr>
<th>Through the Grain</th>
<th>Through woodworking activities the mentor points out how grain in a board runs through the length of it to illustrate that the good news of Jesus as savior also runs through the entire Bible without losing the story.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Branded</td>
<td>The mentor and participant use a woodburner to brand a favorite Bible verse onto a plaque and talk about its meaning.</td>
</tr>
<tr>
<td>In the Garden</td>
<td>While gardening, the mentor might compare the garden of Eden to the garden of Gethsemane. In Eden, due to Adam’s disobedience, sin and death entered the world. In Gethsemane, because of Jesus’ perfect obedience, God gives redemption, salvation, and life to all who believe.</td>
</tr>
<tr>
<td>Armor of God</td>
<td>Through participation in a fun craft activity the participant and mentor build a set of armor to illustrate the theological belief of God’s protective help in protecting his children from evil.</td>
</tr>
<tr>
<td>Imagine</td>
<td>Art activities are used to help participants visualize that through trusting in Jesus for forgiveness of sin and guidance in life, God gives his people an inheritance that far exceeds imagination.</td>
</tr>
</tbody>
</table>

**States of Being**

The overarching concept of the Christian worldview that relates to this category of Humbert’s Conceptual Model is that Christians can be joyful in all circumstances because of the indwelling presence of God through the Holy Spirit and assurance of a great reward in heaven (Coe, 2010; Sire, 2009).

There are many therapeutic activities that currently happen at SDYR that support a Christian worldview and support the aspect of someone’s state of being (experiencing
great joy and flow) when engaged in different occupations that bring meaning to someone’s spirituality. Examples of such activities include:

**Table 5**

*Activities adapted from Schultz, B. (2017). *Christ in sessions* [handout]. Bend, OR: Crystal Peaks Youth Ranch.*

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kayaking</td>
<td>Through kayaking in pairs or individually on the river, the participant might feel a sense of timelessness and/or joy in the as they engage in a fun activity on the ranch property.</td>
</tr>
<tr>
<td>Crafting</td>
<td>The participant and mentor complete enjoyable craft activities together. Crafts include: drawing, painting, woodwork, etc.</td>
</tr>
<tr>
<td>Grooming the animals</td>
<td>The mentor and participant bathe and/or groom the animals and take time to enjoy and bond with the animals during the process.</td>
</tr>
<tr>
<td>Feeding the animals</td>
<td>The mentor and participant feed the animals their daily hay/supplements, and take time to notice and enjoy the animals response to this care.</td>
</tr>
<tr>
<td>Gardening</td>
<td>The participant works in the garden with the mentor in such as planting, watering, weeding, trimming, and harvesting, taking time to step back and admire their work and notice internal feelings of joy and satisfaction.</td>
</tr>
<tr>
<td>Perfect Peace</td>
<td>The participant and mentor systematically expose the horse to new items and help the horse become comfortable and overcome fear. Through the activity they notice together how the horse does not enjoy activities when scared or frightened; the activity leads to discussion of emotions experienced during times of new challenge and strategies for overcoming fear and experiencing joy and peace.</td>
</tr>
<tr>
<td>Artisans</td>
<td>Participants are encouraged to try different artistic activities and view artistic expression as a gift from God. Mentors might remind participants of various skilled craftsman who are described as “gifted from God” in Biblical stories.</td>
</tr>
<tr>
<td>Create</td>
<td>When creating an obstacle course for the horses or a creative sign for the tack room, the mentor might remind the participants that the ability to create comes directly from God and is a result of people being created in God’s</td>
</tr>
<tr>
<td>Activity</td>
<td>Description</td>
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</tr>
<tr>
<td>War and Popsicles</td>
<td>Having a water gun fight for the fun of it on a hot day and then transitioning to deeper conversation while eating popsicles might be a means for the mentor to help the participant experience joy or flow and a means to identify further fun activities that enhance quality of life.</td>
</tr>
<tr>
<td>Water Cooler Talk</td>
<td>Through engagement in dodgeball, wiffleball, and throwing softballs/footballs/frisbee,s the mentor and participant enjoy a shared fun experience. If done on a hot day, adding several baby pools of water at strategic points adds to the possibility of spontaneous water fun and joy. Sharing treats afterward with reflections on feelings and thoughts during the activities add to the experience of flow and timelessness.</td>
</tr>
</tbody>
</table>
Section Five: Role for Occupational Therapy

Occupational Meaning and Choice

An occupational therapist can add value to SDYR by addressing occupational meaning and choice through performing assessments that provide objective information regarding the current needs of the child or adolescent, and address their needs through direct intervention, education, consultancy, and advocacy. An occupational therapist has unique skills in activity analysis to analyze the current occupational performance of the child/adolescent and those factors (including spirituality) that facilitate or inhibit their ability to complete meaningful occupations. The occupational therapist views the child/adolescent holistically, considering how interests, routine, values as well as performance capacity impacts their occupational choices.

The current philosophy of services provided at SDYR includes starting “where the child is at”; building on the child or adolescent’s current skill set (Lester, B. & Lester, C., n.d.). It is presumed that through allowing the child/adolescent to explore their environment and engaging them in different activities that are child/adolescent-led, they are able to learn and grow (Lester, B. & Lester, C., n.d.). An occupational therapist can not only come alongside the mentor to assist them in engaging the child/adolescent in activities that hold meaning for the participant, but also can provide intervention that builds upon the work of the mentor and address any occupational deficits or performance issues the child/adolescent may be having that interferes with full participation in different occupations in their daily life.

Occupational therapy assessment that could facilitate in gathering information related to occupational meaning and choice are as follows: FICA, COSA, Modified
Interest Checklist, Sensory Profile, Stoelting Brief Intelligence Test, and Assessment of Life Habits.

**Table 6 - Description of Assessment in Relation to Humbert’s Category**

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>FICA</strong></td>
<td>The FICA is a spiritual assessment which presents a series of questions about patients’ faith, the importance of their beliefs, if they belong to a spiritual community, and if there are spiritual practices they wish to develop. Through these questions, the FICA examines four concepts: faith or beliefs, importance, community, and address (how one addresses their spirituality). This spiritual assessment is not tied to a specific context or environment and can be utilized generally. This assessment can be a beneficial tool in identifying occupational meaning and choice because this assessment can be used to identify what spiritual practices a child/adolescent may want to develop and the meaning given to spirituality and religious beliefs within their life. This assessment has not been norm-referenced or criterion referenced for this age group, however it has been utilized to guide evaluation of spiritual aspects in research for young adults. It is up to the clinician’s judgement to adjust this and give as appropriate to a client in this population of children and adolescents. In many cases, this instrument may be given to the adult caregiver rather than the child/adolescent if that is more appropriate. With Humbert’s category looking at the intrinsic motivation to engage in and sustain valued life tasks, this assessment can help identify the participant or their caregiver identify where the child/adolescent’s intrinsic motivation may lie and valued life tasks (with relationship to their spirituality).</td>
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<tr>
<td><strong>COSA</strong></td>
<td>The COSA allows the therapist to gain a sense of the child or adolescent’s current occupational identity and who they wish to become. This assessment has the child/adolescent identify which activities they feel competent in vs. activities they do not. This assessment can be used to gather information about the client’s occupational meaning and choice, examining activities the child/adolescent feels competent in, as well as the effects of intrinsic and extrinsic motivation on occupational engagement.</td>
</tr>
<tr>
<td><strong>Modified Interest Checklist</strong></td>
<td>The purpose of this assessment is to discover interests/level of interest in different activities of the child/adolescent. It is a self-report and</td>
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allows the client to be able to identify where their different interests lie. This assessment can be used to have the child/adolescent identify what activities they are interested engaging in, which provides the ability to gain a deeper understanding in the different occupations they may choose to engage in. (Nilsson & Fisher, 2006)

| Sensory Profile | The sensory profile is an assessment given by the therapist to the child/adolescent or parent and is a series of questions regarding how the child/adolescent interacts with their environment. This assessment gathers sensory information and classifies the child/adolescent in one of four categories: sensory seeking, sensory avoiding, sensory sensitivity, and sensory registration. This assessment can be used to identify the effect of sensory processing on functional participation in the participant’s home, school, and community. This assessment can help a therapist gain a deeper understanding of the client’s occupational meaning and choice because it helps the therapist learn how a child/adolescent gathers and processes the sensory information around them. A child or adolescent often chooses to participate in occupations they have capabilities in, which can allow the therapist to understand part of their motivation towards engaging in desired meaningful activities. (Haynes & Anderson, 2014) |
| Stoelting Brief Intelligence Test | This assessment looks at cognitive functioning through problem-solving tasks. The test looks at critical thinking skills, nonverbal and verbal reasoning, cognitive abilities and processing, learning potential and efficiency, logical reasoning, abstract thinking, creative thinking, and creativity. This assessment helps a therapist understand where a child or adolescent’s cognitive abilities lie and executive functioning capabilities. This allows a therapist to gather information regarding occupational meaning and choice because children and adolescents choose to participate in activities they are usually capable in, and this can be an important factor to consider when looking at what the child/adolescent enjoys doing and how they learn best. This assessment is beneficial for measuring children/adolescent’s cognitive function because it is norm referenced for this age group. (Cooke & Kline, 2014) |
| Assessment of Life Habits | This assessment looks at the child or adolescent’s routines within different activities of daily living and social roles. This assessment is used to gather information about habits and routines and their impact on the occupations the child/adolescent chooses to engage in. (Reed, 2014) |
The therapist can use these assessments to gather information on the child or adolescent’s sensory and cognitive capacity, personal interests, routines, and values related to selecting and engaging in occupations. This gathers more information on the client’s occupational meaning and choice, and can provide a starting point for an occupational therapist to plan interventions. An occupational therapist can provide meaningful intervention for occupational meaning and choice through direct intervention, education, consultancy, and advocacy. The role of an occupational therapist in addressing occupational meaning and choice in each one of these areas is described below:

**Direct intervention:**

These assessments give insight into the child or adolescent’s occupational identity and what occupations they find meaningful, the child/adolescent’s cognitive and sensory processes, and what occupations they are interested in doing. This all has implications for direct occupational therapy intervention because it can assist the therapist in selecting appropriate activities to do with the child or adolescent in order to meet them where they are. It also can provide insight if a child or adolescent is experiencing occupational deprivation and can provide the therapist with a starting point on assisting the child/adolescent to engage in meaningful occupations. An occupational therapist can directly address occupational meaning and choice by providing intervention’s that relate to the person’s personal interests, routines and values. In supporting the child or adolescent’s quality of life and engagement in the world, the occupational therapist is able to help the child or adolescent view him/herself as created by God and can encourage the child to consider the quality of his/her choices considering their ultimate value to God.
**Education:**

These assessments give valuable information as to what intrinsically and extrinsically motivates the child or adolescent and how they may best learn and respond to new and familiar activities. When educating the child/adolescent within therapy, these assessments can give the therapist guidance for appropriate teaching methods. The occupational therapist can provide education to the client on different occupations they find value in, but currently struggle with different skills and abilities required of them to successfully engage in that activity. In addition, the OT is able to educate the mentor or other staff who work with the child or adolescent as to specific actions they might take to more fully engage a specific child/adolescent or a group of children/adolescents with similar occupational profiles.

**Consultancy:**

Based off of the information gathered from these assessment, the therapist can assume a consulting role with mentors to assist them in creating goals and planning intervention activities that match the client’s needs. The therapist can also provide consultation to social workers and family members, using assessment results to assist others in creating an environment conducive to the client’s spiritual needs, sensory needs, and cognitive needs. For example, if a child or adolescent scores on the sensory profile as being sensory avoiding, the therapist can consult with the mentor on ranch activities that are appropriate for the way the child or adolescent interacts with the environment around them.

**Advocacy:**

The therapist can advocate for further services for the child or adolescent if this is indicated in the assessment results. If a child/adolescent is showing occupational deprivation and has expressed interest or additional involvement within school or community environments would be appropriate, the therapist can identify those possibilities and make the needed connections with community resources. Such resources may be of a spiritual nature, such as the opportunity to attend a Christian camp or children's/youth activities at a given church or may be additional opportunities within the community that would support the child or adolescent’s growth.

**Life Meaning and Purpose**

An occupational therapist can provide valuable tools and intervention in addressing life meaning and purpose with clients, though providing assessments and interventions that assist in better understanding the child or adolescent, their current
beliefs, occupational identity, and the ways the child/adolescent wants or needs to grow because of the life circumstances they are facing. The occupational therapist plays a role in “facilitating participation in valued occupations and shaping new life meaning. The goal is to help clients perform personally meaningful occupations that will in turn define the person…” (Humbert, 2016, p. 133). In other words, the goal is to expand the client’s self-identity and possibly link the child or adolescent to new life meaning or a new identity. An occupational therapist can help assist the child/adolescent in making goals based off what they have gathered about them and to guide mentors or provide direct intervention with the child/adolescent within the concept of life meaning and purpose. With this category, the work of therapy is to help the child/adolescent to organize, give meaning, and/or restore a sense of continuity or life purpose.

Approaching identity formation from a Christian worldview perspective begins with the foundational belief that every child and adolescent is unique and everyone has value as each person is created by God for a purpose. Bringing a sense of “presence” to the child/adolescent involves awareness of value and awareness of God as forgiver, healer, and leader. As the child/adolescent explores his/her own identity, the therapist uses activities to help the child/adolescent connect the past to the future and may explore such concepts as pain and purpose in the world, forgiveness and growth.

The current services provided at SDYR within the context of life meaning and purpose mainly revolve around letting the child or adolescent explore how they fit into the larger picture of the world, and when invited to do so share with the child/adolescent how they have been created with a purpose and are loved unconditionally (Lester, B. & Lester, C., n.d.). The child or adolescent faces the challenge of not only understanding
their purpose from the Christian worldview perspective, but also to reassure or reaffirm their life meaning by engaging through grieving events or life circumstances that have happened in their past and transitioning to a new future. Activities that help them connect their past and future identities can assist in formulating their life meaning and purpose in connection with their occupational identity. The child or adolescent is allowed opportunities to explore different activities at SDYR, and through these ask questions and learn that despite the presence of pain, there is a meaning and purpose to their life. The therapist can come alongside the mentor and assist the child/adolescent in identity formation, to gently encourage the child/adolescent to both recognize and let go of pain in the past and provide occupational opportunities that build the child or adolescent’s sense of meaning and life purpose for the future.

Occupational therapy assessments that could facilitate in gathering information related to Humbert’s category of life meaning and purpose include the FICA, COSA, and Narrative Life History.

Table 7 - Description of Assessment in Relation to Humbert’s Category

<table>
<thead>
<tr>
<th>Assessment</th>
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<tbody>
<tr>
<td><strong>FICA</strong></td>
<td>This assessment can be a beneficial tool for measuring life meaning and purpose because this assessment can assist in identifying what a client’s spiritual beliefs are and how important it is to them. With Humbert’s category looking at the underlying beliefs and assumptions towards meaning of existence, this assessment can help identify what the client’s current beliefs. (Hemphill, 2015)</td>
</tr>
<tr>
<td><strong>COSA</strong></td>
<td>This assessment can be used to help gather information about the client’s life meaning and purpose because it is looking at what the child or adolescent is feeling competent in and what they would like to work towards. People choose occupations to participate in based on their occupational identity. Identifying what the child or adolescent wishes to become can be beneficial in gathering a baseline on how they derive meaning from their life, and how they may view their reason for existence. (Schultz-Krohn, 2014)</td>
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| Narrative Life History | Utilizing this type of an assessment during the evaluation process is a way to identify what the child or adolescent has enjoyed in the past and activities they would be willing to engage in going forward. It is a unique way for the child or adolescent to be able to share their life story to develop an in depth occupational profile.

This assessment can be utilized to measure the child or adolescent’s life meaning and purpose by learning what it has been like in the past in their life and how they view this as influencing their occupational identity and choices of occupational engagement.  

(Frank, 1996) |

All of these assessments can assist in gathering information about the child or adolescent’s life meaning and purpose by understanding their current beliefs and how important they are, as well as what their views are of their occupational identity and what occupations are meaningful to them. This information can provide a starting point for the occupational therapist to plan meaningful interventions addressing life meaning and purpose and relate this to occupational identity and performance. An occupational therapist can provide interventions for life meaning and purpose through direct intervention, education, consultancy, and advocacy. Each one of these roles is described below:

**Consultancy:**

The information from these assessments could provide important baseline and background information on the child or adolescent. The therapist could then consult with the mentors assigned to work with them to help them identify issues within life meaning and purpose and establish goals and activities that will fit the developmental needs and unique profile of the child or adolescent. The occupational therapist might also consult with other healthcare professionals, as directed by the parents, caregivers and guardians/case managers based off of the information gathered in assessments and direct intervention.
**Direct intervention:**

Both assessments allow the opportunity to identify what activities someone could choose as a starting point within direct interventions based off of the current spiritual beliefs and occupational identity of the child/adolescent. The occupational therapist can select activities to assist in the development of their identity formation, such as facilitating the client to engage in activities they can see they are competent in and relating it to their meaning and purpose in life. Direct intervention can include the therapist addressing occupational deprivation that may be contributing to a lack of meaning or purpose in the life of the child/adolescent. The therapist can assist the client in exploring different roles they have found meaningful in the past or ones they want to engage in going forward. They can then address the necessary skills and abilities the child/adolescent need to be successful in these future roles. Use of special objects, pictures, items from travel, and treasured gifts can help the child/adolescent to connect the past and the future in a meaningful way. In addition, use of discussion, storytelling, and activities that support grieving or processing pain/loss can contribute to a new or reinforced sense of life meaning.

**Education:**

The assessments provide a starting point for a therapist to determine what the child or adolescent’s current beliefs are about their identity and life meaning, and what they want out of therapy. This provides valuable information to the therapist to know what skills, knowledge, and abilities they could provide education on to help the child/adolescent in meeting their goals. For example, a child may disclose in the FICA that they do not believe their life is important and this can provide the therapist with insight to stress to the child that they are valuable, and are loved by a God who has a unique and special plan for their life and desires a relationship as key to a new identity. An occupational therapist can also provide education to the caregiver or to other staff such as the mentor as to activities that might be used to help the child/adolescent process grief or pain and reinforce development of the child’s life meaning and purpose.
Volition and Resilience

An occupational therapist can extend the work already being done at SDYR to address volition and resilience through identifying what motivates the child or adolescent and assisting the child/adolescent to persevere in difficult experiences. Through providing the just-right challenge and encouraging the development of personal goals and coping skills, the child/adolescent learns to be resilient, complete challenging activities and persevere through various personal challenges.

In addressing volition and resilience from a Christian worldview, the occupational therapist builds on reliance on God as a source of strength for working through difficult things, building upon the Christian worldview belief that despite life struggles, Christians find meaning, purpose and strength to continue through relationship with God through Jesus (Coe, 2010). The occupational therapist addressing this category of Humbert’s Conceptual Model will introduce many different kinds of coping skills that might be useful to the child or adolescent’s unique situation but will also introduce the value of

\textbf{Advocacy:}

The information from these assessments can have implications for a therapist within an advocacy role because the child or adolescent may identify that they do not feel connected within a community that they could express and grow their spiritual beliefs. This could provide an opportunity for the therapist to identify different groups and activities that might be beneficial for the child or adolescent and advocate for the client as needed in the community to have opportunities for full participation. For example, programming within a local church may or may not have opportunities for children/adolescents to process grief and assume positive roles within the church community. The occupational therapist can pave the way through advocating for children/adolescents’ participation in special events/activities of the church community that open the door for positive role participation and identity building as a treasured child of God.
relationship to God through Jesus as a primary source of motivation to continue on and develop resilience amidst adverse life circumstances.

The current services provided at SDYR addressing volition and resilience include the mentor building a relationship with the child or adolescent and engaging them in activities in which the participant can consider their own challenges and reflect on the reality of sin, and its effect in various ways on the world, on others and in themselves (Lester, B. & Lester, C., n.d.). This is done to encourage and motivate the child or adolescent to continue growing and relying on faith to persevere through challenges.

Through occupational therapy assessment, information is obtained regarding the child or adolescent’s perceptions of challenges, resilience, current coping mechanisms, and motivation for occupational performance. Specific instruments used include the FICA, COSA, Modified Interest Checklist, Narrative Life History, Coping Responses Inventory, and Behavior Rating Inventory of Executive Functioning.

**Table 7 - Description of Assessment in Relation to Humbert’s Category**

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<tbody>
<tr>
<td>FICA</td>
<td>This assessment can be a beneficial tool in measuring volition and resilience because this assessment can assist in identifying what a patient’s spiritual beliefs are and how they impact/influence their life. With Humbert’s category looking at the underlying beliefs and assumptions in what motivates a person, this can provide information on how the child or adolescent chooses to engage and persevere in day-to-day occupations and be resilient during trials. (Hemphill, 2015)</td>
</tr>
<tr>
<td>COSA</td>
<td>With relation to Humbert’s model, this assessment will serve as a helpful tool in identifying the child or adolescent’s self-perceived level of competence, which may significantly impact volition and resilience. People gravitate toward occupations they feel competent in and may be reluctant to engage in activities in which they do not. Having a greater sense of the child/adolescent’s perception of self and skills will allow the therapist to select a variety of tasks/interventions which provide the just-right challenge to clients. (Schultz-Krohn, 2014)</td>
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<tr>
<td>Assessment</td>
<td>Description</td>
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<tr>
<td>Modified Interest Checklist</td>
<td>This assessment provides information on the child or adolescent’s interests and experiences, which provides valuable information as to what is or may be motivating activities where the child/adolescent can experience success and a greater sense of competency. (Nilsson &amp; Fisher, 2006)</td>
</tr>
<tr>
<td>Narrative Life History</td>
<td>This assessment can assist in gathering a holistic view of what has happened in the child or adolescent’s life. With this assessment being a unique way for the child or adolescent to be able to share their life story to develop an in depth occupational profile, the therapist can use this to specifically look at the child/adolescent's past use and history of coping strategies to gain a foundation of how they have been utilized in the child/adolescent’s everyday life and occupational performance. (Frank, 1996)</td>
</tr>
<tr>
<td>Coping Responses Inventory</td>
<td>This assessment provides information on how the child or adolescent approaches coping and what their coping responses are to specific stressful life circumstances. This will assist in identifying how the child/adolescent responds and what their current state of resilience is. (Crist, 2014)</td>
</tr>
<tr>
<td>Behavior Rating Inventory of Executive Function</td>
<td>This assessment can be used to gather information on the impairment of executive functioning in children and adolescents to assess in how they are able to self-regulate. This gathers information on the child/adolescent’s ability to cope with life circumstances and specifically how the child/adolescent’s executive functioning contributes to their volition and resilience. (Cooke &amp; Kline, 2014)</td>
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</table>

These assessments can assist in understanding the impact of spiritual beliefs on volition and resilience, which can be a guide for the therapist and mentor as to what occupations provide the participant with new challenges to experience growth, and which they consider difficult or emotionally challenging. Understanding the child or adolescent’s perceived level of competency and motivation, as well as existing coping strategies can further assist in addressing the child/adolescent’s resiliency. An occupational therapist might use this information to provide direct intervention, however can also provide services in the areas of education, consultancy, and advocacy. The role
of an occupational therapist in addressing this category of Humbert’s model in each one of these areas is described below:

**Direct intervention:**

The selected assessments allow the opportunity to identify impoverished activities, habits, and routines which might be impacted by lack of coping skills. The occupational therapist can provide psychosocial and occupation-based activities for treatment while addressing underlying current spiritual beliefs/motivation and occupational identity. To address psychosocial skills, the therapist can address sensory skills that affect the child/adolescent’s ability to engage in social activities, as well as teach the child or adolescent positive coping skills. The therapist can then facilitate the child or adolescent to build skills in this area through providing opportunities for them to practice these skills in occupational contexts. The occupational therapist has the ability to complete an activity analysis to identify the “just-right” challenge for the participant, further matching the child/adolescent’s current skills and abilities with enough of a challenge to facilitate growth.

The therapist can do this while also addressing how in the midst of challenges and temptations, the therapist can encourage the child or adolescent to rely on their faith in Jesus to persevere. Through the sensory and coping skills identified in the assessment process, the therapist can choose activities for the child/adolescent to engage in that encourage reliance on their faith. For example, the child/adolescent could have been taught the coping skill of creative imagery for relaxation as a positive coping skill to utilize when facing stressful life situations. If the child/adolescent has identified that their faith is important to them in coping with life circumstances, the therapist could include direct the child/adolescent to imagine Jesus holding their hand as creative imagery. This would assist in building positive coping skills in order to increase the child/adolescent’s resilience amidst challenging life experiences.

**Education:**

These assessments give valuable information to counselors and families as to how the child or adolescent perceives their abilities and what they find challenging, as well as how they are currently motivated and persevere in the midst of challenging life circumstances. Additional information related to the child/adolescent’s cognitive ability, sensory processing and coping strategies helps build a broader picture of their daily functioning. This information may be used to inform volunteers and families how to best encourage and support the child/adolescent in the formation of new habits, routines, and rituals that support wellbeing. When educating the child or adolescent within therapy, these assessments can give the therapist guidance for appropriate teaching methods and activities that both motivate and challenge the child/adolescent.
Religious and Theological Beliefs

Within this category, the occupational therapist supports and extends the value of the work done by other professionals in helping the child/adolescent to experience and communicate with God (i.e. someone greater than themselves). By participating in occupations reflective of this cluster, the child or adolescent is able to gain a larger conceptualization of their own life and situate their own story within the larger story of God working in the hearts of men and women throughout history. As the child or adolescent engages in occupations identified as having religious and spiritual meaning, he/she is able to experience communication with God, situate his/her identity within an ongoing relationship to God and, motivated by this relationship, engage in service to others. Activities of this category might include attending religious services, reading the Bible and other theological books, engagement in prayer, imagery, meditation, music, spiritual writing, dance and preparing and eating traditional foods.

Consultancy:
Based off of the information gathered from these assessments, the therapist can consult with mentors to assist them in creating goals and planning intervention activities that motivate the client and draw upon their interests and abilities. The therapist can consult with social workers and family members to set goals for the home and/or school environment that support perseverance and formation of habits, roles, and routines in new or existing environments.

Advocacy:
Based on the information from assessments and considering the activities of the therapist in the direct application of activities, advocacy may extend to noting particular challenges of children or adolescent and advocating for the supports that they need to be successful in activity participation in various community environments.
might include activities that involve developing virtues, practicing acts of kindness, forgiveness, blessing to others and stewardship and or giving of time and talents.

Having unique skills in activity analysis, the occupational therapist is able to work collaboratively with the child/adolescent and caregiver to identify occupations of importance in this cluster, and to grade activities to a level of structure that is fit for the child’s capacity, interests and desires, and routines and roles in the child’s daily life and in their faith community. An occupational therapist recognizes that participation in activities that make explicit religious and theological beliefs provide a means for clients to cope with difficult life circumstances. Within the Christian worldview, communication with God is accomplished through spiritual activities such as Bible reading, prayer and Christian community so engaging the child/adolescent in these activities is a means to cultivate spiritual practices, habits and routines that promote client spirituality. Therefore, if providing direct intervention, the occupational therapist might engage the child in reading of stories or acting out precepts found in the Bible to help the child or adolescent cultivate positive spiritual routines that can also help them to make sense of events in their own lives.

The current services provided at SDYR that address Humbert’s category of religious and theological beliefs consist of the mentor sharing stories and beliefs from the Bible and the Christian worldview, when invited to do so from the child (Lester, B. & Lester, C., n.d.). Although this often occurs through activities related to the horses, this can be done through almost any medium at the ranch as many activities can to be related back to the foundational beliefs of the Christian worldview. The mentors engage with clients within a relationship that centers around God’s unconditional love, understood
through the belief that all are loved and have been created for a unique purpose. An occupational therapist is able to support mentors in choosing activities for religious and theological exploration that are a fit for the developmental level, sensory, cognitive, and emotional processing skills of the child or adolescent.

Occupational therapy assessments relevant to this category include: Narrative Life History, FICA, and the Spiritual Transcendence Short Form.

Table 8– Description of Assessment in Relation to Humbert’s Category

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
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<tbody>
<tr>
<td>Narrative Life History</td>
<td>This assessment can be used to gather a child or adolescent’s religious and theological beliefs because it provides a way for the child/adolescent to share what has been important to them in the past. This can assist in gathering an in depth occupational profile which would include identifying what the participant’s current religious and theological beliefs are (or lack of) that drive them in their daily life. (Frank, 1996)</td>
</tr>
<tr>
<td>FICA</td>
<td>This assessment is used to measure a client’s religious and theological beliefs because the client is able to identify their faith, how important it is to them, and any spiritual communities they belong to. This provides a foundation to identify religious and theological beliefs to begin to shape the impact these beliefs have on their life. (Hemphill, 2015)</td>
</tr>
<tr>
<td>Spiritual Transcendence Short Form</td>
<td>This assessment is used to gather information on the participant’s religious and theological beliefs by identifying how universal their spiritual beliefs are within their daily life, if they are often in prayer and how fulfilled they feel from it, and how connected they feel through their spiritual beliefs. Since this assessment is not tied to a certain context or any spiritual beliefs, this assessment is best to give to determine the impact of religious and theological beliefs on life, rather than identification of specific religious and theological beliefs. This assessment has not been normed on children and adolescents, however has been utilized to measure spiritual beliefs within young adults. It is up to the practicing clinician to determine if this is appropriate for the client being seen.</td>
</tr>
</tbody>
</table>
All of these assessments can assist in the occupational therapist gathering information regarding how important one’s spiritual beliefs and if the participant feels fulfilled and connected through these beliefs. The assessments can also give a holistic picture as to the child or adolescent’s current religious and theological beliefs and areas for growth. This information is valuable in identifying the occupations associated with a child/adolescent’s participation in a faith community. Information from these assessments can be used by the occupational therapist to determine interventions that may be best for the child or adolescent, within direct intervention, education, consultancy, and advocacy roles. The unique role of the therapist in each of these areas is described below:

**Direct intervention:**

An occupational therapist can gather information through the various assessments listed above to inform direct intervention to cultivate spiritual practices, regular habits/disciplines and routines that promote the clients’ spirituality, and prepare the client for participation in the routines and roles of their identified faith communities.

For example, worship through the use of music is a common spiritual activity but might not be familiar to many of the clients at SDYR. The occupational therapist might introduce the use of worship music and direct the child/adolescent to the words of a given song and what they can learn about God through the song while also introducing the experience of singing alone or with another person. Prayer is another common activity associated with religious and theological belief; intervention in this area might be as common as preparing food for and with the child/adolescent and introducing the concept of prayer before a meal. Since this category may involve cultivating regular habits/disciplines and routines that promote the clients’ spirituality, it is imperative that the therapist be communicating with the child or adolescents’ caregiver or representatives from the faith community as to the particular habits and routines that are suggested. Through the assessment information gathered, both from the child/adolescent and significant others, the occupational therapist can select appropriate goals and identify what activities are most developmentally appropriate and can be addressed through direct intervention, either with one-on-one care or small group work.
States of Being

An occupational therapist can add value to the creative activities already employed by SDYR to promote spiritual awareness. Through knowledge of the child or adolescent’s interests and performance capacity, and careful observation of the child/adolescent’s affective response, the occupational therapist can adapt activities as
needed to elicit a sense of joy, flow, and celebration/playfulness. The occupational therapist is able to analyze the child or adolescent’s contexts, personal factors, important roles, and performance patterns/routines that could be impacting their ability to engage in activities. Through this information, the therapist can engage the child or adolescent in creative expression that is a good fit for their interests and performance abilities, which also connect with their experience of knowing and being known by God. Valued and creative activities that facilitate spiritual awareness for individuals with a Christian worldview might include activities that involve being out in nature, as the nature of God is expressed in His creation. Involvement in creative activities such as dance, art, creative writing and music allow the child or adolescent to experience, express and celebrate their spiritual awareness of God. Activities might be those that celebrate accomplishment in difficult tasks, remembering God’s help in the journey, or activities that help the child or adolescent experience life in the present moment in such a way that God’s presence in the moment is also appreciated. As spiritual awareness is achieved, opportunities for transformation are also often evident. From a Christian worldview perspective, feelings of great delight and flow and/or the experience of timelessness or strong conviction to take action in a specific area of life is linked to the work of the Holy Spirit. The Holy Spirit is presumed to draw each person to God but He is also active in confirming, leading, comforting and bringing joy into the life of Christians.

The current services provided at SDYR that relate to this category involve the mentor and child/adolescent participating in any activity on the ranch where the participant can “lose themselves and experience joy” (Lester, B. & Lester, C., n.d.). This is done through activities such as kayaking, crafting, grooming, feeding, gardening, etc.
The occupational therapist can build upon what the mentor and child/adolescent are doing by considering the child or adolescent’s past history and providing “just-right” activities that elicit engagement, appreciation of the transcendent, and the experience of joy and worship.

Assessments in the field of occupational therapy that would be beneficial in gathering information to assist intervention planning within the category of states of being include: COPM, FICA, Narrative Life History, COSA, Sensory Profile, and the Test of Playfulness.

**Table 9**– Description of Assessment in Relation to Humbert’s Category

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>COPM</td>
<td>This assessment can assist in identifying problem areas in occupational performance and can provide a basis for goal setting. It allows the child or adolescent to identify different activities that are meaningful to them and is able to measure changes in client’s self-perception of occupational performance over time and satisfaction in identified activities in the context of client-centered care. This assessment allows the child or adolescent to identify different occupations they are satisfied or dissatisfied with and how important they are. This allows the therapist to gain a better understanding of different occupations that may elicit joy or flow within the child or adolescent and in what areas they may be experiencing occupational deprivation. (Schultz-Krohn, 2014)</td>
</tr>
<tr>
<td>FICA</td>
<td>With this assessment examining the four different concepts of faith and beliefs, importance, community, and how someone addresses their spirituality, this provides valuable information regarding the different activities that may elicit emotional or affective responses within the child or adolescent when engaging in a valued activity. (Hemphill, 2015)</td>
</tr>
<tr>
<td>Assessment</td>
<td>Description</td>
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<td>-------------------------</td>
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<tr>
<td>Narrative Life History</td>
<td>With this assessment being a way to identify an in depth occupational profile of the child or adolescent, it is a good way for the child to explain how they currently view the world around them and the occupations they have engaged with in the past. This provides valuable information on the activities a child or adolescent has chosen to participate in the past and what they may be interested in the future in order to experience joy and flow.</td>
</tr>
<tr>
<td>COSA</td>
<td>This assessment informs the therapist what the child or adolescent’s perceived level of competency and motivation is, as well as what the participant’s current occupational identity. This can help gather information on the client’s response to their current abilities and competencies and roles.</td>
</tr>
<tr>
<td>Sensory Profile</td>
<td>The sensory profile gathers information on how the child or adolescent responds to the sensory environment around them and this can be beneficial in the therapist gathering information on what activities may elicit different states of being in the child or adolescent. The way a child or adolescent registers sensory information can impact if they are able to experience joy and flow from engaging in that activity. A child or adolescent often chooses to participate in occupations they have capabilities in, which can allow the therapist to understand part of the child or adolescent’s motivation towards engaging in desired meaningful activities.</td>
</tr>
<tr>
<td>Test of Playfulness</td>
<td>The therapist measures playfulness through observation of free play in the child/adolescent. This assessment can gather information on states of being because playfulness can be an aspect of joy and flow. The assessment results demonstrate the child/adolescent’s affective and emotional response to various life circumstances.</td>
</tr>
</tbody>
</table>

These assessments gather information regarding different occupations they are satisfied or dissatisfied with and how important they are to them, as well as those occupations that have been the source of joy or engagement in the past. This can provide a starting point for identifying the occupations that may elicit joy and flow in a given context.
child/adolescent. The assessment tools also assist the occupational therapist in gathering information regarding past and present spiritual practices and experiences enjoyed and valued by the child/adolescent. Such information is helpful for direct intervention, education, consultancy, and/or advocacy.

**Direct intervention:**
Direct intervention in this category might occur individually or in small groups, based upon assessment information. In all cases, intervention is closely coordinated with other staff and particularly the child or adolescent’s assigned mentor. The therapist will facilitate the child or adolescent’s engagement in occupations within their environment that facilitate joy and flow and have the outcome of enhanced spiritual awareness. Examples include activities that involve being out in nature, creative activities, such as dance, art, creative writing and music, and celebratory activities or any other activities that introduce awareness of the presence of God. By the therapist addressing states of being in relation to how a child engages in occupations within their daily life, it can assist in increasing the participant’s motivation in engaging in these valued activities because they are having an affective and emotional response by engaging in them.

**Education:**
An occupational therapist can provide education to people in the child or adolescent’s life (parents, guardians, church members) as to activities the child/adolescent enjoys and those that elicit engagement and creativity. The therapist might provide examples of potential activities that would be appropriate for the home or church setting that are a fit for the client’s developmental stage and performance abilities. In addition, the therapist can provide an in-service to a local support group, faith community or ministerial association as to activities that might appropriately be used to promote creativity, joy, celebration and wonder in children/adolescents with past trauma.

**Consultancy:**
The therapist can consult with mentors to assist them in identifying and selecting activities appropriate for the child or adolescent to elicit joy and flow. They also can consult with case managers, social workers, guardians and representatives of the child or adolescent’s faith community to provide examples of activities appropriate to the child/adolescent’s performance capacity and interests.
Advocacy:

The therapist can advocate for clients with issues related to trauma to participate fully within the faith community. This might involve working locally with children’s and youth pastors to advocate for programming appropriate to a specific child or adolescent’s performance capacity. It can also be working with a local pastoral association representing multiple churches within the community as to the need for children/adolescents with past trauma experiences to have creative opportunities for self-expression to assist them in awareness of the presence of God.
Section Six: Vignettes

Occupational Meaning and Choice

Lauren, an 11-year-old female, came to SDYR with her foster mom. She had a history of RAD and PTSD. During the guardian questionnaire, it was disclosed that Lauren “doesn’t seem to enjoy much and avoids anything where there is a lot of people.” Lauren had a history of trauma prior to being placed in her current foster home. In the first meeting with the occupational therapist, Lauren stated “I do not like loud noises and sometimes I feel like everything around me is too much”. The therapist chose to administer the COSA and the Sensory Profile in order to gather an understanding of what was meaningful to Lauren, how she registered sensory stimuli, and in what activities she felt competent. The therapist found out Lauren had sensory sensitivity and she used to feel competent in being a big sister to her biological brother. In addition, it was revealed that since the time she was separated from her brother in foster care, she had minimal interactions with peers, often isolates herself. However, during administration of the COSA Lauren stated, “I would really like to make some friends.”

The Sensory Profile scores indicated Lauren as sensory avoiding, which is characterized by intentional withdrawal and being easily overwhelmed by sensory-rich environments. Lauren was particularly sensitive to auditory input. Children and adolescents who are sensory avoiding often benefit from structured environments and establishing routines. The therapist consulted with Lauren’s mentor on how to grade the environment with specific strategies such as selecting the time of day, limiting the number of other participants in the immediate environment, etc. Additionally, the therapist educated the mentor on strategies for establishing routines during the beginning
sessions thereby helping the mentor and allowing Lauren a locus of control within the environment. The occupational therapist suggested grading the amount of structure with time.

The therapist advised the mentor that it would be beneficial for Lauren to begin with grooming activities in order to establish routine, build rapport, and introduce sensory components. Intervention took place on an individual basis to start since Lauren did not like being around others and was triggered by excessive noise. This provided a just-right challenge for her sensory abilities because it was individual, structured, and in a controlled environment. The goal was to progress to round pen work in order build trust, increase locus of control, and introduce her to a multisensory environment. The occupational therapist educated the mentor but also provided direct intervention regarding sensory regulation, helping Lauren to learn and use select coping strategies, and established a plan with the mentor for managing behaviors associated with PTSD and RAD to ensure Lauren’s safety.

At the round pen stage, Lauren experienced a “join up” when working with the horse, where the horse chose to listen to Lauren and follow her lead. When that happened, her mentor pointed out to Lauren that the horse was choosing to listen to her. This successful experience in starting a relationship with a horse, increased Lauren’s internal motivation to engage in social interactions with others, in a similar way that she was engaging in a social interaction with the horse. The occupational therapist advocated for Lauren to her foster mother to build upon this experience by slowly introducing her to more social environments. Throughout the sessions, the mentor pointed out parallels of Lauren's relationship with the horse to God’s desire for relationship with her. For
example, the mentor suggested to Lauren that she consider how her actions might be motivated and shaped through a relationship with Jesus, just like the horse’s actions and motivations become dependent on Lauren when working in the round pen. The occupational therapist was able to address Lauren’s occupational deprivation and social isolation through direct intervention, education, and consultancy. The therapist assisted the mentor in exploring spiritual considerations with Lauren, who ultimately gained the confidence and skills to meet her identified goals.

**Life Meaning and Purpose**

Suzy, a 16-year-old female with a history of MDD and PTSD, came to SDYR with her adopted mom. As part of the intake process her mother stated, “it’s been a rough road with determining what to do and what is going on with our family, Suzy will often state she does not know why she even exists.” When the therapist observed Suzy in her environment she often was seen sitting by herself and not engaging in any of the activities around her. The therapist decided to administer the COSA and found out that Suzy used to feel competent in activities where she could take care of others but does not feel like she can do this anymore. The occupational therapist wondered about the source of the occupational breakdown, whether it was regressed abilities, mental health barriers, change in roles, change in environment, changes in client factors, or a combination.

After conducting a Narrative Life History assessment, the OT determined the disruption to occupational participation to be the result of changes in mental health and environment. She directed the mentor to begin by working on skill building activities to promote self-efficacy and self-care. The first session activity was to have Suzy groom and clean many of the animals on the ranch. Through these activities, Suzy explored the
meaning and life purpose of the animals she cared for and experienced directly how her actions were beneficial to the animals. Throughout the sessions, as they were caring for the animals, Suzy shared with the mentor that she was struggling with caring for herself. She stated, “I struggle to find the motivation to shower, or even brush my hair most days.”

As Suzy built a relationship with the horse and other animals that she cared for, her mentor shared with her that God who loved her and cared for her, and challenged her to notice how God cared for her just like she was caring for the horses. As Suzy realized the purpose for completing different activities at the ranch, and realized that her contributions mattered, she became more confident in her abilities and in herself. In other words, her activity involvement promoted self-efficacy, identity formation, and engagement in meaningful occupations. The mentor engaged Suzy in conversations about her purpose in life, pointing out that she was created in the image of God, loved and created with a unique purpose, in many ways mirroring the relationships she was forming with the animals.

The occupational therapist also engaged Suzy in one-on-one direct intervention to extend the value of the work of the mentor and to focus directly on self-care skills. The OT, similar to the mentor, talked about God as a relational and loving being, caring about the circumstances and even the smallest physical needs of each person. The occupational therapist utilized skill building techniques, assisting Suzy in establishing new habits and routines to engage in daily self-care skills. The therapist also established supports in Suzy’s home environment to promote self-care completion, such as daily reminders, check lists, and schedules. She worked with Suzy’s mother to organize the environment
for morning self-care. When constructing the check list, the OT worked with Suzy to identify motivating slogans to post on the list that would remind her of God’s loving purpose for her life, and taking good care of herself as a response to God’s love and care.

Volition and Resilience

Samuel, a 12-year-old male, came to SDYR with a history of GAD and MDD. He lived with his mom, dad, and two brothers. Since his father was a pastor of a local church, Samuel had grown up being involved in many activities at the church. He used to be a part of the church children’s choir and engaged in the youth group until a year ago. During the intake process, his mom disclosed that his older sister had died in a car accident about a year ago. Since the accident, Samuel had been experienced panic attacks, resisted going to church or playing sports, and stopped hanging out with friends. The therapist decided to administer the FICA to determine Samuel’s current beliefs and their importance to him. During this assessment, Samuel disclosed that he believed in Jesus, used to pray, and used to be connected with others in his church, however since the death of his sister he was angry and upset with God and stopped engaging in many formerly meaningful activities.

The therapist administered a COSA to gain a sense of Samuel’s current occupational identity and interests (regression of skills may occur in children following a traumatic event). Based off the assessment results, the therapist in collaboration with Samuel made goals to engage in meaningful, achievable activities that would allow for feelings of success and self care, to build relationships, and to address faith needs.

The OT and mentor mutually decided to begin Samuel’s therapy by telling the story of one of the horses on the ranch that had been abused and rescued. After telling the
horse’s story and the horse’s difficulty trusting others, the therapist shared her own story of being disappointed by an adult, making it hard to trust others. The mentor then Samuel in a trust exercise with the horse in the round pen where the horse chose to trust Samuel, even though it has had bad experiences in the past with humans. The horse provided a tangible demonstration that it was possible to learn to trust again. Through this exercise, Samuel was introduced to the goal of learning to trust God again as well as learning to trust and let others into his life again. The therapist and mentor introduced Samuel to the foundational Christian belief that God is near to the brokenhearted and ultimately intends to bring healing and joy to His children. Samuel was encouraged to persevere in addressing his grief at the loss of his sister and encouraged to process his feelings of panic and loss of control. Through direct intervention, the occupational therapist encouraged emotion identification and self-expression, introduced self-calming techniques such as deep breathing, prayer and calming activities and educated Samuel as to physiological signs he might experience if close to a panic attack. The mentor encouraged Samuel to express his emotions to God, to trust that God cared about each of his feelings and was a source for comfort and healing. Together the occupational therapist and mentor worked with Samuel to encourage him to persevere in trusting others, communicate emotions and engage in activities even when he did not feel like doing so. Although the OT began with individual sessions with Samuel, he was eventually able to join in a small cooperative games and sports group that she led, and eventually became a group leader in sharing the directions for the games with others.
At his parent’s request, the occupational therapist also consulted with the church youth pastor and coach so that they were aware of the coping strategies and other supports that Samuel found helpful to stay engaged in activities.

**Religious and Theological Beliefs**

Johnny, a 9-year-old male diagnosed with MDD and RAD, had lived in three different foster homes by the time he first came to the ranch. He was 4-years-old when he was taken from the custody of his biological mother. The occupational therapist conducted a Narrative Life History to gain an in depth occupational profile, including his current beliefs and meaningful occupations. During the interview Johnny stated “it’s just hard to deal. People just come and go from my life. It’s not fair.” Johnny disclosed that his foster mom was a Christian and that he wanted to learn more about what that meant. During the intake questionnaire, his social worker disclosed that Johnny had difficulty with coping and this had created issues with him in establishing relationships at his foster home and at school. It was disclosed that when Johnny was upset, he raged and demonstrated destructive behavior.

The therapist began by providing direct intervention with Johnny as well as consultation to his mentor. In direct intervention, the therapist used a social story of a child similar to the age of Johnny to demonstrate how the child responded to frustrations in daily life contexts that often induced a rage in Johnny. Through use of this social story Johnny was introduced to coping skills and strategies that he could use when his anger was triggered. The therapist used a behavioral approach to motivate Johnny to actively use his coping strategies in role-play situations and in real situations occurring at home and school. Simultaneously, the therapist consulted with the mentor to identify Bible
stories that would provide Johnny a bigger picture of how people had struggled with anger throughout history, and how God was involved in their lives. For example, some were consumed by anger (such as the strong man Sampson) and others were able to forgive, such as Joseph, who was sold by his brothers into slavery. The mentor, through use of pertinent Bible stories connected with creative activities such as painting and drawing helped Johnny build his theological belief that God cares about people and though evil things might happen, God could turn things around to use even bad things for the good. By connecting to his mentor and connecting to something greater than himself Johnny learned to adopt a bigger picture perspective on his life events to better cope with daily life events that triggered anger. Building upon the foundational Christian belief that God will work all circumstances for the good of those who love Him, Johnny was encouraged to trust in God, to lean on Him for strength and use his coping skills as tools provided by God to cope with adverse life circumstances.

Utilizing the strategy of social story while also developing Johnny’s religious and theological beliefs provided him with a larger conceptualization and appreciation of his life and the adverse life events he had experienced. Based on this success, the occupational therapist consulted with Johnny’s current guardian and social worker/case manager to utilize social story in other pertinent life contexts and circumstances.

States of Being

Emily, a 14-year-old female with a diagnosis of MDD, came to the ranch and during the intake process stated that she did not have many activities that she enjoyed doing anymore and that she was not excited about life. The therapist administered the COPM to Emily. She had great difficulty in identifying occupations she was satisfied
with and identified she was particularly dissatisfied with her leisure occupations. Throughout the first few sessions with her mentor, Emily expressed interest in working with the horses and appeared to enjoy grooming them. The therapist consulted with the mentor to build on this enjoyment to introduce other creative activities such as painting, water play, nature observations and music while grooming and watch her response. As Emily explored more occupations, she caught herself smiling, and her mentor noticed her genuinely enjoying herself.

The occupational therapist provided direct one-on-one intervention to further assist Emily in the exploration of leisure skills, building upon her enjoyment of horses to introduce gardening, care for other animals, and nature walks with the horse. The OT encouraged Emily to pay attention to how she felt about each activity and gave her opportunities to try new activities each week, including various craft and cooking activities. By assisting Emily to expand leisure exploration, the OT helped Emily to find activities she could enjoy at home. Over time, she discovered that she loved the rhythmic activity of knitting, and found she experienced God’s presence and peace through the patterned repetition of her knitting and joy in the products she was able to create and to give to others.

The occupational therapist consulted with Emily’s guardian to explore opportunities for Emily to expand on her interests in the community, for example, to be a part of a knitting club, explore other craft activities of interest or volunteer at a local animal shelter to build on her enjoyment of and interest in working with animals.


CHAPTER V

Summary

The purpose of this project was to provide a tool for the Christian occupational therapist to provide services within a faith-based setting from a Christian worldview perspective. Humbert’s Conceptual Model for the application of spirituality within occupational therapy practice was used to guide occupational therapy programming at Stable Days Youth Ranch. Roles were defined for direct intervention, education, consultancy, and advocacy for occupational therapy services. Activities and programming currently provided at Stable Days Youth Ranch were identified relative to the trauma population. These program activities were then aligned with foundational concepts of the Christian worldview and categories of Humbert’s Conceptual Model.

Limitations of this project include the specificity of design for a local Christian equine and agriculturally-based mentorship program and the inexperience of the product authors with design of faith-integrated products. However, expert resources were consulted to accurately represent Christian worldview concepts so that the product created might be generalized to other integrated faith-based service contexts. The inclusion of vignettes demonstrating product use specific to the targeted population also strengthens generalizability. Additionally, the product was created for use by occupational therapists who themselves identify as Christian.

Although written for use with a local facility to provide integrated occupational therapy services from the Christian worldview perspective, it might also be utilized with
similar ministries and organizations nationwide that include equine and agriculturally-based mentorship programs. Although created to address the trauma cluster of the child/adolescent population, the product might be extended for use with other pediatric populations who demonstrate some of the associated characteristics of the trauma cluster. This product can also be generalized to other populations beyond pediatric clients and to contexts beyond facilities like SDYR in the sense that it provides a way for Christian occupational therapists to conceptualize how they can provide services addressing occupational performance issues or occupational deprivation from a Christian worldview perspective while also honoring best practices in the occupational therapy profession. Finally, this product illustrates concepts that might be important to clients who identify with a Christian worldview, thereby providing information that might be helpful for the non-Christian occupational therapist who is working with a Christian client.

Overall, this product aligned an occupational therapy conceptual model for spirituality with the Christian worldview perspective and contemporary best practices in occupational therapy assessment and intervention for the trauma population, resulting in a product suitable for use by an occupational therapist employed at the local faith-based institution of Stable Days Youth Ranch. It can serve as a model for integrating occupational therapy services into the therapy framework of a Christian faith-based institution by identifying how an occupational therapist can provide integrated services in the various roles of direct intervention, education, advocacy, and consultancy. Recommendations for future development include revision for use in other types of faith-based settings and with other populations.
REFERENCES


_Asher’s occupational therapy assessment tools an annotated index_ (pp. 29-64). 

care, Jewish senior care). Retrieved from 
https://www.seniorliving.org/healthcare/religious-based-senior-care/

Grove, IL: InterVarsity Press.

meaningful occupation in occupational therapy. _The Open Journal of 
Occupational Therapy_, 6(1). doi:10.15453/2168-6408.1296


Whitney, R. (2010). Reflections from the heart: The spirit catches me and I write it down. 
_OU Practice, 15_(16), 33.

MFT training: A reflexive curriculum and qualitative evaluation. _Journal of 
Marital and Family Therapy_. doi:10.1111/jmft.12314