Independent Living Skills Groups in a Level I Fieldwork Experience

Maureen E. Neistadt, Madelyn O'Reilly

Key Words: activities of daily living • activity groups • education, occupational therapy • group processes

Since 1985, the Tufts University-Boston School of Occupational Therapy has experimented with a service model for Level I fieldwork that uses independent living skills (ILS) groups. Under the off-site supervision of the course instructor and a Level I coordinator, students taking an Advanced Group Process course have run ILS groups in community agencies using faculty- and staff-developed group protocols. Populations served have included adolescents and adults with developmental disabilities, adults with psychosocial dysfunction, well geriatric adults, and single mothers. The response of area clinicians has been very positive—the number of settings willing to accept students for this experience has more than doubled since the ILS groups have been introduced. This approach to Level I fieldwork, which does not require as much faculty time as do other service models currently in use, could be applied to other Level I experiences and provide a structure for expanding occupational therapy into nontraditional community settings.

Background

Level I fieldwork has received increased attention in occupational therapy literature and conferences in recent years. Kautzmann (1987) reported on a regional survey of occupational therapy faculty members, fieldwork educators, and students taken to register their perceptions of the purpose of Level I fieldwork. All groups agreed that objectives associated with student involvement in the treatment process were of primary importance. These objectives dealt with students' opportunities for observation and active involvement in the treatment process. Faculty members did not value opportunities for treatment planning as much as fieldwork educators and students did. Students were generally concerned with specific skill development and feedback, whereas faculty members over the past few years, the financial constraints imposed by the third-party payers' prospective payment system and continuing occupational therapy staff shortages have prompted many clinics to reevaluate their involvement with fieldwork education. With increasing frequency, that reevaluation has ended in the decision to withdraw from fieldwork cancellations. The February 1987 American Occupational Therapy Association (AOTA) Education Data Survey reported a sharp increase in fieldwork cancellations between 1984 and 1985. The loss of occupational therapy staff was the most frequently cited reason for cancellations ("1986 Education Data Survey—Therapist Programs," 1987). Clinicians also questioned the cost of fieldwork; time spent supervising students was seen as time lost from revenue-producing treatment of patients.

These financial and staffing issues are particularly serious for Level I fieldwork. The results of a national survey reported by Leonardelli and Caruso (1986) showed that 68% of fieldwork supervisors seriously questioned the cost-effectiveness of Level I fieldwork. In contrast to Level II fieldwork, in which department revenues lost to student supervision can be balanced by the revenue students can generate from the treatment they provide throughout their 3 months, shorter term, Level I fieldwork does not usually generate revenues; it is often perceived as all supervision with no return.

Since 1985, the Tufts–Boston School of Occupational Therapy (Tufts–BSOT) has addressed these related issues of cost-effectiveness and staff time by offering student-run, faculty- and staff-supervised, Independent Living Skills (ILS) groups to Level I placement sites connected with an Advanced Group Process course. This paper will describe the background, development, implementation, and outcomes for the ILS program.

Maureen E. Neistadt, MS, OTR/L, is a Lecturer at Tufts University–Boston School of Occupational Therapy, Medford, Massachusetts. (Mailing address: 48 Sherwood Road, Medford, Massachusetts 02155.)

Madelyn O'Reilly, OTR/L, is a Consultant at the LABB Life Skills Program, Lexington, Massachusetts. At the time of this study, she was Level I Fieldwork Coordinator at Tufts University–Boston School of Occupational Therapy.

This article was accepted for publication October 30, 1987.
Table 1
The Level I Fieldwork Experience: How an ILS Group Project Can Help It Fulfill Its Purpose

<table>
<thead>
<tr>
<th>Level I Issue</th>
<th>Needs Expressed by Clinical Educators</th>
<th>ILS Group Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objectives and areas of responsibility</td>
<td>School should develop general Level I objectives.</td>
<td>School provides 1. general Level I objectives; 2. ILS group objectives.</td>
</tr>
<tr>
<td>Assessment</td>
<td>Clinics should structure specific learning experiences.</td>
<td>Clinic chooses ILS topic for student group.</td>
</tr>
<tr>
<td>Scheduling</td>
<td>School should provide formal written evaluations.</td>
<td>School provides clinics and students with formal feedback forms.</td>
</tr>
<tr>
<td>Cost-effectiveness</td>
<td>School should provide opportunity for ongoing, unstructured verbal feedback.</td>
<td>School maintains telephone contact with clinics throughout clerkship.</td>
</tr>
<tr>
<td></td>
<td>No one preferred pattern.</td>
<td>Clinic sets schedule for ILS groups.</td>
</tr>
<tr>
<td></td>
<td>School should provide increased structure to decrease the time clinicians spend supervising.</td>
<td>School provides 1. group protocols; 2. faculty supervision; 3. client services via student groups.</td>
</tr>
</tbody>
</table>

Note. ILS = Independent Living Skills.

and fieldwork educators were more concerned with students' developing more general awareness and communication skills.

In 1986, Leonardelli and Caruso reported on a national survey of occupational therapy academic educators and fieldwork supervisors that sought to determine how effective they thought the current setup was in dealing with the following Level I fieldwork issues: objectives, areas of responsibility, assessment, scheduling, and cost-effectiveness. Table 1 summarizes the results of this survey and shows how an ILS group project can contribute to a Level I fieldwork experience.

Since AOTA's "Essentials of an Accredited Educational Program for the Occupational Therapist" (AOTA, 1983) do not specify the length of time, the type of client, the type of supervision, or the nature of student roles for Level I fieldwork, educational programs are free to be creative in addressing the needs discussed above. Programs seeking to meet this challenge could choose from among several models for Level I fieldwork described in the literature.

Fieldwork programs have been developed in a summer camp for children with diabetes mellitus (Gill, Clark, Hendrickson, & Mason, 1974), community settings (Cromwell & Kielhofner, 1976; Germain, Miller, & Pang, 1986; Kimball, 1983), a federal correctional institution (Platt, Mattell, & Clements, 1977), a long-term psychiatric unit (Cole, 1985), an elementary school special-needs classroom (Kramer, 1985), a private preschool center, and a hospital outpatient clinic (Germain et al., 1986). All of these models have several features in common. They all offer (a) community service (b) faculty supervision (c) a functional activity orientation to occupational therapy services, and (d) proactive expansion of occupational therapy into previously unserviced community settings. With the exception of the Cromwell and Kielhofner (1976) model, all have also been targeted to a specific population. The ILS model developed at Tufts-BSOT includes the elements common to all of these programs and addresses a wide range of target populations by offering students the opportunity to run faculty-structured and -supervised ILS groups during some of their Level I experiences. This model addresses the needs of clinical educators (see Table 1) and offers students a structured experience without the intensive faculty supervision required by other models.

In the Tufts ILS model, independent living skills were defined as either advanced activities of daily living (ADL) or community living skills. These skills include such areas as personal health care, homemaking, money management, life planning, and self-assertion. Occupational therapists have found psychoeducational life skills training programs effective in improving community skills for adolescents and adults with either physical or psychosocial impairments (Friedlob, Janis, & Deets-Aron, 1986; Gauthier, Dalziel, & Gauthier, 1987; Howe, Weaver, & Dulay, 1981; Lillie & Armstrong, 1982; Maura-Corsino, Daniewicz, & Swan, 1985; Neistadt, 1987; Neistadt & Marques, 1984; Nochajski & Gordon, 1987; Versluys, 1980). Occupational therapy ILS training modules that can be adapted to group protocols have been developed by several authors (Burnett, 1982; Cole, Sperry, Board, & Frieden, 1979).

Fieldwork Model Using ILS Groups

In the fall of 1985, Tufts-BSOT introduced an ILS component to the Level I fieldwork experience for an Advanced Group Process (AGP) course. As part of this course, students worked in pairs to plan and colead activity groups for a minimum of 10 weekly sessions. ILS groups were incorporated into this experience to test the feasibility of having students offer training service in community skills as part of their Level I
fieldwork. This was seen as a first step toward making student-run ILS groups part of the Level I fieldwork for other courses as well. The objectives, staffing, and procedures of this ILS program will be described below.

Objectives
The purpose of using ILS groups in Level I fieldwork was to

1. recruit new placement sites;
2. expand the types of populations with whom the students could work comfortably;
3. provide a definitive service to Level I sites;
4. decrease the supervisory load on Level I clinical educators;
5. increase community awareness of occupational therapy;
6. provide school-based structure and support to the students.

Staffing
Level I fieldwork coordinator. This part-time person placed students for all Level I experiences and acted as liaison with the staffs at Level I sites. She worked an average of 3–4 hours per week on the ILS project primarily to (a) recruit new sites, (b) set up placements of AGP students, (c) assign students to sites, and (d) coordinate the ILS group program.

On-site staff. On-site staff provided orientation and supervision as needed. Some of these supervisors were occupational therapists; others were social workers or managers of group homes.

Course instructor. The course instructor held a weekly seminar with students about their groups. She also required the students to write two papers related to their groups—a group protocol early in the semester and, later, an analysis of a group session.

Procedures
Outreach and promotion. The coordinator contacted potential, nontraditional fieldwork sites, including group homes, halfway houses, after-school programs, elder-care agencies, and substance abuse rehabilitation programs. She presented students not only as therapists-in-training, but also as possible service providers. She introduced the idea of ILS groups and presented the following list of possible topics, which was drawn from a list developed by the first author in an earlier study (Neistadt, 1987):

- Activities of Daily Living
  - Adaptive equipment
  - Body mechanics
  - Personal appearance and hygiene
  - Diet and nutrition
- Personal Health Care
- Homemaking
- Cooking/shopping
- Laundry
- Basic home maintenance
- General housekeeping
- Home safety tips
- Financial Management
- Personal Care Attendant Management

Program assessment. The coordinator discussed the needs of each fieldwork site with the site's staff and provided on-site visits and lectures about occupational therapy on request. She encouraged the sites to specify the type of group that would meet their population's needs and the group schedule that would work best in their program.

Student orientation. The course instructor and the fieldwork coordinator met with AGP students at the beginning of each semester to explain the purpose and procedures of Level I and to discuss ILS groups as an option for the Level I experience. They gave all students a packet of information about Level I fieldwork that included behavioral objectives and procedures for confirming or changing assignments. They also asked all Level I students to fill out fieldwork interest sheets. The coordinator used this information to assign sites according to students' interests and transportation needs.

Those students who were interested in doing ILS groups at sites that had requested them were given an additional packet of ILS information. Included in that packet were a cover letter stating the philosophy of and rationale for ILS groups, a list of topic-specific goals and objectives for the ILS group requested by the fieldwork site, client worksheets, and a list of topic-related resources. Table 2 shows the goals and objectives for the budgeting part of a money management group protocol.

Student supervision. Students received supervision from their AGP course instructor in weekly 1-hour class seminars on their groups. They received supervision from on-site staff as needed; however, because of the staff's time constraints in most settings, the majority of students received minimal supervision. Students could also request additional supervision from the Level I coordinator.

Ongoing feedback. Level I clinical educators received the same packets of information provided to the students. The coordinator remained a contact person for fieldwork staff. She gave fieldwork staff and students formal evaluations to fill out and return to her at the end of the fieldwork experience.
Table 2
Budgeting Goals and Objectives

Goals
1. Participants will learn definitions of key budgeting terms.
2. Participants will discuss various means of obtaining income.
3. Participants will become familiar with basic costs of living.

Objectives
1. Participants will define (verbally or in writing) at least five key budgeting terms.
2. Participants will list (verbally or in writing) at least two sources of income available to them.
3. Participants will list (verbally or in writing) at least two common living expenses.
4. Participants will list (verbally or in writing) at least three ways to save money while grocery shopping.

Outcomes
At the end of the first two semesters of the project, the initial objectives of the ILS program had been met as follows:

1. **Recruit new placement sites.** The number of placement sites had more than tripled, from 7 to 24.
2. **Expand the types of populations students worked with.** Numerous community-based programs had been added to the traditional medically oriented psychiatric settings. These included halfway houses, group homes, schools, vocational training programs, and apartment complexes. In addition to adult psychiatric clients, students had worked with nondisabled adults, recovering alcoholics, learning disabled adolescents and young adults, and nondisabled children. Students had also run a wider variety of groups. In addition to the traditional arts and crafts and cooking groups, students had run groups on first aid and personal safety, money management, stress management, and child care.
3. **Provide service to placement sites.** All clinicians involved in the ILS project responded positively on written evaluations. Supervisors viewed students as assets to their programs. This attitude was reflected in narrative comments like the following:

   The work issues group came at a time when many of our residents were ready to begin looking for work. This group was a learning experience for the women ... a place to discuss fears and concerns about job-related issues before having to experience them.

   The group provided a didactic component to our program, which is primarily psychoanalytically oriented. They [clients] appreciated the structure and information delivered by the student leaders. . . . Clients came to respect the leaders and to feel good about themselves in the group.

   The group brought together clients who had difficulty getting along in the past. It provided social skill that has seemed to carry over into other activities.

   Clinicians also praised the service provided by the students and the cost-effectiveness of the project:

   This group was an addition to the program, which would otherwise not have been offered, due to staff limitations.

First aid is a big need for many of our mentally retarded adults living independently. We are not able to run such groups consistently because of staffing difficulties. This group fulfilled that need.

The students provided a valuable service to the occupational therapy department. This type of structured group experience is needed for many of the children and, due to staff time limitations, we are unable to provide [service] to all those who need an occupational therapy program.

Students running ILS groups provided service to an average of six clients for 1 hour per week. In some settings where an occupational therapist was available for supervision, the measurable behavioral objectives included in each ILS module qualified the service for third-party reimbursement. In these situations, even at Medicaid rates of $13.35 per client per hour of group treatment, a student group could generate $80.10 of revenue for an occupational therapy department each week.

4. **Decrease supervisory load on site, and 5. Increase community awareness of occupational therapy.** Because of the structure of the ILS protocols and the supervision available at the university, little time was required of fieldwork supervisors. At some sites, no registered occupational therapist was on the staff. At these facilities, student groups increased community awareness of occupational therapy and its potential role in service provision. In fact, the ILS program prompted administrators at three such sites to create occupational therapy positions.

6. **Provide school-based structure and support to students.** Student response to the ILS group concept was positive. By the second semester, 40% of the AGP students had requested and received ILS group placements. Approximately 40% of these students had requested and received extra supervision from the Level I fieldwork coordinator. These sessions ranged from ½ to 2 hours per week. Comments and group activity plans presented by students during these sessions indicated an increase in self-confidence and awareness of the purpose of Level I fieldwork.

Discussion
Responses from students and staff at the fieldwork sites to this trial program suggest that the ILS model may be a promising one for occupational therapy curricula. The self-explanatory, structuring nature of the ILS protocols seems to eliminate the need for the intensive supervision from on-site faculty or facility staff required in other Level 1 models. This is an important consideration, given the multiple demands for teaching, research, and community service placed on occupational therapy faculties and the time pressures experienced by clinicians.

The ILS groups are easily marketed to community facilities because they are clear, easily understood, needed services. As such, they are also a good vehicle
for marketing occupational therapy in a wide range of nontraditional settings.

This ILS group model could be expanded into fieldwork experiences in more traditional settings connected with other types of occupational therapy courses. Group treatment is currently used by at least 60% of occupational therapists in all areas of practice; 17% of these groups are ADL groups that focus on developing client readiness for community living (Duncombe & Howe, 1985). In offering ILS groups to occupational therapy departments, then, we are offering a familiar, accepted modality.

More ILS group protocols need to be developed over a wider range of topics, and those protocols currently in use need to be revised. Formal printing and distribution of these protocols to other schools would make this model more accessible to occupational therapy educators. Clinics might also find such protocols useful.

Academic programs without the benefit of a Level I staff position might be able to use teaching assistants to coordinate ILS group Level I fieldwork experiences. The coordinator's position might also become a practicum in administration for a 2nd-year basic master's student.

Conclusion

This paper has discussed a 2-year trial of a model for Level I fieldwork that uses student-run ILS groups. Several research questions for future study have been suggested by this project. Do different Level I fieldwork models have different outcomes in terms of student learning? Is any one model more effective than others for student learning? Do Level I fieldwork sites prefer certain models? Do different types of sites prefer different models? Are Level I fieldwork sites more willing to accept students working with a particular model? Are some models more cost-effective for universities, and are others more cost-effective for placement sites? Do student-run ILS groups have an effect on treatment outcomes? Addressing these questions can help us to continue providing quality occupational therapy education in an ever-changing health care environment.

References


