

# Philadelphia University + Thomas Jefferson University

HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

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### LEVEL II FW EDUCATION OPPORTUNITY:

**OT** students worked with a diverse population in a variety of living environments including permanent supportive housing, and safe havens.

Primary Diagnoses				
Primary Mental Health Diagnoses	Schizophrenia	Generalized Anxiety Disorder	Personality Disorder NOS	
	Bipolar Disorder	Substance Use Disorder	Schizoaffective Disorder	
	Clinical Depression	Post Traumatic Stress Disorder		
Other Conditions Related to Interventions	Diabetes	Stroke and TBI	Parkinson's	
	Joint Replacement	Low Vision	Chronic Pain	
	Trigger Finger	Carpal Tunnel	<b>Congestive Heart Failure</b>	

**OT Process for 1:1 Interventions** 

Utilized an Occupational Therapy Interest Form to build rapport, to identify interest in OT programming, and to begin identifying goals and

**Theories**: Person- Environment-Occupation Model, Transtheoretical Model, Human Occupation Model, Biomechanical Frame of Reference

**Pre-Assessment:** Utilized the Canadian Occupational Performance Measure (COPM) to identify goals for OT treatment, additional assessment tools were utilized as needed

1:1 Interventions Provided: Health management, leisure exploration, money management, emotional regulation, community and functional mobility, job readiness, compensatory strategies, assistive equipment, depression/anxiety management, orthosis fabrication-, joint positioning, and pain management

**Discharge:** Re-assessment using the COPM; Occupational Therapy Consult Discharge Form- an exit interview used to determine next steps in OT programming

Assessment Tools		Group Themes	Examples of groups	
Assessment Tool Canadian Occupational Performance Measure (COPM)	<ul> <li>Outcomes</li> <li>Majority of participants reported increased occupational performance and satisfaction post-intervention</li> <li>Average self-reported satisfaction scores showed clinically significant increase</li> </ul>	<ul> <li>Physical and Emotional Wellness</li> <li>Pain management</li> <li>Leisure Exploration</li> <li>Sleep hygiene</li> <li>Relaxation strategies</li> <li>Tenancy in preparation for housing placement</li> <li>Community Engagement and Mobility</li> <li>Meal preparation</li> <li>Social Participation</li> <li>Budgeting and Financial</li> </ul>	<ul> <li>"Team Building: Let us Build a Ping Pong Table"</li> <li>"All Gain, No Pain: Pain Management Techniques"</li> <li>"On Your Butt Bingo"</li> <li>"On Your Butt Bingo"</li> <li>"Don't Worry, Be Sleepy: Worry Journaling for Better Sleep"</li> <li>"Shine a light on Dark Times"</li> <li>"Price is Right: Money Management"</li> <li>"Tenancy Jeopardy"</li> <li>"Smells Like Home"</li> <li>"Tastes Like Home"</li> <li>"Grocery Circular: Hunting for Bargains"</li> </ul>	
Pain Outcomes Questionnaire	<ul> <li>Pain intensity, negative affect related to pain, and total impact of pain were decreased for all participants given this assessment</li> <li>Pain intensity saw the greatest reductions following OT interventions.</li> </ul>			
Additional Assessments - Used on an as-needed basis	<ul> <li>Beck's Anxiety Scale</li> <li>Bells Test</li> <li>Berg Balance Scale</li> <li>Dynamometer</li> </ul>	Management "OT Assisted		
	<ul> <li>Leisure Satisfaction Measure</li> <li>Manual Muscle Testing</li> <li>Montreal Cognitive Assessment (MOCA)</li> <li>Occupational Interest Form</li> <li>Pinch Gauge</li> <li>Quality of Life Scale</li> <li>Self Efficacy</li> <li>Timed-Up and Go</li> <li>University of Rhode Island Change Assessment Scale (URICA)</li> <li>Visual screen</li> </ul>	<ul> <li>condition</li> <li>Build my confidence</li> <li>Express my feelings in a safe</li> <li>Understand and manage my</li> <li>Improve my organizational sk</li> <li>Prepare me for my new home</li> </ul>	eraction with fellow residents ep habits ince in my life ationship with food wledge of living with my health ee is in a safer and healthier way anage my medications zational skills	

## Addressing Chronic Homelessness & Mental/Behavioral Health Needs in the Community: Jefferson Collaborative Level II Fieldwork and Doctoral Experiential Programming

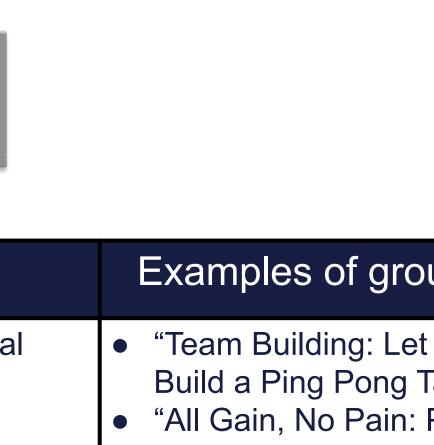
### NON-PROFIT ORGANIZATION AND UNIVERSITY COLLABORATIVE

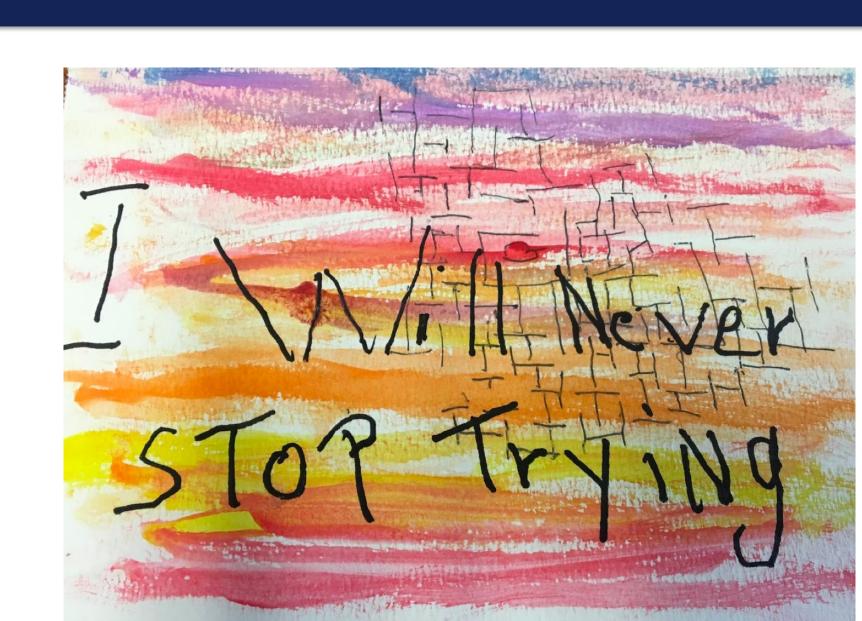














"Project HOME is a Philadelphia non-profit organization empowering individuals to break the cycle of poverty and homelessness through affordable housing, employment, health care and education" (Project HOME, 2019).

Non-profit community based permanent supportive housing organization in Philadelphia that assists individuals with a history of chronic homelessness and serious mental health illness (SMI).

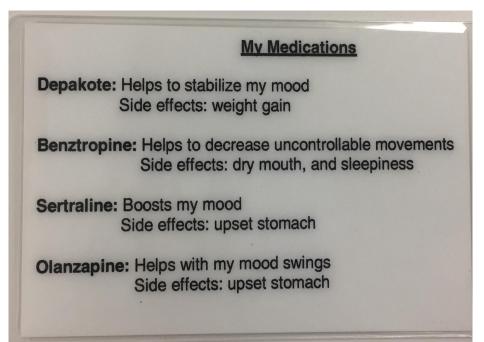
The organization provides services including case management, nursing, and peer support to promote transition to permanent housing at the support level best suited for each participant.











- experiences.
- and stress management.
- $\rightarrow$

### **OLDER ADULTS AGING IN PLACE:**

- **Results**:
  - in FOF.

### **ADULTS RETURNING TO WORK/VOLUNTEER PURSUITS:**

- significance

# Participant qualitative feedback: I learned...

"to sleep healthy... have healthy habits... keep a schedule... set positive goals" "the motivational mirror was helpful-I like to look at positive things before I look in mirror"

### **YOUNG ADULTS AND EMPLOYMENT/EDUCATION RELATED GOALS:**

- skills and anger management 4,12,17.
- Results:
- levels following implementation of the group protocol.

- order to better understand the transferability of results.

#### DOCTORAL EXPERIENTIAL

**Consulting** in adaptive equipment education and training, and self-advocacy for work related

1:1 interventions with families, young adults and children including money management, sleep routines, child rearing, coping mechanisms, finance management, time management, healthy eating

→ Observing and assisting the community **outreach team** on multiple projects including providing resources to individuals without shelter, and those living with opioid addiction. Consulting with the **social enterprise** team to promote resident safety and increase productivity.

#### DOCTORAL CAPSTONE PROJECTS IMPLEMENTED

• Six one-hour falls prevention education and training groups with n= 7 older adults (55+) with SMI and previous homelessness focusing on factors precipitating falls and fear of falling (FOF)<sup>2,5,7,14,15,16</sup> • Outcome measurement tool: Fear of falling efficacy scale-international (FES-I)<sup>6</sup>

• FES-I pre and post test scores demonstrated there were participants (n=3) that had a decrease in FOF, participants (n=1) that had no change in FOF, and participants (n=3) that had an increase

• Cut-off scores indicate 86% (n=6) of participants had no change in their FOF and 14% (n=1) had decreased FOF (from high concern to moderate concern).

• A Wilcoxon signed-rank test showed that there was **no statistically significant change in FOF** comparing pre and post-FES-I overall scores (Z= -.210, p = 0.833) and itemized scores with improved median FES-I scores of 39 pre to 29 post.

• **Discussion:** Although data demonstrated statistically insignificant findings post programming, it is hypothesized that participants' FOF remained the same or increased possibly due to heightened awareness of fall-risk factors discussed in weekly programming.

• Purpose: For participants to demonstrate basic activities of daily living in order to maintain or return to a work/ volunteer position for adults with SMI n=8 adults ages 33-70 years old

• Programing included 8 one-hour weekly consecutive groups focused on the 6 areas of the outcome tool • Outcome measurement tool: Worker Role Interview (WRI)<sup>9</sup> Version 10.0- Format II; highlights the following areas: values, routines, interests, habits, personal causation, environment.

• Results: Quantitative data currently being analyzed: Results currently trending towards statistical

• Group-based education program for 8 young adults (aged 21-24), focused on IADL development, to reduce perceived stress and promote progress towards employment/education related goals 4,12,17. • 8 sessions focused on: time management, finance management, stress management, communication

• Outcome measurement tools: **Perceived Stress Scale** (PSS-10) and **Goal Attainment Scaling** (GAS) <sup>8,18</sup>.

#### $\circ$ $\frac{7}{8}$ participants demonstrated a positive change in PSS-10 scores,

with only one participant reporting an increase in perceived stress

• A Wilcoxon signed-rank test demonstrated no statistically significant

change in participants' PSS-10 scores from pretest to posttest, a trend towards significance was noted (Z=-1.689, p=0.091).

• GAS outcomes can be seen in Fig. 1 where all participants reported positive progress towards **goals**, with n=7 surpassing the expected outcome established prior to group implementation. • Discussion: While data was not shown to be statistically significant, clinical interpretation suggests that

the group protocol positively impacted participants' perceived stress levels and progress towards employment/education related goals. Further research with a larger sample size is recommended in

