An Occupational Therapy Life Skills Training Program to Help At-Risk Youth Transition Successfully Into Adult Life

Kara Honius, OTS
Faculty Mentor: Dr. Moses Ikiugu, PhD, OTR/L, FAOTA
Site Mentor: Molly Lemke, LPC, LSW

Purpose

The purpose of my capstone project was to create and implement an occupational therapy life skills training program to help at-risk youth develop life skills so that they are more successful with transitions to home or independent living. Overall, the goal of the life skills training program is to help adolescents become more successful with living independently by providing education and practicing life skills.

Background

For my capstone experience, I created an occupational therapy life skills training program for adolescents, ages 10-18 years old, in an inpatient residential facility. Many adolescents at the inpatient rehabilitation facility have histories of traumatic experiences to which they learned to cope using unhealthy adaptations. These at-risk adolescents need to learn how to regulate their emotions and develop healthy coping strategies so that they can successfully transition to life outside of the inpatient facility. The life skills program which I developed was designed to help these adolescents learn these all-important life skills. While occupational therapy services in the mental health setting are scarce, occupational therapists have the skills to provide support, education, and training to adolescents with a variety of emotional or psychological concerns. Occupational therapists can promote well-being and improve quality of life among youth by helping adolescents: create healthy habits, roles, and routines; decrease unhealthy behaviors; increase participation in meaningful occupations; increase activity participation; promote physical health; learn how to set life goals; develop healthy coping mechanisms; tackle mental health concerns; learn life skills needed to transition to independent living or home; and overall maintain good mental health (AOTA, 2014). It is clear therefore that occupational therapists must advocate for access to their services in mental health settings. In these settings, they can facilitate social participation, meaningful participation in leisure activities, sleep preparation, healthy relationships, development of coping or relaxation skills, development of self-awareness, effective communication skills, problem-solving skills, emotional regulation, and life skills (Dobson, 2019).

Mental Health: Mental health affects an individual's emotional, psychological, and social well-being (U.S. Department of Health & Human Services, 2019). A person's mental health determines how the individual thinks and handles the stress of life. Adolescents with mental health problems may demonstrate behaviors such as decreased participation in usual activities, anger, physical or verbal aggression, and self-harm ideations or acts.

Trauma: Trauma results from a distressing event (American Psychological Association [APA], 2020). Individuals may also demonstrate behavioral changes, mental health problems, difficulty with emotional regulation, attachment difficulties, regression, difficulty in school, nightmares, difficulty eating or sleeping, pain, and unhealthy behaviors (The National Child Traumatic Stress Network, n.d). Furthermore, children and adolescents with a history of trauma may have difficulty expressing their feelings, processing their experiences, and completing daily activities effectively (APA, 2020).

At-risk Youth: Factors that increase the risk of developing mental health concerns due to trauma include adverse childhood experiences, family instability, poverty, homelessness, poor availability of community or school resources, being bullied, being abused, being neglected, lack of support, being involved with drugs or alcohol, involvement with delinquent peers, peer pressure, being an immigrant, receiving special education, physical disability, or mental illness (Fernandes-Alcantara, 2018; Malcore, 2016; National Center for School Engagement, n.d.

Life skills training programs: Life skills training programs are curriculums that are used in the education of individuals in how to use basic skills to handle problems effectively so that they can live successfully (British Council, n.d.; World Education, n.d.). However, currently, occupational therapy services that include the development of such programs are not widely available for at-risk youth in mental health settings (Dobson, 2019).
Occupational therapists can design client-centered, occupation-based interventions with therapeutic media to help the adolescents successfully transition from residential facilities to the community (Arbesman, Bazyk, & Nochajski, ole, 2018; 2013; D'Amico, Jaffe, & Gardner, 2018; Shea, & Jackson, 2015; Shea, & Sui, 2016; Williams & Metz, 2014).

UNIVERSITY OF SOUTH DAKOTA
SCHOOL OF HEALTH SCIENCES

Theoretical Foundation

Eclectic Method: The eclectic model consists of an organizing model of practice and two complementary models of practice (Ikiugu & Smallfield, 2011; Ikiugu, Smallfield, & Condit, 2009).
Organizing model of practice:

- **Behavioral/Cognitive Behavioral** (Duncombe, 2005; Ikiugu, 2007; Ikiugu, 2018).
  - The goal of intervention in the perspective of this frame of reference is to help the individual identify cognitive distortions and challenge them and learn adaptive skills necessary for independence with daily life skills (Duncombe, 2005; Ikiugu, 2007; Ikiugu, 2018).

Complementary model of practices:

- **Model of Human Occupation** (MOHO) (Ikiugu, 2007; Ikiugu, 2018b; Kielhofner, 2008; & Taylor, 2017).
  - Created from four components of volition, habituation, performance capacity, and the environment through a heterarchical arrangement.
- **Person-Environment-Occupation-Performance** (PEOP) (Baum, Christiansen, & Bass, 2015; Christiansen & Baum, 2005; Cole & Tufano, 2008).
  - The person which includes intrinsic factors such as skills or abilities, the environment which is the external characteristics, the occupation which is the activities or tasks that are meaningful to our daily lives, and occupational performance which is the participation in occupations

Methods

Throughout this experience, I have expanded my knowledge about the practice setting, progressed my interpersonal skills while implementing and learning from the program I created.
The first week of my experience I dedicated to education, training, and observations. The educational trainings related closely to the mental health practice setting and how the policies and procedures of this facility flow to ensure safety. Many hours were spent learning about the process, culture, and procedures of an inpatient mental health facility. Literature was reviewed to ensure current assessments and interventions were implemented. I provided a survey questionnaire to all residents at the facility asking about meaningful activities, interests, strengths, areas of improvement, and life skills. Also, I interviewed an occupational therapist working in an adolescent inpatient facility, three facility staff, and six residents inquiring about what they perceived as the life skills training needs at the facility. The interview guide was based on the theoretical propositions of the Behavioral/Cognitive-Behavioral, MOHO, and PEOP theories. This extensive information gathering constituted the needs assessment. Based on the results of the needs assessment data analysis, I developed an occupational therapy life skills training program. Each lesson was guided by information obtained through literature research, interviews, observations, discussions, and needs assessment while guided by theory.
The program was 15 lessons and implemented over a five-weeks in the girl units of the facility. There were about 10 girls per unit. I conducted one to three, one-hour session per week in each unit. Each session consisted of one to three life skills lessons.
At the end of the five weeks, I administered an evaluation questionnaire to participating residents. Staff who observed or were familiar with the program guide were also invited to respond to a staff version of the questionnaire. Finally, I interviewed five residents more in-depth about each lesson which included questions about how that life skill lesson modified, enhanced, or changed their mindset with life skills and transitions into adult life. Information gathered from the questionnaires and interviews were analyzed to determine if the program was successful and areas of improvement. Information reported was placed into categories and key themes were identified. Attendance was analyzed to see if participation was consistent with the residents.

Conclusion

During my capstone experience, I created and implemented an occupational therapy life skills training program. Throughout this program, I educated, discussed, answered many questions, and provided support to the residents and staff. Input from an occupational therapist, staff, and residents helped guide the creation of the program. The implementation of this life skills program was client-centered and occupation-based to promote involvement in learning life skills to promote successful transition to adult life. The lessons were guided by Behavioral/Cognitive-Behavioral, MOHO, and PEOP theories. Overall, this program provided education and training to at-risk adolescents to promote a successful transition to home or independent living.

Results

Outcome evaluations
•Process evaluation- Ensuring attendance was consistent throughout the program
•Phenomenology- Exploring the lived experiences
Assessment Instruments: Resident survey questionnaire, staff survey questionnaire, Resident semi-structured interview, and attendance.
Program outcomes: A total of 18 residents responded to the questionnaire. All 10 residents in the west unit responded while eight in the east unit responded, one declined, and the other one was a new resident. The residents indicated that they enjoyed the program. They thought that it was fun, helpful, and they thanked me for running the program.
Questionnaires: Almost all (17/18) residents reported that they enjoyed the program. They liked the interactive discussions (2), activities (4), and learned skills to help with independent living (7). Most (16/18) residents felt the activities were beneficial, engaging, and helped solidify life skills concepts. All 15 of the life skills lessons were indicated as beneficial at least once by a resident in the questionnaires. Money management (12), home management (11), job skills (6), coping skills (7), mental health and health maintenance (4), goal setting (5), transitions and independent living skills (10), sleep preparation (4) and conflict resolution (4) were some of the lessons mentioned multiple times. A few residents mentioned that they did not like lessons such as sleep preparation (3), goal setting (1), mental health concepts (1), Roles/Routines (1), and money management (1), but 15 individuals reported that they liked all the lessons and activities. Fourteen individuals would not change anything, but a few residents reported more activities (2), movement (1), and information on a few of the topics (2). The staff liked the program and provided a recommendation to add estimated time completion for each lesson.
Interviews: This program has changed their outlook on relationships (1), having a healthier mindset (2), improved coping skills (2), and implementing routines more (1). All residents interviewed think about what is motivating to them. Residents reported that they are working on improving self-care (2), physical and emotional health (5), and goals (2). The coping skills handouts were helpful (5), and residents are working on balancing life (5). Group members are working on following the sensory diet they created along (4) with using new coping skills (3). Most resident outlooks on goals have changed for the better (4). Routines (5), time management (4), and roles (3), have improved. Most (4/5) residents interviewed are following their night routine and two reported better sleep. Social participation (5), communication (5), problem-solving (5), and relationships (5), are improving. Residents (5) handle frustrations in school or know what they need to do to handle frustrations better. All (5) residents interviewed have a better understanding of job skills, money management, housing management, transitions, and enjoyed the activities. Residents (5) feel as if they are more assertive and handle conflicts better, but there are still areas for improvement.
Process outcomes: Group members attended every lesson unless they had a visit or if there was a safety issue with them.

Discussion / Implications for OT Practice

Developing a life skills program was rewarding and beneficial for myself, staff, and residents at the inpatient rehabilitation facility. I gained confidence and control of groups after a couple lessons. Overall, the program was enjoyable, interactive, fun, engaging, and was successful. All life skills, but specifically money management, home management, job skills, coping skills, mental health, health maintenance, goal setting, transitions/independent living, sleep preparation, meaningful occupations, and conflict resolutions will be beneficial for promoting successful transitions for at-risk youth. Currently, no revisions to theory. My recommendation is for future occupational therapists to advocate for occupational therapy practice to expand throughout mental health and to work with at-risk youth.

References

American Occupational Therapy Association. (2014). Occupational therapy practice framework: Domain and process (3rd ed.). *American Journal of Occupational Therapy, 68*(1).
American Psychological Association. (2020). *Trauma.* Retrieved from https://www.apa.org/topics/trauma/
Arbesman, M., Bazyk, S., & Nochajski, S. M. (2013). Systematic review of occupational therapy and mental health promotion, prevention, and intervention for children and youth. *American Journal of Occupational Therapy, 67*, e120–e130.
Baum, C. M., Christiansen, C. H., & Bass, J. D. (2015). The Person-Environment-Occupation- Performance (PEOP) model. In C. H. Christiansen, C. M. Baum, & J. D. Bass (Eds.), *Occupational therapy: Performance, participation, and well-being* (4th ed., pp. 49-56). Thorofare, NJ: SLACK Incorporated.
British Council. (n.d.) *Life Skills: What are Life Skills and Why Teach Them?.* Retrieved from https://www.britishcouncil.gr/en/life-skills/about/what-are-life-skills
Center for Early Childhood Mental Health Consolation. (n.d.). *Types of Traumatic Experiences.* Retrieved from https://www.ecmhc.org/tutorials/truama/mod1_3.html
D'Amico, M. L., Jaffe, L. E., & Gardner, J. A. (2018). Evidence for interventions to improve and maintain occupational performance and participation for people with serious mental illness: A systematic review. *American Journal of Occupational Therapy, 72*, 7205190020
Duncombe, L. (2005). The cognitive-behavioral model in mental health. In N. Katz (Ed.), *Cognition & occupation across the life span: Models for intervention in occupational* therapy. Bethesda, MD: American Occupational Therapy Association
Fernandes-Alcantara, A. L., (2018). *Vulnerable Youth: Background and Policies.* Retrieved from https://fas.org/sgp/crs/misc/RL33975.pdf
Malcore, P. (2016). *What Are Youth At-Risk and What Can You do to Help?*. Retrieved from https://www.rawhide.org/blog/teen-issues/youth-at-risk/
National Center for School Engagement. (n.d.). *Serving At-Risk Youth.* Retrieved from https://schoolengagement/orgn/school-engagement-services/at-risk-youth/
Taylor, R. R. (2017). *Kielhofner's model of human occupation* (5th ed.). Philadelphia, PA: Wolters Kluwer
The National Child Traumatic Stress Network. (n.d.). *About Child Trauma.* Retrieved from https://www.nctsn.org/what-is-child-trauma/about-child-trauma
World Education. (n.d.). *Life Skills Training.* Retrieved from https://www.worlded.org.WEIInternet/international/expertise/display.cfm?tid=1004&id=758