Final Culminating Project: Program Development

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Final Culminating Project

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Abstract

This 16-week capstone project was completed at Parker Place, a children’s health, and wellness center, with a focus on program development and advocacy with additional work related to leadership and administration. The overall goal of the capstone project was to determine the benefit of using an occupation-based approach to enhance health outcomes for the patients at Parker Place. The capstone student provided education about the role of occupational therapy in a non-traditional setting, created a program to help patients acquire sustainable healthy habits, developed a workshop for families struggling to maintain a healthy lifestyle, and provided resources about picky eating related to sensory processing challenges.

Introduction

Parker Place is a children’s health and wellness center located in Annapolis, Maryland. The goal of this facility is to encourage healthy lifestyles for children and their families. The owner and my mentor, Dr. Elizabeth Parker, is a board-certified pediatrician who started this practice to branch away from the traditional medical model and focus on a more holistic, well-rounded practice. The services provided include pediatric endocrinology and lifestyle medicine. Dr. Parker’s background and experience with creating her own private practice has made her a superior mentor for the focus areas related to program development, advocacy, leadership, and administration.

One aspect of this capstone project was focused on determining the efficacy of occupation-based intervention in a medical setting. The population consisted of six females between the ages of 14-20, and one male, aged 17. Through Healthy Habit Coaching Sessions, I was able to introduce occupation-based approaches to help patients overcome barriers to their health and wellness goals. The second portion of the project was to develop a program for
families related to education and experience with healthy eating, planning, and cooking. An additional component of the project consisted of advocating for the profession of occupational therapy through an educational in-service for the staff at Parker Place.

**Literature Review**

The purpose of this review is to identify the benefit and need of incorporating occupation-based intervention in non-traditional settings to promote health and wellness. Occupational therapy (OT) is the therapeutic use of meaningful daily activities to increase participation and independence and enhance a person’s lifestyle (American Occupational Therapy Association [AOTA], 2020). Occupational therapists develop interventions that help individuals with various conditions or challenges by providing education, modifications, and adaptations to help a person overcome these challenges (Brewster et al., 2014). Occupational therapists help individuals develop sustainable healthy habits, promote health and wellness, and empower individuals who are experiencing or are at risk for obesity (Pizzi, 2013). The relevant themes found in the literature were related to health promotion, prevention, occupational therapist’s role in managing obesity, and the importance of family intervention.

**Health Promotion**

The American Occupational Therapy Association (AOTA) encourages practitioners to create and deliver programs or services to promote health, well-being, and social participation for all individuals (Reitz & Scaffa, 2020). The World Health Organization (WHO) defines health promotion as:

A method to enable people to increase control over their own health. It covers a wide range of social and environmental interventions that are designed to benefit and protect
individual people’s health and quality of life by addressing and preventing the root causes of ill health, not just focusing on treatment and cure. (WHO, 2016)

OT practitioners promote health across the lifespan through a client-centered approach to encourage successful and independent completion of important daily activities and to encourage healthy behaviors (AOTA, 2015). For individuals to make healthy choices, they need knowledge and skills related to health literacy. Health literacy refers to a person’s ability to understand their health-related needs, such as reading prescription bottles, understanding what a physician recommends and following through with these suggestions, communicating with healthcare providers, and understanding the health care system (Reitz & Scaffa, 2020). Occupational therapists are well-suited to help improve health literacy among various populations.

Focusing on person, environment and performance patterns, occupational therapists can assess an individual’s habits and routines to identify ways to promote sustainable healthy behaviors. Occupational therapists assess an individual’s skill level and relate this to the demands of certain activities, while analyzing the supports and barriers that might be interfering with successful adoption of healthy habits (AOTA, 2015). An example of an occupational therapist utilizing health promotion strategies would occur when they identify barriers that an individual has to meal planning, grocery shopping, and preparing a healthy meal. An occupational therapist may also help individuals find appropriate programs for physical activity and assist them with sticking to an exercise routine. Occupation-based intervention approaches are individualized to match the specific needs, challenges, and strengths of the client (AOTA, 2015). Intervention may focus on encouraging mental health through supportive environments, healthy habits and routines, and coping mechanisms (Reitz & Scaffa, 2020). Some additional examples of intervention can include educational training for adopting healthier eating habits,
increasing physical activity, and preventing secondary disability related to obesity and weight gain (Reitz & Scaffa, 2020).

**Prevention**

By collaborating with community-based organizations and working with individuals who are experiencing chronic conditions, occupational therapists can have a vital role in improving health outcomes through prevention efforts (Hildenbrand & Lamb, 2013). Prevention is a specific intervention approach that was created to identify the needs of at-risk individuals with and without disabilities to reduce comorbidities and further disability and to prevent barriers (AOTA, 2020). The Centers for Disease Control and Prevention (CDC) describe three levels of prevention. Primary prevention refers to intervention before health problems begin through measures like vaccinations or behavior modification (i.e., eating habits and tobacco use). Secondary prevention refers to screening processes to identify a disease before signs or symptoms occur. Tertiary prevention refers to disease management to stop or slow the progression of the disease (CDC, 2015). Occupation-based examples of primary prevention include providing education to families on meal planning and preparation, as well as encouraging increased physical activity and participation in leisure activities. An example of secondary prevention related to occupational therapy would be educating patients with diabetes on using a long-handled mirror to perform skin checks on the feet and out-of-sight areas. In tertiary prevention, an occupational therapist may provide services used to prevent the progression of a condition by promoting healthy lifestyle changes and self-advocacy (Reitz & Scaffa, 2020).

Occupational therapists can identify challenges to successful performance in meaningful activities by focusing on environmental supports and barriers, demands of an activity, and the specific needs of an individual, despite health or disability (Hildenbrand & Lamb, 2013).
Occupational therapists who use health promotion and prevention strategies may also advocate for certain underserved populations to reduce health disparities. Strategies may also promote healthy living environments and social participation for individuals across the lifespan (Reitz & Scaffa, 2020).

**Occupational Therapy’s Role in Managing Obesity**

According to the CDC (2017), the prevalence of obesity in children and adolescents aged 12-19 years in 2017 was 20.6%. They also noted the prevalence was 25.8% for Hispanics, 22.0% for non-Hispanic Blacks, and 14.1% for non-Hispanic Whites. The increase in child and adolescent obesity has led to an emerging practice area for occupational therapists. Occupational therapists should interact with a multidisciplinary health care team to provide preventative strategies and focus on promoting healthy habits and lifestyle modifications (Persch et al., 2015).

OT intervention aims to promote health, wellness, and participation among all populations (AOTA, 2020). Occupational therapists equate well-being to actively engaging in and being satisfied with occupations and daily activities that increase a person’s quality of life (Reitz & Scaffa, 2020). The *Occupational Therapy Practice Framework: Domain and Process-Fourth Edition* (AOTA, 2020) states that occupational therapists can serve in roles including program developer, advocate, health and wellness coach, or specialist in community integration. Occupational therapists can contribute to an interprofessional team of physicians and health experts who specialize in education, nutrition, and exercise (Reitz & Scaffa, 2020).

Healthcare professionals often respond to chronic conditions in a reactive manner, rather than in a preventative and health-promoting perspective. Viewing obesity in a holistic manner, as occupational therapists do, and focusing on participation in meaningful occupations can be an effective way to promote health and prevent unhealthy habits (Pizzi, 2013). Children’s and
adolescents’ participation and engagement in meaningful occupations are negatively impacted by obesity (Pizzi, 2016). Occupation-based intervention for individuals with obesity can include education, habit training, rehabilitation, lifestyle modification, counseling, and more (Brewster et al., 2014). Developing healthy habits and living a healthy lifestyle improves overall quality of life. Occupational therapists are skilled at understanding a child’s current lifestyle trends, modifying routines, and adapting previously established habits to promote health and wellness (Pizzi, 2013).

In a case study on overweight children, Pizzi and Orloff (2015) looked at the impact of occupation-based intervention with two children who were overweight and experiencing negative impacts on functional academics, social participation, and self-esteem. The two children were often given choices for activities to participate in during their occupation-based sessions. They frequently chose activities that required the least amount of physical effort or endurance, indicating that their decreased motivation and obesity was impacting their functional participation and occupational engagement. Children and adolescents who are experiencing obesity may be limited in their ability and motivation to participate in community and extra-curricular activities or hobbies (Pizzi & Orloff, 2015). When meaningful occupation is the focus of intervention, individuals are more likely to make lifestyle changes and develop healthier habits (Pizzi, 2013).

Individuals who are overweight or obese may experience occupational deprivation, in which they are not achieving independence or participation in meaningful activities such as self-care, leisure, and productive work. Occupational therapists can work with individuals on identifying challenges that are interfering with independence and participation (Brewster et al., 2014).
Occupational therapists must promote engagement in healthy occupations for children beginning at a young age (Pizzi, 2013). Encouraging children and adolescents to participate in healthy activities that promote physical and mental health in a meaningful way increases the likelihood that they will sustain a healthy lifestyle in the future. For children and adolescents who are experiencing obesity, intervention should be individualized and have an emphasis on health and wellness, motivation for adopting healthier behaviors, and willingness to change (Pizzi, 2016). Using an occupation-based, client-centered approach can help children and adolescents experiencing obesity increase independence and participation in meaningful daily activities (Cantal, 2020).

Occupational therapists are uniquely qualified at designing programs and interventions for young adults and adolescents wanting and needing to make healthy lifestyle changes (Kugel & Javherian-Dysinger, 2017). A qualitative pilot study focused on daily occupations of young girls and identified challenges that were interfering with healthy daily occupations (Kugel & Javherian-Dysinger, 2017). Participants identified health-related areas they wanted to improve upon, including cardiovascular endurance and being out of breath, being able to stay awake in class, being organized and avoiding procrastination related to schoolwork, having more friendships, making healthier eating choices, and being able to cook. After the pilot study, several participants reported being satisfied and performing better in these areas. The components included discussing “healthy” and “unhealthy” habits and occupations, journaling and creating goals, body positive messages, yoga and mindfulness, understanding food labels, and creating healthy snacks (Kugel & Javherian-Dysinger, 2017). Occupational therapists focus on creating positive eating habits rather than focusing on losing weight or going on a diet (Persch et al., 2015). For individuals needing intervention related to physical activity, practitioners
should grade activities and exercise routines to meet the needs of each individual and to incorporate a just-right challenge (Persch et al., 2015).

Occupational therapists serve an important role on a multidisciplinary team for individuals with obesity as they have the unique skill set to help formulate individualized, meaningful goals related to a person’s health and wellness. With an understanding of healthy habits and occupations, occupational therapists can help individuals increase their physical activity and alter their eating habits to live a healthier lifestyle (Brewster et al., 2014).

Occupational therapists serve an important role in health promotion and prevention in a primary care setting. Having the ability to understand the important influence that habits, routines, roles, and rituals have on an individual’s lifestyle, health, and wellness makes occupational therapy an important part of a healthcare team. Additionally, occupational therapists should have a part in promoting healthy habits in individuals who are overweight or obese.

**Family Intervention**

Another important role that occupational therapists have is increasing awareness of the importance of healthy eating habits and promoting health and wellness for children and their families (Persch et al., 2015). Family influence can have a strong impact on behavior, emotional regulation, and the natural environment for children (Kugel et al., 2016). OT practitioners evaluate the daily routines and contextual factors of a child experiencing obesity and those of their family and caregivers. Occupational therapists can work with the client and their family to identify physical activities that are enjoyable, help find culturally relevant recipes, create specialized routines for health maintenance, and support the formation of healthier habits (Cantal, 2019). The creation of family-based programs can address behavior changes related to health and wellness. Such programs are needed to help identify strategies for practical and easy
lifestyle changes for families and have been found to have positive changes (Kugel & Javherian-Dysinger, 2017).

One example of such a program evaluated habit and routine changes and occupational engagement for children and their families (Kugel et al., 2016). Before this program, the parents responded to questionnaires related to play, leisure, eating habits, home safety, and engaging in outdoor activities, and ranked the top 5 areas they would like to change for their family. The components of the program consisted of understanding current daily routines, identifying realistic ways to increase physical activity and consumption of healthy foods, and determining simple ways to make healthier behavioral changes. The results indicated positive changes for the children’s daily routines related to healthier eating habits, engaging in more family activities, increasing activity level, and decreasing screen time (Kugel et al., 2016).

Engaging the entire family to promote the adaptation of healthier habits provides numerous benefits (Pizzi & Orloff, 2015). Occupation-based intervention must be appropriate and appealing to the entire family. An occupational therapist might go into a client’s home to educate the family on healthy and inexpensive meals and food preparation techniques. This intervention can motivate the entire family to try out new options for healthy eating (Pizzi & Orloff, 2015). The focus of occupation-based programs related to health and wellness is not typically on weight loss, but rather forming habits that will have a positive impact on the overall health of the client and their family.

Occupational therapists should also involve the family in increasing physical activity. Inactivity in childhood and adolescence can influence levels of physical activity in adulthood (Persch et al., 2015). Occupational performance coaching can be used as a family-centered intervention approach to help individuals achieve goals for their children and family. This
approach helps parents identify barriers and implement physical, social, and environmental changes to enhance engagement in physical activity (Kraversky, 2019).

Pizzi (2016) explained that intervention should be focused on assessing the family’s cultural preferences and routines to promote health and wellness. Occupational therapists have the responsibility to educate children and their caregivers about the importance of participating in physical activity, as well as provide avenues and opportunities to incorporate physical movement into interventions with clients (Pizzi, 2016). This can be done by using enjoyable, interactive methods to educate families on the importance of increasing physical activity and healthy nutrition to improve engagement in meaningful daily activities that are specific to each individual family. Occupational therapists can provide education through activities, group sessions, individual sessions, and community-based workshops to promote health (Pizzi, 2016).

**Needs Assessment**

Parker Place is an outpatient pediatric health and wellness center owned and managed by a pediatric endocrinologist, Dr. Elizabeth Parker, who sees patients with various endocrine conditions as well as Lifestyle Medicine patients. The Lifestyle Medicine patients are typically struggling with obesity, pre-diabetes, barriers to healthy living, lack of motivation, and more. Utilizing occupation-based assessment and intervention in this setting is necessary for improving the health outcomes and sustainability of healthy habits. Dr. Parker has identified a need for further support for her patients in identifying and overcoming barriers to healthy living and meeting health and wellness related goals. Occupation-based intervention is an approach that can help patients overcome these barriers and incorporate client-centered plans to help patients and their families adopt healthy habits.
The process for Lifestyle Medicine patients at Parker Place typically consists of an initial meeting with Dr. Parker, or nurse practitioner, Heide Ruegg. Patients are typically referred to Parker Place by their pediatricians for concerns regarding unhealthy habits and routines, they are asked questions about their eating habits, physical activity, lifestyle, and routines. Throughout the next few appointments, the providers educate their patients on reading and understanding nutrition labels, increasing their water intake, and creating goals for adopting healthier lifestyles. According to Dr. Parker, one of the biggest challenges in her practice is that patients often do not follow through with their goals, and providers simply do not have time in their sessions to address all aspects of a patient's life to help identify the barriers to living a healthier lifestyle.

After interacting with some of the patients at Parker Place, I realized the significant role for occupation-based intervention in helping them reach their health and wellness goals. During informal interviews, patients identified several tools that would help them meet their goals: having someone to check in with to help them stay accountable; identifying strategies for overcoming barriers to healthy living; learning about meal preparation, planning, and cooking healthy foods; identifying coping mechanisms for managing stress and emotions; identifying new and enjoyable ways to increase physical activity; and identifying personal motivation to make healthy changes.

Many of the children and young adults at Parker Place are accustomed to a certain way of eating and living based on their upbringing and environments. Overcoming unhealthy habits and making lifestyle changes that are sustainable and motivating can be challenging. Occupational therapists are skilled at analyzing a person’s habits, routines, roles, supports, and barriers. Through occupation-based assessment, an occupational therapist can evaluate patients’ current
lifestyle trends and create individualized interventions that will help them form new habits to maintain a healthy lifestyle.

Utilizing a family-centered intervention approach can be an effective way to help make sustainable lifestyle changes for the patients and families at Parker Place. Several families lack the basic knowledge for meal preparation, grocery shopping, making meals “healthy,” and incorporating physical activity into their daily routines. By providing education and hands-on practice and experience for families, occupational therapists can help them apply what they learned and help families feel confident utilizing these skills at home. Creating a program that focuses on a specific family’s needs, preferences, and goals is an effective way to encourage a healthier lifestyle for the entire family.

Having an occupational therapist involved in such a medical practice setting can help enhance the process of patient care. The providers at Parker Place have the skills and background to address their patients’ medical concerns and help them identify health-related goals. However, additional support is needed in terms of accountability, psychosocial functioning, barriers, environmental supports, and habits and routines. Occupational therapists are skilled at creating patient and family-centered intervention plans that are specialized to everyone’s unique needs.

Goals & Objectives

Four main goals were identified at the start of this capstone experience. My mentor and I determined each goal based on identified needs in her practice. Progress was tracked through weekly meetings and check-ins, obtaining feedback from my mentor, and using qualitative data.

Efficacy of an Occupation-Based Approach

The overarching goal was to determine the efficacy and benefit of incorporating an occupation-based approach into a medical setting as an additional support for patients struggling
to maintain healthy lifestyles. Three objectives were used to guide the process of reaching this goal: (a) observe Dr. Parker during her sessions and understand the flow of patients, (b) identify and utilize a self-report questionnaire to assess a patient’s current perception of their quality of life and wellness prior to occupation-based intervention through a pre- and post-test questionnaire, and (c) use information from the pre- and post-test questionnaire to evaluate the efficacy of occupation-based approaches in a medical setting.

An unplanned project related to the first goal evolved within the first few weeks as my mentor realized that much of the staff had a limited understanding of OT. I created an educational in-service for the staff to provide information on OT, describe the settings occupational therapists can work in, and explain how an occupation-based approach could benefit the patients at Parker Place. My mentor and I agreed that this was an essential step in getting buy-in from the providers at the practice, and to advocate for the role of occupational therapy in this unique setting, prior to beginning any of my other projects. The providers responded well to the presentation and had a better understanding of what I would be doing throughout my capstone experience. They also came to realize the benefit of incorporating OT into this practice.

The first two weeks were spent observing the providers with patients and getting a better understanding of the flow of their sessions. I documented common topics and themes from these sessions to create a plan for utilizing my OT background to benefit the patients. I used the quality of life and wellness-based questionnaires to track the progress and efficacy of occupation-based approaches and interventions. Unfortunately, I was unable to find an assessment tool that encompassed all topics that I wanted to address, so I decided to create my own questionnaire including topics related to a patient’s perception of their physical, mental, emotional, spiritual,
occupational, and overall health and wellness. I used this questionnaire during my first session with the seven patients that I worked with to help guide the plan of care. I also administered the same questionnaire during our final session and identified positive and negative changes associated with occupation-based wellness coaching. The results of the final questionnaires indicated several positive changes related to overall perception of physical health, level of physical activity, energy levels, social skills, organization and time management skills, motivation, and confidence. I successfully utilized an occupation-based approach to evaluate patients’ current lifestyle trends and developed individualized sessions to help them form new habits and find ways to maintain healthier lifestyles. The most common barriers that were identified were related to time management, motivation, energy levels, home environment, healthy eating, and knowledge of physical activity. Because patients were able to identify barriers to their goals and utilize their individualized plans to stay accountable, they demonstrated improvements in their health outcomes. This goal addressed the need of enhancing multidisciplinary collaboration among health care professionals working with individuals who are experiencing obesity or lifestyle-related challenges impacting their health and wellness.

**Healthy Habit Coaching Sessions**

The second goal of this capstone experience was to create and implement coaching sessions with the lifestyle medicine patients to help identify barriers to health and wellness-related goals and to provide support to overcome these barriers to develop healthier habits. The objectives related to this goal included: (a) utilizing the pre-test questionnaires and patient interviews to identify barriers to a healthy lifestyle and developing a patient-centered plan of care, and (b) checking with patients on a weekly basis between their lifestyle medicine
appointments using occupation-based approaches to provide additional support and help patients stay accountable to their health and wellness goals created with their provider.

The providers selected a group of patients they felt would benefit from coaching sessions and additional support. I met with these patients individually after their initial appointments with their provider to deliver information as to my role and how I could help. I explained my background, gave a brief explanation of OT, and described what areas I could help with, including motivation, physical activity, stress management, time management and organization, relationships, cooking, meal preparation, and more. I asked patients if they would be interested in having an extra support person for weekly checks to help them stay accountable with their health and wellness goals. I also created a “patient agreement” form to address confidentiality and privacy as well as the option to withdraw from coaching sessions at any point.

Seven patients agreed to work with me on a weekly basis in person or virtually through a platform called “Doximity.” During the first session, I provided the self-report questionnaire and developed an occupational profile by asking questions related to their current habits, routines, roles, and rituals, as well as perceived supports and barriers to their health and wellness goals. Over 10-11 weeks, I worked with patients on a variety of topics and activities. Some examples of activities included creating vision boards, grocery shopping, cooking healthy meals, identifying local mental health support services, going to a local gym to get acquainted with the environment, creating physical activity routines and schedules, locating local food sources for patients experiencing food insecurity, creating recipe boxes, and reviewing the menu at a favorite restaurant to identify a healthy option. All sessions addressed the specific needs of the patients with a focus on health promotion, prevention, and lifestyle modification or adaptation. The final
sessions were dedicated to ensuring that the patient had the tools and resources to continue what they learned to maintain their new healthy habits.

The sessions I created for patients were called, Healthy Habit Coaching Sessions. These sessions served as a supplement to patients who needed additional support for accountability and maintenance of healthy habits. Dr. Parker indicated that one of the biggest challenges that her patients face is that they are not adhering to their lifestyle changes and goals, and the providers simply did not have enough time in their sessions to address factors that could be inhibiting compliance. In the Healthy Habit Coaching Sessions, I addressed such concerns as barriers, accountability, and motivation to help patients stay on track with their goals.

**Family Workshops and Guidebook**

The third goal was to create a workshop for families related to healthy eating habits, nutrition, education, and meal planning. The objectives included: (a) advertising workshops to families through a flyer and email to gauge interest; (b) providing education on the purpose of healthy eating, food selection, nutrition, meal planning/preparation, and cooking a healthy meal; and (c) creating a PDF eBook with healthy, simple recipes as a free resource for families to utilize. The family workshops were developed and administered throughout the second half of my capstone experience.

With the help of the office manager, I created a flyer to gauge the interest level of patients and their families for a cooking workshop. Once the families responded, I then asked a series of questions to get a better understanding of areas in which they needed support. I designed a general guide for the workshops, tailoring each session to the family’s needs, including education on healthy eating, meal preparation, and cooking. For example, some families indicated they needed extra support with meal planning, while others needed more
support with finding healthier substitutions to their favorite meals. I followed up via email with the twenty families who responded to the initial interest form; only eight families responded. I called each family to ask about their current experiences with meal planning, grocery shopping, cooking, and sustaining healthy habits. I obtained information about specific meals that the family typically made, what their mealtime routine looked like (i.e., eating as a family, having technology present during meals, etc.), and what they were hoping to get out of the workshop. Five families set up a date and time for their workshops, with one last-minute cancellation.

Dr. Parker and I collaborated on what components should be included in the workshops and what the budget would be for each family. Each workshop started with an educational segment where Dr. Parker and I collaborated on discussing nutrition, food labels and healthy substitutions. We then played age-appropriate games, where the winner of the game received a prize (water bottle). Lastly, we moved to the kitchen to prepare a healthy meal.

For the final objective related to this goal, I created a PDF eBook with guides to grocery shopping, meal planning and preparation, pantry staples, and over 90 “healthy” recipes. The purpose of the book was to provide simple, minimal-ingredient, affordable recipes to the families and patients at Parker Place. I adapted and modified several recipes to make them easier, more cost-effective, and simplified to appeal to a larger audience. Patients at Parker Place frequently request recipes from the providers, and there is only a limited number of healthy recipes that are available in the office in a print format. Creating an eBook with a sharable link was a more cost-effective, time-effective way to share healthy recipes and guides with the patients.

Information about making lifestyle changes must be introduced to the entire family when working with the pediatric population. Because most of these patients live at home with their families, it can be very challenging to get everyone on the same page with making healthier
habits. All families reported that they enjoyed the workshop, and a few have reported using the guides from the eBook throughout the week.

**Picky Eater Resources**

The final goal was to develop an educational resource tool for parents and families with children who are picky eaters. The objectives for this goal were: (a) identify resources on picky eaters, food selectivity, and sensory processing skills; (b) add resources to current “Picky Eater” binder at Parker Place; (c) create a website page for parents, families, and staff that defines what sensory processing is and how it can impact picky eaters; and (d) provide an educational in-service or presentation with activities and techniques to try at home.

I collected several articles, books, and websites that provided evidence-based information on picky eaters, sensory processing, oral processing, and food selectivity. I condensed the information from my literature review into handouts with topics including the definition of picky eating, signs that your child may be a picky eater, causes of picky eating, sensory processing skills, signs that your child is struggling with sensory processing skills, oral motor skills, general mealtime strategies, and age-specific activities to try at home.

Unfortunately, I did not have enough time to create an in-service or workshop on this topic. Instead, I created a list of local occupational therapists who specialized in picky eating and sensory processing skills to use as a referral source for the providers. I am confident that the resources will provide families with a better understanding of picky eating.

**Additional Learning Opportunities**

I had several unique learning opportunities throughout my capstone experience. I met with two different patients and their parents to discuss challenges they were facing with picky eating and sensory processing skills. I utilized the resources I created for picky eaters to provide...
education to the parents about potential causes of the child’s food selectivity. Additionally, I educated the providers on signs or symptoms that could warrant a referral to OT. The providers have been more comfortable knowing when to refer to OT. I used my final week of the capstone experience to collect information on billing, insurance, and policies for having an occupational therapist as an independent contractor at Parker Place. I provided my mentor with important tools and information to help expand the services at her practice while enhancing my knowledge and understanding of billing and reimbursement.

Lastly, I had the opportunity to collaborate with Dr. Palmiotto who is the mental health clinician that works at Parker Place. We worked together to create the best plan of care for our patients. We noticed significant improvements in the patient’s mental health, positivity, and overall quality of life in just four weeks. We frequently communicated about the improvements we noticed and agreed to decrease the patient’s number of visits. This was a great experience for interprofessional collaboration and demonstrated the benefit of using a multidisciplinary approach to enhance a patient’s outcomes.

Summary

Working in a nontraditional setting like Parker Place was an effective way to advocate for the role of OT and develop confidence as a practitioner. I learned about the benefit of working on a multidisciplinary team and how useful it is to collaborate with other professionals to ensure the best plan of care for patients. Because this was a nontraditional setting, it was essential that I had a good understanding of my scope of practice and that I could confidently advocate for my role. I focused all projects on health promotion and prevention with an emphasis on occupation.
Efficacy of an Occupation-Based Approach

Creating an educational in-service was a form of advocacy and leadership for the profession of OT. By sharing examples of traditional and non-traditional OT jobs, I was able to provide insight to the variety of roles and settings that OT’s can work in. I provided therapeutic examples of how an occupational therapist could benefit the population at Parker Place using health promotion and prevention. The resulting feedback of the in-service was very positive, and the providers had a better understanding of occupation and how their patients could benefit from occupational therapy. A copy of the presentation can be found on page 28.

Healthy Habit Coaching Sessions

The Perceived Lifestyle and Wellness Questionnaire addressed several health-related topics. Because the questionnaire does not require a manual or complex scoring, it can be administered as a self-report questionnaire to patients or parents. Providers will continue to utilize the questionnaire to highlight problem areas that a patient may need extra support in and guide their appointments. The questionnaire can be found in Appendix B on page 28.

The flyer for the Healthy Habit Coaching Sessions served as a tool to further explain the services and support being offered. The flyer can be found on page 32. The agreement form can be utilized in the future if an occupational therapy student or professional fills this role. The patient agreement form can be found on page 33.

By collaborating with the providers and getting to know the patients, I successfully designed the sessions in an individualized manner. At the end of our sessions, all patients reported improvements in their results on the Perceived Lifestyle and Wellness Questionnaire. The results of the pre-and post- test questionnaire suggest a benefit of occupation-based intervention in this setting. All seven patients demonstrated positive outcomes on their pre- and
post-test questionnaire responses. Although some patients indicated no change in some categories, there were no negative changes associated with Healthy Habit Coaching Sessions. All patients had an opportunity to elaborate on any of the topics on the questionnaire.

Two patients demonstrated slight improvements in their lab values. Patient A showed an improvement in triglyceride levels (a blood fat) and alanine transaminase (a liver enzyme), which tend to improve with a decrease in dietary sugars and saturated fats, and an increase in physical activity. Patient A also had an increase in high-density lipoprotein (good cholesterol) which is also related to increased physical activity. Patient B had prediabetes and obesity and showed a decrease in glycated hemoglobin (A1c), which is a measure of average blood sugar over 3 months. The A1c level decreased from just above the normal range, which is considered as prediabetes, to just inside the normal range, therefore indicating no prediabetes. Patient A also demonstrated positive changes in physical health, level of physical activity, energy levels, mental health, and self-esteem. Patient A did not report changes in social relationships, stress management, self-care, organization, and time-management, however, these were not areas that this patient indicated challenges with initially. Patient B demonstrated improvements in stress management, self-awareness, motivation, and perception of physical health. An interesting response was revealed when the patient was asked about whether they perceived their home environment to be a barrier to health and wellness. Initially, Patient B reported that the home environment was not a barrier. After our sessions, this patient realized that their environment was indeed a barrier because the family consistently had candy and soda in the house, which were unhealthy temptations for this patient. Thus the patient appeared to demonstrate improved self-awareness and perceptions of health.
Patient C demonstrated positive changes associated with level of physical activity, energy levels, coping skills, self-esteem, organization, and time-management skills. This patient’s largest barrier was related to mental health. The focus of our sessions was primarily locating mental health supports and services in the community. Patient C demonstrated confidence in the ability to utilize the resources needed to follow through with mental health services upon completion of our sessions.

Patient D indicated positive responses in energy levels, stress management, self-esteem, and organizational skills. This patient did not indicate as many positive changes in responses indicated on the questionnaire, however, the initial responses were higher. For example, Patient D originally rated contentment with level of physical activity as a 4 out of 5 and continued to rate this as a 4 out of 5 at the end of our sessions.

Patient E indicated positive changes related to physical health, physical activity, contentment with physical activity, energy levels, mental health, stress management, and self-esteem. Responses remained the same for social relationships, organization, education, and time management skills. This patient did not indicate any negative changes on the post-test questionnaire.

Patient F indicated positive changes with physical health, level of physical activity, motivation, contentment with physical activity, energy levels, and social skills. Responses remained the same for mental health, stress management, coping skills, self-care, and confidence. Sessions with this patient were always through a virtual platform which could have influenced the success of our coaching sessions.

Patient G demonstrated positive changes in physical health, level of physical activity, energy levels, social relationships, mental health, stress management, and confidence. The
patient indicated the same responses for self-care, organization, time-management, and 
education.

All patients completed a reflection piece where they described any progress they made, 
their ability to maintain healthy habits, areas they will continue to work on, a plan to stay on 
track without having weekly coaching sessions, and any concerns they had. All patients indicated 
making progress throughout our sessions. Concerns were typically related to getting off track and 
falling back into old habits. These results suggest that an occupation-based approach may 
enhance health outcomes for the patients at Parker Place.

**Family Workshops**

The first family workshop was a great learning opportunity. I had a difficult time 
sustaining the attention of some of the family members throughout the workshop. I also found 
that two hours for a workshop was too long. After the initial workshop, Dr. Parker and I worked 
together to alter the format, content, and length. We shortened the educational portion, decreased 
the number of games played, and figured out how to set up the kitchen more efficiently for the 
cooking portion of the workshop. The interest form for the family workshop can be found on 
page 34, and a link to the family workshop presentation can be found on page 35.

Creating the eBook was one of the most time-consuming projects. Based on informal 
patient interview, I was able to develop an idea for types of meals and foods that families were 
typically consuming. I used this information to identify recipes that encompassed a variety of 
flavor preferences and modified them for healthier alternatives. So far, I have heard from two 
families who have used the resources that I created at home. A link to the full version of the 
eBook can be found on page 35.
Picky Eater Resources

I originally set a deadline to complete the picky eater resources in the first half of my capstone experience. However, I had to change this deadline to the second half of the experience due to the high demand from the family workshops. Because this was a smaller project, I would have preferred to complete it in the first few weeks of my capstone, rather than saving it for the end. The handouts will continue to be accessible through the Parker Place website, as well as in print for providers to give to families who would benefit from the information. The resource can be located on page 36.

Implications for Future Opportunities

Dr. Parker has expressed that she sees the benefit and necessity of OT in her practice. She hopes to hire a full-time occupational therapist as an independent contractor in the future. We discussed the benefit of having more OT capstone students continue to pave the path for an OT job at Parker Place. Future projects include research to identify the benefit of occupation-based intervention in a medical setting, developing a business plan to hire an occupational therapist, creating a unique therapeutic space or gym for patients to use, and to continue family-based workshops targeted for parents in a virtual-platform. Parker Place was an ideal setting to complete a non-traditional occupational therapy capstone experience.
Appendices

Appendix A: Occupational Therapy In-Service

Follow the link to view the presentation:

file:///C:/Users/Erin/Downloads/OT%20Inservice.html

Appendix B: Perceived Lifestyle and Wellness Questionnaire

Perceived Lifestyle and Wellness Questionnaire

*Please respond to the following questions based on your current health, wellness, and lifestyle habits.

Name:
Age:

Physical:
1. On a scale of 1-5 with 1 being extremely poor and 5 being excellent, how would you rate your physical health?
   a. 1
   b. 2
   c. 3
   d. 4
   e. 5
2. How many times a week do you engage in at least 30 minutes of physical activity?
   a. 0 times a week
   b. 1-2 times a week
   c. 3-4 times a week
   d. 4+ times a week
3. How often are you motivated to be physically active?
   a. Never
   b. Occasionally
   c. Almost daily
   d. Everyday
4. On a scale of 1-5 with 1 being not content at all, and 5 being extremely content, how happy are you with your current level of physical activity?
   a. 1
   b. 2
   c. 3
   d. 4
   e. 5
5. How would you rate your daily energy level?
   a. Always tired and low energy
   b. Sometimes tired
   c. It changes everyday
d. I feel energized most days
6. How often do you wake up in the morning feeling refreshed and energized?
   a. Never
   b. Occasionally
   c. Most days
   d. Everyday
7. Please describe any challenges you have related to your physical health and your ability to be active:

Social:
8. On a scale of 1-5, with 1 being extremely poor and 5 being excellent, how would you rate the quality of your relationships and social life:
   a. 1
   b. 2
   c. 3
   d. 4
   e. 5
9. How comfortable do you feel in group settings?
   a. Extremely uncomfortable
   b. I don’t mind group settings
   c. I enjoy being in groups
10. I have developed good friendships at this point in my life:
    a. Strongly disagree
    b. Disagree
    c. Agree
    d. Strongly agree
11. Please describe any challenges related to your current social life:

Mental Health/Emotions
12. How would you rate your overall mental health?
    a. Extremely poor
    b. Poor
    c. It changes everyday
    d. Okay
    e. Excellent
13. How often do you feel anxious, stressed, or worried in a typical week?
    a. Never
    b. Once a week
    c. A few times a week
    d. Everyday
14. How would you rate your coping skills for managing stress?
    a. Very poor
    b. Okay
    c. It depends on the situation
    d. Excellent
15. How would you rate your self-esteem and confidence?
   a. Very low
   b. Lower than I would like
   c. It changes everyday
   d. Okay
   e. Excellent

16. How often do you feel depressed, down, or sad?
   a. Never
   b. Every once and a while
   c. Occasionally
   d. Almost every day

17. How often do you make time to do good things for yourself or things that you enjoy?
   a. Never
   b. 1-2 times a month
   c. Every week
   d. Almost daily
   e. Every day

18. How often do you have negative thoughts about yourself?
   a. Never
   b. Every once and a while
   c. Occasionally
   d. Almost every day

19. How often do you feel happy?
   a. Never
   b. Every once and a while
   c. Occasionally
   d. Almost every day

20. How often do you compare yourself to others?
   a. Never
   b. Occasionally
   c. Almost always

21. I consider myself a spiritual person:
   a. Strongly disagree
   b. Disagree
   c. Agree
   d. Strongly agree

22. Please describe any challenges you are having related to your mental health, emotions, or self-esteem:

   Organization, work, education:
   23. When you need to focus or concentrate on a task do you:
       a. Put the task off until the last minute
       b. Get easily distracted
       c. Feel restless or like you cannot sit still
       d. Successfully focus on a task until it is complete
24. How would you describe your organizational skills?
   a. Very poor
   b. Needs some work
   c. Okay
   d. Excellent

25. How would you describe your time management skills?
   a. Very poor
   b. Needs some work
   c. Okay
   d. Excellent

26. How content are you with your current work or education status?
   a. Very unhappy
   b. Not sure
   c. Okay
   d. Extremely happy

27. Please describe any challenges you are having related to organization, time management, or concentration:

   Lifestyle:

28. My home environment supports a healthy lifestyle:
   a. Strongly disagree
   b. Disagree
   c. Agree
   d. Strongly agree

29. How happy are you with your current lifestyle?
   a. Extremely unhappy
   b. Not happy
   c. Content
   d. Very happy

30. Some areas that I would like extra support in include (circle all that apply):
   a. Stress management
   b. Time management
   c. Family relationships
   d. Friendships
   e. Dating
   f. Hobbies
   g. Cooking
   h. Grocery shopping
   i. Exercise and physical activity
   j. Motivation
   k. Energy
   l. Happiness and joy
   m. Sleep
   n. Self-care
   o. Self-esteem and confidence
   p. Other:
Appendix C: Healthy Habit Coaching Sessions: Flyer

NOW AVAILABLE: HEALTHY HABIT COACHING AT
Parker Place
{ A CHILDREN’S HEALTH & WELLNESS CENTER }

My name is Erin Helms and I am here to help you reach your goals! My background is in occupational therapy, which does not mean that I help people find jobs, but rather that I can help people do the things that they want and need to do to live a healthy lifestyle through the therapeutic use of meaningful activities.

Now through the end of March, I am offering FREE Healthy Habit Coaching Sessions to help patients meet their specific health and wellness goals! I can help you identify any barriers or challenges that are getting in the way of a healthy and happy lifestyle. Some of the topics that we can work on together include, but are not limited to:

- Lack of Motivation or Energy
- Self-Confidence
- Managing Your Stress
- Coping with Anxiety or Depression
- Morning and Evening Routines
- Time Management
- Physical Activity and Nutrition
- Financial Management
- Cooking and Meal Preparation
- Organizational Skills
- Sleep and Self-Care
- Work or Education
- Relationships and Social Skills
- Hobbies or Leisure Activities

We can set up appointments to meet here in the office, or on a virtual platform. You will help to guide the focus of our sessions depending on your unique needs and goals.

If you feel like you would benefit from having someone to check in with and want some extra support when it comes to adopting healthier habits and staying accountable, send me an email or text message to schedule your first coaching session today!
Appendix D: Healthy Habit Coaching Sessions: Patient Agreement Form

Parker Place is proud to offer healthy habit coaching sessions with Erin Helms, under the guidance of Elizabeth A. Parker, MD and Heide Ruegg, CPNP. Erin is an occupational therapy doctoral student who will be working with lifestyle medicine patients here at Parker Place through March 2021.

Patients wishing to participate in these coaching sessions are asked to initial and sign below:

__________________________
I am interested in participating in ongoing Healthy Habit Coaching Sessions, based on my health and wellness goals.

__________________________
I understand the purpose of these sessions and that I will be receiving educational support and strategies to improve my health and wellness.

__________________________
If I am under 18, I acknowledge that I have permission from my parent or guardian to communicate directly with Erin to schedule these sessions and to attend the sessions independently.

__________________________
I agree to contact Erin at least 48 hours in advance if I am unable to attend a scheduled session.

__________________________
I understand that these sessions will take place in person or through a HIPAA-compliant virtual platform, and that anything discussed in these sessions will be kept confidential.

__________________________
I understand that my participation is voluntary and that I may discontinue these sessions at any time.

Patient Printed Name: ________________________________

Patient Signature: ___________________________ Date: ___________________________

Patient Contact Information (for communications about scheduling):

__________________________________________  ________________________________
Mobile Phone for Texts                      Email Address
Appendix E: Family Workshop: Flyer

coming soon to Parker Place

FAMILY WORKSHOPS

Are you looking for something fun and engaging to get your family out of the house during the pandemic? Look no further! Parker Place will be offering interactive, family-based cooking workshops where you will receive a FREE grocery shopping and meal planning guide, a goody bag with a few kitchen essentials, as well as an eBook full of healthy, easy, and tasty recipes!

Throughout this workshop, you’ll learn about nutrition and healthy eating habits, as well as tips for organizing your grocery list, meal planning and preparation, and more. We’ll also work together to create a delicious meal that the whole family will enjoy!

The goal of this workshop is to share some tips for preparing nutritious recipes created by and for the whole family!

Each workshop will be tailored to meet the needs and preferences of the participating family. If you are interested in reserving a session for your family, please fill out the form below and return it to Parker Place!

FAMILY WORKSHOP INTEREST FORM

Your name: _____________________________________________

1. Does anyone in your family have any dietary restrictions or allergies? __________________________________________

2. Do you follow a specific diet?  □ None  □ Vegetarian  □ Vegan  □ Gluten-Free
   □ Other: __________________________________________

3. Is there a day of the week that works best for you? __________________________________________

4. In which of these areas do you feel like you could benefit from extra support? Check all that apply:
   □ Understanding nutrition & food labels  □ Making recipes “healthy”  □ Basics of cooking
   □ Finding recipes the whole family enjoys  □ Meal prepping for a week  □ Grocery shopping
   □ Finding time to cook & eat family meals  □ Other: __________________________________________
Appendix F: Family Workshop: Presentation

Follow the link to view the presentation:

file:///C:/Users/Erin/Downloads/Family%20Workshop.html

Appendix G: Family Workshop: Cookbook and Guides

Follow the link to view this resource:

https://parkerplaceannapolis.com/s/Parker-Place-Cookbook
Appendix H: Picky Eater Resources

Follow a link to view the resource:
file:///C:/Users/Erin/Downloads/Picky%20Eaters.html

PICKY EATERS

By Erin Helms, Doctor of Occupational Therapy student

WHAT IS A PICKY EATER?

If mealtime feels like a constant battle at home, your child may be a picky eater, selective eater, or there could be a more serious feeding problem occurring.

Approximately 50% of children experience picky eating or food selectivity at some time throughout development. When a child or adolescent is a picky eater, they often reject certain food types or food groups. Some children will also show a strong preference for certain foods. Picky eating can be considered as a normal stage of development. It is more common in early childhood and becomes less frequent by the age of 6. About 1/2 of picky eaters will outgrow this phase and be more open to trying new foods, however some children do not and may require additional support. A picky eater is classified as eating 20 foods or less.

SIGNS THAT YOUR CHILD MAY BE A PICKY EATER:

1. Ongoing poor weight gain or dropping or losing weight.
2. Frequent choking, gagging, or coughing when eating meals.
3. Avoiding foods that have certain textures.
4. Avoiding foods that are a certain color.
5. Avoiding a certain group of food (meats, fruits, vegetables, grains)
6. The child only eats a certain brand of their favorite and preferred foods.
7. Eating less than 20-30 different foods.
8. Mealtimes are a constant battle.
9. The child does not like various food items to be touching on his/her plate.
10. The child does not like sauces, spices, or strong flavors

Parker Place
(A Children's Health & Wellness Center)
References


