Population-Centered Life Skills Groups: Perceptions of Satisfaction and Engagement

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PURPOSE. We examined the satisfaction with and engagement in population-centered life skills groups of women in a residential facility for substance dependence.

METHOD. This study was a retrospective, cross-sectional analysis of 561 surveys designed to elicit Likert scale client ratings. Descriptive statistics were used to examine client satisfaction. Differences in client engagement by content focus and activity process were also examined by analyzing the median scores of eight life skills development questions using the Kruskal–Wallis test of medians.

RESULTS. Collectively, 96.8% of those who completed the surveys were satisfied with the living skills groups; 73.3% strongly agreed, and 23.4% agreed. No significant differences ($p > .05$) were found in the median scores of the engagement responses by either content focus or activity process.

CONCLUSION. Population-centered life skills groups conceptualized within a holistic Person–Environment–Occupation model appear to be satisfactory and engaging interventions for women in recovery.

A powerful directive for best practice rests in the mandate that occupational therapy be client centered in its use of interventions meaningful to each client (Law, 1998). Professionals hold that occupational therapy will occur only to the extent that therapists engage with clients and clients engage in interventions (Peloquin, 2005). Most practitioners support the derivative belief that client-centered evaluations will ensure the implementation of interventions that enhance client engagement and satisfaction. In this way, the ideal of client-centered practice presses therapists to center on client needs and values in all aspects of therapy (AOTA, 2008).

More recently, professionals have noted the value of practice among populations, particularly those with chronic conditions (AOTA, 2008; Mallinson, Fischer, Rogers, Ehrlich-Jones, & Chang, 2009). In community settings in which group work occurs, intervention planning may combine theoretical directives, evidence-based recommendations, and consultations with representatives from the population as opposed to individualized evaluations (Peloquin & Ciro, 2013). This global approach falls short of ideal client-centered therapy and is population centered in the sense that unique client needs are assumed to align with those identified in the population.

In what we call population-centered planning, common needs serve as a starting point for setting group goals. The possible risk in targeting common as opposed to unique needs identified through assessments and interviews is the emergence of feelings of dissatisfaction associated with diagnosis-driven interventions (Peloquin, 1993). One consequence might be disenagement from therapy. Given the press for client-centered therapy alongside the exigencies of practice, it seems important to explore the extent to which individuals report satisfaction with and engagement in population-centered occupational therapy groups that, as defined here, are a step removed from the ideal.

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mously, we investigated the perceived satis-
faction and engagement of women in groups
that targeted life skills needs identified
through consultation with representatives
from this population.

**Occupational Therapy Programming at the Alcohol and Drug Abuse Center**

The Intensive Residential Program at the Alcohol and Drug Abuse Center, a non-
profit facility known locally as ADA House, serves as many as 14 women in recovery for
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elaborated by Law et al. (1996).

For years, life skills training has been associated with mental health practice,
whether focused directly on occupations or
on salient preparatory methods or pur-
poseful activities (Bickes, Deloache, Dicer,
& Miller, 2001; Howe, Weaver, & Dulay,
1981). Such groups have been deemed helpful in many venues (Bellack, 2004;
Clark & Rich, 2003; Craik & Pieris,
2006; Ikebuchi, Anzai, & Niwa, 1998;
Leufstadius, Erlandsson, & Ekdund, 2006;
Pieris & Craik, 2004; Rotheram-Borus,
1988; Tryssenaar, Jones, & Lee, 1999).
More recently, the phrase lifestyle redesign
has characterized occupational therapy
among those striving to make healthy life changes (Jackson, Carlson, Mandel,
Zemke, & Clark, 1998; Moyers & Stoffel,
2001). Results of a recent systematic review
of activity-based group work led in com-
munity mental health settings, however,
indicated that the most that can be con-
cluded is that activity groups may be an
effective intervention with similar or im-
proved effect as verbally based groups with
similar aims (Bullock & Bannigan, 2011).
The need for further research is clear.

Our population-centered approach to
planning life skills groups at ADA House
began with a review of the professional
literature and inquiry into substance de-
According to their analysis, four inter-
tervention types emerged as effective in this
population: (1) brief interventions aimed
at exploring substance dependence and
motivating the person to address it; (2)
cognitive–behavioral approaches that mod-
ify thought patterns and emphasize coping
behaviors; (3) motivational strategies such as
empathic and client-centered exchanges to
support change; and (4) 12-step self-help
programs such as Alcoholics Anonymous
and Narcotics Anonymous. This evidence
reinforced the use of brief discussions at
ADA House and helped set the interac-
tional tone as empathic, logical and edu-
cative, motivational, and collaborative.

The population-centered planning next
included consultations with clients and staff
at ADA House. In these sessions, Peloquin
gave an overview of the life skills work
possible, and the women identified skills that
they thought were the most valuable: stress
and time management, home management,
communication, managing environmental
challenges, budgeting, and child care. Staff
identified important skills that were targeted
least by the program elements already in
place. These skills overlapped with most of the
skills that the women had identified.

Our research aims relative to this in-
tervention were threefold. First, we sought
to analyze indicators of client satisfaction
and engagement as seen in surveys ad-
ministered at the end of each session.
Second, because the group targeted themes
structured by the PEO model (Law et al.,
1996), we sought to examine variances in
client perceptions according to those three
focal areas. Third, because activity analysis
revealed process distinctions among inter-
terventions used, we sought to determine
whether client perceptions varied according
to activity demands within group sessions.

We specifically examined variance in
perceptions of client engagement relative to
life skills activity demands that consisted of
(1) preparatory method and discussion; (2)
preparatory method, interactional challenge
or task, and discussion; or (3) preparatory
method, discussion, and purposeful activity.
Within our analysis, we defined purposeful
activity as “specifically selected activities
that allow the client to develop skills that enhance
occupational engagement” (AOTA, 2008,
p. 653). Purposeful activity is said to include
the practice of skills such as reading maps,
preparing food lists, or completing applica-
tion forms. We defined preparatory methods
as “directed methods or techniques that pre-
pare the client for occupational performance”
(AOTA, 2008, p. 653). Preparatory methods
might include sensory enrichment, instruc-
tion in assertiveness, or group rhythmic
breathing (AOTA, 2008, p. 653). We con-
sidered interactional tasks or challenges to
include interpersonal activities such as group
brainstorming of actions, role playing in small
groups, or round-robin responses to scenarios.

**Method**

**Design and Sample**

This study is a retrospective, cross-sectional
analysis of the anonymous, postintervention
surveys collected from women participating
in the life skills development group at ADA
House. A convenience sample of all women
participating in occupational therapy from
2006 to 2008 completed the surveys as
part of each group’s process. The Univer-
sity of Texas Medical Branch Institutional
Review Board, the primary employment
site sponsoring Peloquin’s occupational
therapy practice, approved retrospective
analysis of the surveys, which contained
no identifiable personal information.

**Instrument**

The postintervention paper-and-pencil sur-
voy instrument, developed by Peloquin,
was offered as an immediate and anonymous
review of each life skills group. No psy-
chometric properties have been established
for this instrument. The survey was de-
volved to elicit perceptions of satisfac-
tion and personal engagement in possible
communication-, cognitive-, and skills-
based learning in the life skills group. On
the survey, participants first rated their
satisfaction with the group by assessing
their agreement with the statement “Overall, I was satisfied with this occupational therapy group.” Eight discrete statements that elicited client perceptions of their engagement followed.

Three statements categorized on the survey as communication explored whether each woman had thought about how she communicated, learned new ways to communicate, and felt confident about her communication skills. Two problem-solving statements explored a client’s having considered how she might apply the information presented and thought about how the topic related to her personally. Finally, three life and work skills statements explored client perceptions of having learned strategies useful in daily life, having followed skills-based instructions, and having worked well and cooperatively with others. Both the satisfaction and the self-development survey questions used a Likert scale on which 1 = strongly disagree, 2 = disagree, 3 = no opinion, 4 = agree, and 5 = strongly agree.

Intervention

The life skill group targeted skills endorsed in the substance dependence literature and thought important by clients interviewed in groups during the program planning period. The 60-min group consisted of discrete segments: (1) introduction and overview of topic; (2) a varying combination of preparatory methods, interpersonal interactions, and purposeful activities, and (3) discussion (Alcoholics Anonymous World Services, 2005; Miller, Zweben, DiClemente, & Rychtarik, 1992).

Therapeutic use of self in the introduction included the process of (1) conveying a heartfelt affirmation of the intelligence and courage of these women, (2) offering an open statement of the therapist’s personal regard and respect, (3) highlighting a deliberate focus on capacities, and (4) communicating belief in the women’s desire to rise to the expectations inherent in the upcoming group. Therapeutic use of self during the group session consisted of well-established approaches in occupational therapy—empathic, instructional, problem solving, and encouraging. Use of humor and gentle limit setting was frequent.

Table 1 presents the formats of three sessions organized according to the dominant focus of person, occupation, or environment. Some of the preparatory methods were adaptations of exercises from the Life Management Skills series by Korb, Azok, and Leutenegger (1989), but many synthesized a recovery theme and reflected Peloquin’s design. As a final task on any given day, the women completed the anonymous surveys and stacked them while Peloquin returned supplies to an adjoining laundry room. A summary of client responses concluded a group note entered into a state-based computerized medical record.

Depending on length of stay (LOS), most women participated in four to six living skills groups. In rare instances of early discharge from the setting, a woman might have participated in only one group. In instances of an extended LOS, the women rarely repeated any one group. The plan for occupational therapy groups is such that the program of scheduled sessions exceeds most women’s LOS. All occupational therapy groups were led by Peloquin, who designed the program in 2006.

Data Analysis

To address the first aim of this study, the percentages of women noting degree of satisfaction with occupational therapy groups were reported using descriptive statistics. In analogous categories in which percentages were <1% (strongly disagree and disagree), percentages were combined.

To establish the degree of engagement in life skills development, we examined the median score for the eight life skills survey statements. Addressing another dimension of our first aim, Ciro analyzed differences in the median scores of the eight life skills statements by group content (PEO) and group process using the Kruskal–Wallis test of medians. An a priori significance level of <0.05 was established. The data were analyzed and interpreted using SAS Version 9.2 (SAS Institute, Cary, NC).

Results

Of the 789 surveys collected, 561 were complete and used in the analysis. Incomplete surveys most often lacked a response to the first satisfaction statement, which was positioned close to the instructions. Because these data were collected anonymously, sociodemographic characteristics of the sample cannot be provided in detail. However, all participants were women age 18 or older with drug dependence, alcohol dependence, or both, and all met criteria for admission to the setting, including lack of financial resources. Many had dual diagnoses, including depression, bipolar disorder, posttraumatic stress disorder, and schizophrenia. Admissions data for this time interval indicated that 272 women with an average age of 30 were admitted from two Texas counties. Of these, 84% self-designated as White, 7% as African-American, 8% as Hispanic, and 1% as American Indian.

Indicators of Client Satisfaction With Perceptions of Engagement in PEO-Focused Occupational Therapy Groups

Of the women completing the surveys, 73.3% strongly agreed (n = 411) and 23.4% agreed (n = 131) that they were satisfied with the life skills groups. Collectively, 96.8% were satisfied with the life skills groups (n = 542), leaving 2.1% indicating no opinion (n = 12) and 1.3% indicating that they either disagreed (n = 5) or strongly disagreed (n = 2).

Indications of client perceptions of engagement were examined by means of client responses to the eight life skills development statements. For all eight statements, 50% strongly agreed that the group activity allowed them the opportunity to practice or exhibit the specific skill (communication, problem solving, or life or work skills). Another 40%–45% reported agreement. Fewer than 5%–10% of all respondents reported that the group did not provide an opportunity for practicing skills or reported no opinion.

Variation in Skills Development Responses by Content and Process

After finding that 90%–95% of clients had high levels of agreement on their perception of engagement, we suspected we would find little variation by group content and process. Univariate analysis revealed that for each individual question, the median score was 5, the highest score possible.
Discussion

This retrospective study of anonymous postintervention surveys shows, first, that women in recovery from substance dependence overwhelmingly found occupational therapy life skills groups structured on the PEO model to be a satisfactory part of their program. Second, the study showed a high degree of engagement in the categories of life skills surveyed—communication, problem solving, and life or work skills. Significant variation was not found in the dimensions of the clients’ perceived engagement in the groups whether considered in terms of the content focus of person, occupation, or environment or in terms of the group process of (1) preparatory method and discussion; (2) preparatory method, discussion, and interactional task or challenge; or (3) preparatory method, discussion, and purposeful activity. Regardless of activity demands within the group’s process, all groups seemed equally successful in engaging clients.

Our finding that women in recovery perceive population-centered occupational therapy life skills groups as satisfying is congruent with other study findings that group interventions among people with mental health challenges led to improvement in life skills and increased satisfaction with occupational performance (Luthar, Suchman, & Altmare, 2007; Martin, Bliven, & Boisvert, 2008; Powell, Illowsky, O’Leary, & Gazda, 1988; Sundsteigen, Eklund, & Dahlin-Ivanoff, 2009; Tayar, 2004).

We also examined the women’s perceived degree of engagement in life skills as elicited through our survey questions and found that the large majority of clients strongly agreed or agreed (90%–95%) that the group’s process tapped their use of the skills surveyed. Ultimately, our findings support the hypothesis that life skills groups are engaging for women in recovery.

Our second aim was to examine differences in responses to the eight engagement statements on the basis of either group content (PEO) or the three activity processes. We found little variation in statement median scores by content or process. Noteworthy is the fact that all groups were introduced as targeting the recovery of each client through a healthy use of occupation. Theoretical distinctions among person, environment, or occupation were not made. Although we distinguished three varying occupational therapy processes based on differing activity demands among types of interventions used, all three processes are commonly associated with life skills sessions. Clients might thus have perceived a dominant similarity across all methods used, leading to similarity in their responses.

On the basis of the results of our analysis, we considered other factors that might have positively skewed client responses, just as we did when examining responses to self-development groups (Peloquin &
Client-centered care has also been characterized as collaborative, with the patient’s knowledge and capacity for choice valued as much as that of the practitioner (Cox, 2000; Epstein, 2000; Jamison, 2001). Each life skills intervention session at ADA House invited clients’ perspectives on the application and salience of the skills reviewed. Each group’s therapeutic process affirmed the women as capable, intelligent, and competent, supporting those client traits on which collaboration builds. Each session ended with an invitation to rate the group and shape future sessions. Much of this intervention, if population centered in the absence of individualized assessments, may have met client-centered aims hypothesized to enhance satisfaction and engagement.

Limitations
This analysis has limitations. First, the generalizability of results is limited by only a partial sample description, the lack of randomization of participant selection and intervention, and the use of a nonvalidated survey instrument. Although the survey was not validated, it was developed by an occupational therapy practitioner and educator with significant experience. Second, given the lack of variation in median response scores, one might hypothesize that unmeasured factors such as group health, the therapist’s use of self, or client-centered processes within the group may have shaped the results. Because only one occupational therapist delivered the intervention, we were not able to analyze data relating to different interventionists.

Implications for Occupational Therapy Practice
The study’s findings have the following implications for practice:

- Occupational therapy life skills groups structured on a PEO model and addressing needs identified by women in recovery are satisfying and engaging interventions.
- Recommendations from evidence-based practice in the substance abuse literature integrate well into occupational therapy groups.
- Practitioners can honor aims central to client-centered practice within group sessions.

Conclusions and Future Directions
Life skills occupational therapy groups targeting client needs identified by representatives from the population appear to be a satisfactory and engaging intervention for women in recovery from substance dependence. This finding adds to the literature...
further evidence of outcomes related to a well-considered use of occupational therapy interventions among women in recovery.

Given the positive results in terms of client satisfaction and engagement of two distinct group types in this setting, Peloquin plans to produce a compilation of group sessions so that researchers at other sites can replicate them and compare their results with those reported in this study. The group process described in this article offers a template that occupational therapy practitioners can use and further investigate if their settings also preclude individualized assessments.

Future research at ADA House with a newly implemented survey may yield significant information. A survey now in use presents fewer Likert-type questions and ends with “What was the most important lesson that you learned from this group?” The analysis of qualitative comments might produce a deeper understanding of positive results. Future directions for research involving women in occupational therapy groups might also include direct inquiry into their expectations and into the presence of group health to assess the influence of these factors. We both agree that continued inquiry into client satisfaction and perceived engagement represents a valid and valuable pursuit in the context of best practice in occupational therapy. ▲

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References

Peloquin, S. M., & Ciro, C. A. (2013). Self-development groups among women in...


By Renee Watling, PhD, OTR/L, FAOTA; Kristie Patten Koenig, PhD, OTR/L, FAOTA; Patricia L. Davies, PhD, OTR, FAOTA; and Roseann C. Schaaf, PhD, OTR/L, FAOTA

Up to 15% of school-age children are believed to have sensory challenges, and at least 40% of individuals with developmental disabilities and 80% of those with autism are affected. Using an evidence-based perspective and key concepts from the Occupational Therapy Practice Framework: Domain and Process, this important AOTA Practice Guideline provides an overview and insight into occupational therapy evaluation and intervention for youth that experience sensory information difficulties.

Highlights include
• Relationship between sensory processing and participation
• Development of sensory integration theory
• Concepts of function and dysfunction
• Approaches to evaluation
• Strategies for intervention
• Elements of training and specialization
• Extensive evidence tables that summarize current and relevant research.


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