Enhancing life skills to women residing at battered women's shelter: a program development plan

Kristen M. Welcome

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Enhancing Life Skills to Women Residing at Battered Women’s Shelter:

A Program Development Plan

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Note: This document describes a Capstone Dissemination project reflecting an individually planned experience conducted under faculty and site mentorship. The goal of the Capstone experience is to provide the occupational therapy doctoral student with a unique experience whereby he/she can demonstrate leadership and autonomous decision-making in preparation for enhanced future practice as an occupational therapist. As such, the Capstone Dissemination is not formal research.
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Executive Summary

Domestic violence is a growing problem in the United States. It has been estimated that this trend will continue to increase in future years. After experiencing abuse, many women have low self-esteem, high levels of stress, and feel as if they are left with nothing. Domestic violence negatively affects the ability to engage in daily life skills. In order to overcome these issues, this population needs individualized services that will address their unique needs. Therefore, the Women E.M.P.O.W.E.R.S. Program will work in conjunction with Crisis Center, a temporary emergency supportive shelter, and Step II, a transitional shelter, to reach its goal.

The goal of the Women E.M.P.O.W.E.R.S. Program (Engaging in Meaningful and Purposeful Occupations While Enhancing Role Satisfaction) of Battered Women’s Shelter of Summit and Medina Counties is to provide occupationally-based services that increase quality of life in women residing in the shelters. The program objectives emphasize the creation of personal goals, participation in occupations to assist in learning life skills, utilization of resources given by the therapist to assist in specific goals, and improving quality of life. Approximately 120 women will participate in the first year of the Women E.M.P.O.W.E.R.S. Program at the Crisis Center to learn life skills through goal setting and concentration on meaningful occupations. Evaluations will be used to gain feedback from participants and stakeholders from Crisis Center throughout the program. Other evaluations provide participants the opportunity to give feedback about the program, their personal learning outcomes, the therapist, and the Crisis Center facility after participation. Outcomes will be determined through the use of pre- and post-test measurements of quality of life.
Introduction

Program Goal

The goal of the Women E.M.P.O.W.E.R.S. Program (Engaging in Meaningful and Purposeful Occupations While Enhancing Role Satisfaction) of the Crisis Center at the Battered Women’s Shelter of Summit and Medina Counties is to provide occupationally-based services that increase quality of life in women residing in the shelter. Quality of life is defined as “an individual’s expressed satisfaction with current life circumstances” (Mosby’s Medical Dictionary, 2006, p. 1577).

Sponsoring Agency

The Women E.M.P.O.W.E.R.S. Program will take place at the Summit County Crisis Center of the Battered Women’s Shelter of Summit and Medina Counties. The Crisis Center, an emergency protective shelter in Summit County, is a supportive home-like environment where women can relax, eat well, sleep in a peaceful environment, and begin educating and empowering themselves. The Crisis Center also offers other numerous services which include crisis intervention, case management, 24-hour confidential hotline, safety planning, support groups, and youth advocate services for teens and children in the shelter. Step II shelter in Summit County provides 48 beds to motivated victims who continue to strive towards self-sufficiency after residing at Crisis Center. This secure, confidential, twelve unit apartment building allows women and their children to feel one step closer to living independently in the community. Most residents at Step II are working towards a permanent life away from the abuser. This transitional shelter allows the residents much more time to continue achieving previous goals and to make new ones. This shelter also offers case management, support groups, and youth advocate services. Workshops will be given at Step II periodically in the Women
E.M.P.O.W.E.R.S. Program. This agency has four shelters altogether to provide protective housing for different stages of individual’s crises: Crisis Centers in both Summit and Medina Counties, Step II, and Step III, a long term community based housing program. Other programs through the agency referred to residents include early intervention/stop the cycle program, family stability program, court advocacy, children who witness violence, family violence court program, and rape crisis center. The mission of the Battered Women’s Shelter of Summit and Medina Counties states:

The mission of the Battered Women’s Shelter is to lead the community in the prevention of domestic abuse by providing emergency shelter, advocacy and education throughout Summit and Medina County. All in an effort to break the cycle of abuse and help promote peace in every family. (Battered Women’s Shelter of Summit and Medina Counties, 2009, p. 1)

It is well within the mission of Battered Women’s Shelter to develop services that educate and strengthen the role of women residing at the Crisis Center in Summit County and at Step II. Without the assistance of education and balanced occupations, survivors of domestic violence will not be given the utmost chance of leading healthy and satisfied lives.

Organizational Structure

The organizational structure of Battered Women’s Shelter is somewhat complex due to the many types of shelter offered and the different programs within each shelter. Leanne Polio assisted in explaining the organizational structure for the site (Appendix A). All individuals in the organizational chart are employees of Battered Women’s Shelter, even though they are found in different facilities.
An occupational therapist hired to manage and lead the life skills program will become an employee of the Battered Women’s Shelter at the Crisis Center of Summit County. The therapist would report to Kathleen Stupka, Manager at Crisis Center. It is important that the therapist report to the Manager of the Crisis Center and not the Director of Services, since this program will provide the majority of services to the needs of the residents at the Crisis Center. The therapist will also spend some time each week at Step II transitional shelter. The therapist will work directly with survivors of domestic violence, case managers, crisis intervention specialists, volunteers/interns, youth advocates, and other professionals in the community.

Investigating the Need for Programming

A comprehensive needs assessment is required to determine the most appropriate life skills and empowerment programming for battered women residing at the Crisis Center in Summit County. Through conversation with the stakeholders and a thorough review of the literature, it was determined that the most useful methods for gathering information were interviews, surveys, and nominal groups. Interviews were conducted with four staff members, surveys were given to the seven women that were residing in Crisis Center at the time, and the nominal group was added onto the weekly house meeting, where all seven women attended.

Semi-structured interviews were determined as the first method of choice for data collection with this population. The semi-structured interviews were conducted with the staff of the agency (Appendix B). According to Witkin and Altschuld (1995), a semi-structured interview is a basic method for collecting needs assessment data. An interview can be done face-to-face or through the telephone. An advantage of a semi-structured interview is that the respondent is allowed opportunity for free expression and for revealing attitudes and feelings. Other advantages include the interviewer can add probes to the main questions and solicit
information on causes or contributing factors to the need or issue, and the interviewer can observe nonverbal behaviors. They also provide detailed information, allow for clarification or follow up questions, and personal contact builds rapport. Some disadvantages include small sample size, more time consuming and scheduling may be difficult, and results may be difficult to summarize and interpret, as well as provides little quantitative value.

Interviews were conducted with four staff members: Kathleen Stupka, Crisis Center Manager; Lauren Phillips, Senior Crisis Intervention Specialist at Crisis Center; Dana Zedak, Summit County Director of Services; and Crystal Baker, Medina County Director of Services. This is a good choice for the first method because it asks the staff what they believe the needs are and what programming they would like to see before the women residing at the shelter are asked. Kathleen and Lauren were chosen because they mostly work with the residents at Crisis Center, and Dana and Crystal were chosen because they are both Directors of Services and would know what other services would benefit their agency. Some questions that were addressed in the interview were about gaps in programming, life skills already addressed, life skills that were not addressed but would benefit the women at Crisis Center, the best way to meet with the women, common goals seen at Crisis Center, programs that already exist at Step II, and any other ideas.

The results from the two staff members that work in Crisis Center indicated that they would like to see programming for budgeting, stress management, more recreation and leisure type activities like Yoga, pampering activities, resume building, interviewing, job searching, parenting skills, obtaining housing, coping skills, mother-child activities, and individual scrapbooks to help see progress. Crystal and Dana, in their interviews, indicated the same needs and added they would like to see programs on transportation, transitional housing, child care, additional youth advocates, and recreational therapy. Some common goals seen at Crisis Center
included applying for housing, mental health issues, safety issues, legal concerns such as
attending court hearings and protection orders, and obtaining personal identification (ID, birth
certificate, and social security card). All the goals at Crisis Center are crisis-related and are
centered upon stability: emotional stability, physical stability, and legal stability. Current Step II
programs include legal attorney workshop with Legal Aid, nutrition programs, tutoring, support
groups, youth advocate programs, and pampering programs where a stylist comes in once a
month.

Surveys were determined as the second method of choice for data collection with this
population. According to Witkin and Altschuld (1995), surveys are the most frequently used
means of gathering data in needs assessment because they produce statistics, gather opinions on
everything, and find out about others by asking questions about feelings, motivations, plans,
beliefs, and personal backgrounds. Surveys are not unfamiliar data collection methods for the
Crisis Center in Summit County. Surveys are given periodically to residents and when they leave
the shelter. Using a survey second is appropriate because it narrows down the ideas of the needs
and concerns from the interviews, in which to discuss later on in the third method. For this
population, a survey is used because of confidentiality issues. It will allow the women to become
comfortable with the occupational therapy student who is administering the questionnaire and
build a trustful relationship. This method lets the women fill it out on their own time and not
with everyone around at the same time.

A survey was developed using the results from the interviews and with the assistance of
personnel at the Battered Women’s Shelter to address empowerment and life skill needs, as well
as cultural factors. This survey is attached in Appendix C. This survey is different than previous
surveys in that it covered the following topics: willingness to attend a workshop, best time and
day to attend a workshop, preference of meeting individually or in a group with staff, areas of
need in order to become satisfied with one’s role as an independent woman, if childcare was
needed, interests and hobbies, and other ideas not stated. This survey was given to the eight
women that were residing in the shelter and was completed by seven within five days. The
women were to pick their top five areas that they would like more information. Two women only
chose four areas, resulting in 33 ratings.

The results were as follows: two chose job skills, seven chose leisure activities/recreation,
two chose organizational skills, five chose coping skills, five chose money management, no one
chose cooking skills, four chose mother and child activities/parenting skills, four chose
individual scrapbooks, one chose writing appeal letters, and three chose pampering activities.
Overall, in order, the following areas received the most votes of four or above: leisure/recreation
activities, coping skills, money management, mother and child activities/parenting skills, and
individual scrapbooks. The following areas with three and below rank as pampering activities,
job skills, organizational skills, writing appeal letters, and cooking skills. About half the women
liked meeting in groups, while the other half liked meeting individually. They also indicated that
it depended on the topic. Most of the women indicated any day or time was good for them. The
following hobbies and interests were described in the surveys: crocheting, reading, watching
television, cooking, and playing with kids.

A nominal group was the third method of choice for data collection with this population.
After finding out many different needs based on the interviews and surveys, this type of group
resulted in a consensus on prioritizing the needs and concerns. According to Witkin and
Altschuld (1995), a nominal group is one of the most frequently used small-group techniques in a
needs assessment. Generally, 6-10 people participate in this type of group, with the main purpose
being to produce and prioritize a large number of ideas regarding a topic. The nominal group was combined with the weekly house meeting on Tuesday nights for attendance reasons. Thus, seven out of the eight residents at the time attended (same seven that filled out the survey). The duration of this nominal group session was 30 minutes and took place in the family room of the Crisis Center. The beginning of the meeting was the traditional house meeting, discussing issues in the house and assigning chores. After this discussion was finished, the nominal group began which was run by the occupational therapy student.

The group started by the occupational therapy student introducing herself and what her motive was with the group: to find areas of need and importance to the women. Since all of the women knew each other and the student knew all of the women, no introductions were needed. In this group, two questions were asked by the occupational therapy student. The first one included two parts, “What areas could you use more education on and what are some programs you would like to see while residing in the shelter?” The second question was “Specifically, what is something you want to be able to do when you leave the shelter?” The first question starts out general to elicit participation and agreement. The second question is more specific and individual due to the fact that there will be many different answers. For the first question, many responses were given. Not many areas were identified for the first part of the question, topics that they would like more education on. One woman indicated that she would like to learn more information on budgeting and money management. Another woman indicated that she would like to learn about negotiating skills, especially with writing appeal letters. When the topic of job skills (job searching, interviewing, and resume writing) was brought up by the group administrator, the women mentioned that they go to Job and Family Services for help with those issues. When asked what programs they would like to see, all of the responses were each agreed
upon with more than three women. They are interested in having craft nights, game nights, and activities for kids and moms to do during the day together and individually. The main consensus was that they wanted activities to do so they could interact with the children in the shelter, such as games, crafts, movie nights, going to a playground or McDonald’s play area. One woman who did not have children with her in the shelter said, “I would be interested in interacting with the kids here because I have grandchildren and all of us are a family here.” Another woman said, “I don’t even like crafts, but it would be fun and give us something to do instead of bickering with each other.” When asked the second question about something they want to be able to do when they leave shelter, many of the women described that they wanted a job, wanted to find a house to live in, and money to go back to school. As seen, these abilities were not stated needs they wanted while residing at the shelter.

Although job skills were not a priority in the nominal group, two out of seven women chose it as their top five on the survey. Also, when discussing the results with staff of Crisis Center, they indicated that many of the women had goals pertaining to finding jobs in their case plans. Perhaps many of the women did not want to discuss this need in front of the other women.

The three methods were somewhat contradicting. In summary, the interviews with staff indicated the identified needs were: budgeting, stress management, more recreation and leisure type activities, pampering activities, resume building, interviewing, job searching, parenting skills, obtaining housing, coping skills, mother-child activities, transportation, transitional housing, child care, additional youth advocates, and individual scrapbooks to help see progress. After the survey with the residents, the needs were narrowed down to: leisure/recreation activities, coping skills, money management, mother and child activities/parenting skills, individual scrapbooks, pampering activities, job skills, and organizational skills. After the
nominal group with the residents, the needs were narrowed down even more to: crafts, games, activities for moms and kids to do during the day together and individually, which is essentially leisure and recreational activities.

The reality is that women who reside in Crisis Center or Step II are going to have different goals and needs than other women. Therefore, with careful consideration of the resident’s needs, advice from the staff, and the literature, this program will be on an individual basis at Crisis Center with some group workshops addressing game nights, craft nights, and other activities for both the children and women. Job skills content fits better at Step II since women need to have a source of income and/or enrolled in school in order to reside at this transitional shelter. Therefore, this program will also include job skill workshops given at Step II.

**Literature Review**

According to the National Coalition Against Domestic Violence (2009b), domestic violence is described as “the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior perpetrated by an intimate partner against another” (p. 1). It affects individuals in every community, regardless of age, economic status, race, religion, nationality or educational background. Violence against women is often accompanied by emotionally abusive and controlling behavior and is a pattern of power and control. Domestic violence results in physical injury, psychological trauma, and sometimes death. The consequences can cross generations and last a lifetime.

The United States Department of Justice (2009a) describes five types of abuse: physical, sexual, emotional, economic, and psychological. Physical abuses includes hitting, slapping, shoving, grabbing, pinching, biting, as well as denying a partner medical care or forcing alcohol and/or drug use. Sexual abuse is coercing or attempting to coerce any sexual contact or behavior
without consent. Sexual abuse includes marital rape, attacks on sexual parts of the body, or forcing sex after physical violence has occurred. Emotional abuse is undermining an individual’s sense of self-worth and/or self-esteem. This may include constant criticism, diminishing one’s abilities, name-calling, or damaging one’s relationship with his or her children. Economic abuse is making or attempting to make an individual financially dependent by maintaining total control over financial resources, withholding access to money, or forbidding attendance at school or work. Psychological abuse is causing fear by intimidation. Threatening physical harm to self, partner, children, or partner’s family or friends are some examples. Others include destruction of pets and property, and forcing isolation from family, friends, school, or work.

There is a vicious cycle involved with some victims of domestic violence. According to Walker (1979), this cycle can happen many times in an abusive relationship and each stage lasts a different amount of time. The total cycle can take anywhere from a few hours to a year or more to complete. The cycle starts with tension building, where the abuser starts to get angry and the victim feels as though she is “walking on egg shells.” The victim tries to keep the abuser calm, but the tension just becomes too much, a breakdown of communication happens, and the abuse may begin. From tension building, next is the explosion, which is any type of abuse: physical, emotional, verbal, psychological, or financial. After the explosion stage is the honeymoon stage. The honeymoon stage is when the abuser may apologize for the abuse, give gifts to the victim, promise it will never happen again, blame the victim for causing the abuse, deny abuse took place, and minimize the incident or say it was not as bad as the victim claims. After the honeymoon stage is the calm stage. This is when the abuser acts like the abuse never happened, promises are made during “making-up,” and the victim hopes and believes that the abuse is over. After this last stage, the process starts all over again. It is important to note that not all domestic
violence relationships fit this cycle. Sometimes the calm stages disappear. Studies have shown that the average battered woman leaves the relationship seven times before developing the ability or finding the support necessary to make a permanent break and leaving for good (K. Stupka, personal communication, March 9, 2010).

According to the National Coalition Against Domestic Violence (2009b), one in every four women will experience domestic violence in her lifetime and an estimated 1.3 million women are victims of physical assault by an intimate partner each year. Domestic violence victims are mostly women (85%) and females who are 20-24 years old are at the greatest risk of nonfatal intimate partner violence. Domestic violence can affect the family, finances, work, and pregnancy. It is known that 30-60% of perpetrators also abuse children in the home. Those who witness violence in the home become violent themselves. Not only does abuse affect the family emotionally, psychologically, and physically, but also economically. The cost of intimate partner violence exceeds $5.8 billion each year; $4.1 billion of which is for direct medical and mental health services. Since domestic violence is a cycle of domination and control, if the woman earns 65% or more of the households’ income, she is more likely to be psychologically abused. Victims of intimate partner violence lost almost 8 million days of paid work because of the violence perpetrated against them by current or former husbands, boyfriends, and dates. Less than one-fifth of victims reporting an injury from intimate partner violence sought medical treatment following the injury. Surprisingly, many women who are pregnant are abused and up to 70% of women who are abused before pregnancy continue to be abused throughout their pregnancy and physical violence tends to intensify after the abuser learns of the pregnancy.

After a woman experiences domestic violence, she has a right to obtain a civil protection order. Out of the 1.5 million people who experience intimate partner violence annually, only
20% obtain a civil protection order. Approximately one-half of the orders obtained by women against intimate partners who physically assaulted them were violated. More than two-thirds of the restraining orders against intimate partners who raped or stalked the victim were violated. Ironically, even though the incidence of domestic violence is high, most cases are never reported to the police. Domestic violence is one of the most chronically underreported crimes. One-fourth of all physical assaults, one-fifth of all rapes, and one-half of all stalking perpetrated against females by intimate partners are reported to the police. For the state of Ohio in 2006, 20,608 domestic violence cases were filed (National Coalition Against Domestic Violence, 2009a).

About 135,645 people received domestic violence services and 10,484 domestic violence victims received shelter. There are 120 agencies in Ohio that provide protective shelters (Ohio Domestic Violence Network, 2009). Shelters for victims of domestic violence are houses or apartments where women go to seek refuge from their abusers. The location of the shelter is kept confidential in order to keep the abuser from finding it. Domestic violence shelters provide food, clothes, places to sleep, and child care. There is a limited length of time that women can stay at the shelter, but advocates help these women find transitional shelters.

There was a national study of domestic violence shelters conducted to assess how services provided at the shelters help women (National Network to End Domestic Violence, 2009). It was found that domestic violence survivors’ most pressing needs are met by shelters. The three needs described were access to safety, the knowledge of options and choices, and community resources.

According to Campbell, Abrahams, and Martin (2008), intimate partner violence is a widespread global phenomenon that has serious health problems for women and children. There have been many recommendations to identify and intervene with victims in the health care
system. The evidence of interventions for victims is still lacking, but clinical trials are underway, and assessment strategies and protocols have been developed. Women who have experienced domestic violence often have post-traumatic stress disorder, depression, substance abuse, or other mental disorders. Not only do they have mental or emotional issues, such as low self-esteem, trouble concentrating, insomnia, anxiety, fatigue, but they also have physical health problems, such as chronic pain, hypertension, infectious diseases, ulcers, arthritis, migraines, and sexually transmitted infections (Helfrich, Lafata, MacDonald, Aviles, & Collins, 2001). Because of all these problems, healthcare providers and survivors must learn to work together to ensure the best state of health possible for survivors of domestic violence (Taliaferro, 2005). The Women E.M.P.O.W.E.R.S. Program will be providing needed services to the women residing in the shelter in an effort to increase their quality of life.

*Occupation-Based Programming*

The Women E.M.P.O.W.E.R.S. Program that will be established at the Summit County Crisis Center of Battered Women’s Shelter is occupationally-based and should be conducted under the supervision of an occupational therapist. The field of occupational therapy assists individuals to engage in their daily life occupations that positively affects health, quality of life, and satisfaction. Domestic violence negatively affects the ability of the survivors and their families to engage in their daily life occupations in a healthy and satisfying manner. Therefore, occupational therapists focus on developing or restoring these abilities (Javaherian, Underwood, & DeLany, 2007). In 2007, the American Occupational Therapy Association published an official statement on domestic violence that supports the role of occupational therapists stating:

Practitioners focus on enhancing the ability of the survivors and their families to participate in activities of daily living (ADLs), instrumental activities of daily living
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(IADLs), education, work, leisure, play, and social participation for the purpose of gaining skills and abilities needed to take control of their lives and develop healthy independent lifestyles (Javaherian, Underwood, & DeLany, 2007, p. 705).

Support for the role of the occupational therapist and the identification of needs that could be filled through occupational therapy to this population can be found through review of the literature. Javaherian, Krabacher, Andriacco, and German (2007) interviewed five women living at a battered women’s shelter and five women who had been at the shelter and were now living on their own, free of abuse; both groups trying to rebuild their lives. Five themes were found in this study and these themes help occupational therapists reflect upon their role in working with survivors of domestic violence. The first theme includes that these women who suffer from domestic violence owe themselves a life to get back on their feet. The second theme explains how many aspects of these women’s lives are scattered and interconnected. The third theme describes how women do not have any time to themselves due to finding a job, going to classes, working, and taking care of their children and home. The fourth theme clarifies that it is hard for these women to rebuild their lives because they struggle with issues of trust and poor self-esteem. The final theme indicates that for these women leaving their abuser and rebuilding their lives was a journey that was far from over. Though they had goals, they did not have a plan to achieve them and they had to recognize their strengths and believe in themselves again before they could start their new life. Occupational therapists are in a position to use their knowledge to therapeutically impact survivors of domestic violence. Teaching women life skills can help with these five themes.

Gorde, Helfrich, and Finlayson (2004) identified the trauma symptoms and life skill needs of survivors of domestic violence in their study. Eighty-four women who have experienced
domestic violence participated in this study and were involved in three different service delivery programs: emergency shelter program, transitional housing program, and community group program. The participants completed two self-report assessments, the Trauma Symptom Inventory (TSI) and the Occupational Self Assessment (OSA). Staff focus groups were also conducted in the emergency shelter and transitional housing programs to identify the staff’s perceptions of the women’s needs. Emergency shelter staff members prioritized women’s needs as related to employment, housing, and self-esteem. Parenting assistance, day care access, and child care were considered barriers to seeking or maintaining employment. Needed employment assistance included job referrals, job readiness programs, and interview skills training, including basic interpersonal skills. Staff of both shelters indicated women were unable to plan for long-term goals and needed better budgeting skills. They also noted that women lack access to adequate medical care and ineffectively manage their time. Women in emergency shelters score significantly higher on the TSI, a measurement of psychological distress, than women in the transitional housing or community. Women in this study identified a need and desire to receive skill training. Life skill needs they indicated include: parenting skills, finding and maintaining a job, finding and maintaining a house, balancing stress with relaxation, money management, self-esteem, confidence, and coping skills. Occupational therapists are very educated in teaching life skills in a meaningful way that help these survivors get back on their feet in the right direction to start living independent lives.

The American Occupational Therapy Association statement explains different occupational therapy services provided to domestic violence survivors (Javaherian, Underwood, & DeLany, 2007). Occupational therapists need to consistently engage clients in performing their daily occupations, achieving personal satisfaction and role competence, developing a healthy
lifestyle, and improving their quality of life. According to the AOTA statement, “Interventions with survivors of domestic violence focus on empowerment and active participation in healthy occupations or daily life occupations” (2007, p. 706). Some interventions discussed include: working on the development of a realistic budget, facilitating the use of effective decision-making skills regarding employment opportunities, learning calming techniques to use with their children, learning assertiveness skills, and teaching stress management and relaxation techniques to improve sleep patterns. Some interventions with children discussed are developmentally appropriate play skills, social skills, techniques for improving concentration and attention span during school activities, and assistance with the organization of study habits and school materials.

Helfrich, Aviles, Badiani, Walens, and Sabol (2006) implemented a life skills intervention with survivors of domestic violence in shelters as well as mental health adults and youth. A life skills intervention was administered by an occupational therapist through four one-hour group sessions and four one-hour individual sessions for four weeks with a group and individual session scheduled each week. The life skills intervention incorporated an empowerment approach encouraging clients to be active and engaged in the creation and delivery of their own services. At the beginning of each weekly group session, participants were provided with activity packets containing resource materials for the group. After each group, participants completed a quiz to evaluate content retention and select individual session topics. Individual sessions addressed individual needs identified from the predetermined list of goals each participant prioritized at the end of the group session quiz. Mental health adults had eight sessions of food and nutrition. Youth had eight sessions of finding employment. Victims of domestic violence had eight sessions on finances. The four topics from week to week were
introduction to financial management (saving and investing), money management (shopping on a budget), savings and checking accounts, and projecting a budget. Seventy-three women who experienced domestic violence were enrolled in the life skills interventions and only 13 completed pre and post-tests due to the transience of the population. The difference in the pretest and post-test of the life skills evaluation were significantly different. There was an increase in mastery scores, the measure of general life skill development, at post-test when compared to pretest. This shows that the women were impacted by the intervention; therefore emphasizing that occupational therapy should provide needed life skill interventions. The implication from this study state that occupational therapists are encouraged to collaborate with shelters to provide needed life skill interventions, hence the Women E.M.P.O.W.E.R.S. Program.

Models of Practice

The occupational therapist leading the life skills program will use the Model of Human Occupation (Kielhofner, 2002) as a theoretical model of practice to guide the occupational therapy evaluation and intervention process with the women residing at the shelter. The Model of Human Occupation (MOHO) is very appropriate for the life skills program because of its intended use with any person experiencing problems in occupational life and for its application across the life span (Kielhofner, 2002). MOHO describes humans as composed of three elements: volition, habituation, and performance capacity. Volition is the process of motivation in which people choose what they do. Habituation is the process of doing, in which it becomes routines and patterns. The last component, performance capacity, is the mental and physical abilities, and the lived experience that shapes performance (Kielhofner, 2004). These components will be seen in this program. The women residing at Crisis Center will express their
own personal values and interests to improve their roles in both the physical and social
environment.

**Federal Initiatives and National Trends**

The implementation of the Women E.M.P.O.W.E.R.S. Program will address several
national health initiatives as outlined in Healthy People 2010 (United States Department of
Health and Human Services, 2000). There are two primary goals in this document. The first goal
is to increase life expectancy and improve quality of life. Women who have experienced
domestic violence and are residing in a shelter are working towards improving their quality of
life and changing their life situations to increase their life expectancy, which is the first step. The
second goal is to eliminate health disparities. In the battered shelter, each individual should be
treated equally and not based on race or ethnicity, education or income, disability, geographic
location, or sexual orientation. The program developed will increase the quality, availability, and
effectiveness of educational and community-based programs designed to prevent disease and
improve health and quality of life, which is the seventh focus area in Healthy People 2010. The
life skills and empowerment program will also address objectives 15-34, 15-35, and 15-36 which
are to reduce the rate of physical assault by current or former intimate partners, reduce the annual
rate of rape or attempted rape, and to reduce sexual assault other than rape (U. S. Department of
Health and Human Services, 2000).

The National Network to End Domestic Violence (2008) addresses national trends. In
2008, 78% of identified domestic violence programs in the United States, or 1,553 out of 2,000
programs participated in the National Census of Domestic Violence Services. The number of
domestic violence victims who found refuge in emergency shelters provided by local domestic
violence programs in one day is 30,433. Out of all the domestic violence programs offered, the
least participation is in childcare and daycare, while the most participation is in individual and children’s support or advocacy.

According to the National Network to End Domestic Violence (2009), domestic violence survivors’ most pressing needs are met by shelters. Survivors reported that their shelter experience increased their access to safety (91%), their knowledge of options and choices (91%), as well as community resources (85%). These statistics represent the direct services from the shelter, but there is nothing mentioned about skills they have after they leave the shelter. This program will provide those services. Not only will they be safe, have options, and community resources, but they will also have skills to utilize when they go out into the real world and begin to live their lives independently.

Objectives

*Program Goal*

The goal of the Women E.M.P.O.W.E.R.S. Program (Engaging in Meaningful and Purposeful Occupations While Enhancing Role Satisfaction) of the Battered Women’s Shelter of Summit and Medina Counties is to provide occupationally-based services that increase quality of life in women residing in the shelter. Quality of life is defined as “an individual’s expressed satisfaction with current life circumstances” (Mosby’s Medical Dictionary, 2006, p. 1577).

**Objectives**

1. In collaboration with the participant, the occupational therapist will review case manager goals, administer the Occupational Self Assessment (Baron, Kielhofner, Iyenger, Goldhammer, & Wolenski, 2002), and determine at least two additional occupationally-based goals within the initial meeting.
2. In collaboration with the occupational therapist, 75% of Women E.M.P.O.W.E.R.S. participants will participate in a meaningful and purposeful occupation in the second week of the program showing improvement towards achieving their goals. This may include writing a resume, demonstrating a mock interview, designing a budget, strategies for making important decisions, designing a schedule, implementing a parenting strategy, engaging in an activity with her child(ren), and planning techniques for stress and anxiety management.

3. In the second week of the program, each Women E.M.P.O.W.E.R.S. participant will verbally state two resources from the materials given at a prior individual session specific to her individual goals.

4. At the conclusion of the program, each Women E.M.P.O.W.E.R.S. participant will have achieved 50% of their personally identified occupationally-based goals.

5. At the conclusion of the program, each Women E.M.P.O.W.E.R.S. participant will report improved quality of life when compared to their initial SF-36 quality of life assessment (Ware & Sherbourne, 1992).

These objectives are important for the Women E.M.P.O.W.E.R.S. Program because they are providing occupational therapy services to women who have experienced domestic violence. While in abusive relationships, battered women rarely have the resources needed to live on their own and are often financially controlled and isolated by their batterers (Brandwein, 1999). Financial issues are very critical in a woman’s decision to leave her abuser for good based on if she can become independent away from him. In addition to financial issues, women often lack traditional work skills that are required to maintain a job and live independently (Helfrich, 1997). Women and the staff who have worked with individuals of domestic violence identified
difficulties with basic skills in budgeting, parenting, home management, stress management, anger management and other instrumental activities of daily living. The focus in most shelters is on emergency needs, so there are few opportunities to learn these important life skills. There is minimal literature available that identifies or addresses the life skills required for victims of domestic violence, but in the article by Helfrich, Aviles, Badiani, Walens, and Sabol (2006), a life skills intervention was implemented for four weeks to women residing in a shelter. There were statistically significant changes in the women from pre-test to post-test. Therefore, the Women E.M.P.O.W.E.R.S. Program will address life skills through meaningful occupations in hope to increase quality of life.

The objectives were created with an emphasis on setting their own goals. Allowing the women to set their own goals helps them become aware of their own deficits and makes the intervention sessions more meaningful for them to participate. According to Crepeau, Cohn, and Schell (2003), intervention goals are directly connected to the person’s occupational concerns, and intervention methods capitalize on the person’s occupational interests. For example, if a woman realizes her deficit as problems with money management, she may set her goal to be creating and managing a budget. She is more likely to accomplish this goal because it is of meaning to her and something she really wants to learn. On the other hand, if women are unaware that they have a deficit it will be more difficult to make improvements during the interventions. The two goals that are created for the participants are worked on for as long as the women reside at the shelter. The Crisis Center does not have a limit for the women to stay as long as they are making progress in case management. The average length of stay at Crisis Center in 2009 was 17 days and has increased to 21 days so far in 2010. Some women leave after being at the shelter for about 2-3 days, where others may stay for a couple of months. Some may
even be asked to exit unexpectedly under certain circumstances. Therefore, the maximum length of the program is four weeks. Staying either 21 days or 30 days should still give enough time to demonstrate two occupations, specific to the stated objectives. If a woman participating in the program is still residing in the shelter after the 4 weeks are up, and there are no women waiting to participate in the program, she may continue on. The therapist will evaluate her goals and progress at the four weeks and if needed, collaborate to come up with two new goals.

Marketing and Recruitment of Participants

Marketing

To develop marketing materials for the Women E.M.P.O.W.E.R.S. Program, involvement of the stakeholders will be essential. The marketing materials will reach out to women residing at the shelter and to the staff of the agency. These two specific groups of stakeholders will be approached because the women will actually be receiving the services and the staff will want to know information to advocate for occupational therapy and possibly implement the program at other facilities through the agency.

Brochures that outline the program will be developed and given to the potential participants recommended by the case manager. See Appendix D for attached brochure. After the case manager recommends potential participants, the occupational therapist will meet with each woman and provide her with a brochure, as well as explain the program and answer any questions. By providing brochures to the women at the Crisis Center, it is hoped that they will read through it on their own time, discuss it with other women and their case manager so that they will understand the benefits of the program and be more likely to participate. Brochures will be an inexpensive yet vital marketing aspect for this program. A brochure is attractive, easy to read, and states frequently asked questions which may clarify many of the women’s concerns.
A brochure is more personal than a flyer because it states specific questions and is aimed for a specific population.

Another marketing technique is presenting a PowerPoint presentation to the staff of the Crisis Center, such as the manager, case managers, social workers, interns, and volunteers. Staff from the administration office will also be invited to this presentation. This method is inexpensive, but very important for this program. By presenting to the staff of the Crisis Center, it is hoped that they will understand the collaboration with the occupational therapist, the structure of the program, and the benefits of the program so they can explain it to their clients, as well as use their profession to provide an interdisciplinary approach to each client to better their treatment. Presenting to the administration staff will educate them on the program, help them understand how occupational therapy can help, and help them see the benefits of the program. Plus, it gives them a visual of what is going on in the Crisis Center and eventually, they might be interested in a similar program for the other shelter in Medina or the long term housing facility, Step III. A copy of the PowerPoint presentation will also be given to every attendee and questions will be welcomed at the end of the presentation. Presenting through a PowerPoint presentation is more personal than a flyer and it allows open-ended discussion. It is important to present this program because the attendees will become advocates for the program, as well as for occupational therapy and they can get the most information from a presentation, not a piece of paper.

Not only will a PowerPoint presentation be given to the staff, but also to the women residing at the shelter. This method as stated above is inexpensive, but very essential in recruiting participants. By presenting to the women residing at the shelter, it is hoped that they will understand how the program works and the benefits it offers, resulting in participation. The
presentation will be given as a discussion and asking questions will be emphasized. It will be
given when the program begins so the women already residing at the shelter can be informed on
the program all together. The presentation will also be given when many women come into the
shelter around the same time. This will help the therapist speak to everyone at once, instead of
one-by-one. Every attendee will also be given a copy of the PowerPoint presentation. A
presentation is appropriate for this population because in a group setting, many women might get
interested in the program and decide to participate because others are. Women who are
approached individually might be reluctant to participate because they do not want to be
stigmatized and may not realize their own deficits. The presentations given to the women and the
agency will be different from each other, speaking specifically to the appropriate population.
Additionally, the occupational therapist running the program should become immersed in the
Crisis Center to build rapport and to ensure that potential participants recognize and feel
comfortable expressing their concerns with the therapist. It is important to keep in mind that this
population has just been through a great amount of crisis and it may be hard for them to trust
someone new. Word of mouth would also be an effective marketing technique with the women
residing at the shelter in order to remind them of scheduled appointments with the therapist that
they are expected to attend.

After a couple months of the program, a presentation will be given to the director of the
agency, director of services, and managers of the different shelters: Summit County Crisis
Center, Medina County Crisis Center, Step II, and Step III. This presentation will inform them
on the program and the progress lest they would like to start a similar program at their facility.
Presentations will also be given to other shelters in the state to inform them on the program and
how it has helped the women. This is a very critical population that can truly benefit from a
program designed like the Women E.M.P.O.W.E.R.S. Program and it needs to be advocated to the community.

Potential participants of the Women E.M.P.O.W.E.R.S. Program are women 18 years or older who are currently residing at the Crisis Center. The median age of women who stay at the shelter is 27 years old. To participate in this program, the woman must also meet the following inclusion criteria. The participant must be willing to complete the Occupational Self Assessment (Baron, Kielhofner, Iyenger, Goldhammer, & Wolenski, 2002) within the initial meeting and collaborate with the occupational therapist to determine two occupationally-based goals to achieve during the therapy sessions. The participant must also be willing to complete the SF-36 (Ware & Sherbourne, 1992) and to participate in different occupations. Before a woman is approved to come to shelter through the hotline, the staff checks the rolodex for two things: if she has been to the shelter before and her behavior when she did reside at the shelter. Each individual on the rolodex has a color indicating her status if she was to return to the shelter. Some reasons for denying someone to come back to shelter include verbal or physical abuse towards any of the staff, revealing the shelter location, not completing chores while staying at the shelter, bringing alcohol or drugs into the shelter, as well as coming back to the shelter under the influence. Some women use other names to get into the shelter because of their bad behavior. If any woman has a bad record according to the rolodex, she will not be able to participate in the Women E.M.P.O.W.E.R.S. Program. If women come back into the shelter and have a good past record, they may participate in the program again. If the maximum number of participants in the program is approached (10), the individuals who have not been in the program before will have priority over those who have.
The occupational therapist will be a part-time therapist, working 20 hours a week. Every participant will have two individual therapy sessions a week, 45 minutes each. Due to an hour and a half of therapy a week for each participant, it can be estimated that 10 participants will be reached at the initial start of the program. Ten participants at 90 minutes of therapy sessions a week is 15 hours. The other 5 hours a week will be utilized researching and gathering important resources/handouts for each participant to help achieve her goals, paperwork, meeting with the staff, preparing/conducting weekly workshops at Step II on job skills, and preparing/conducting weekly workshops at Crisis Center on recreation and leisure activities, such as game night, craft night, fitness night, or other activities including the children. These duties obviously would not all occur within one week, as staff meetings are once a month, some information will already be known, some handouts will already be completed, and some workshops may take less time. It is assumed that the individuals reached by this program will increase in subsequent years due to increased resources already set in place by the therapist.

The maximum capacity at the Crisis Center is 26 individuals, including children. It is very rare that the shelter is full to the maximum. The average amount of women at the Crisis Center is around 12 women at a time, not to say that the shelter does not get full. Therefore 10 participants seem realistic given the average amount of women who reside at the Crisis Center at one time, but when the shelter does get full, this program can provide services to 38% of the residents if all are women and not children. Averaging 10 participants every four weeks, there is expected to be approximately 120 participants for one entire year. This number is an estimate due to women leaving before four weeks, residing at the shelter longer than a month, women returning to the shelter over the year, or the shelter not having 10 residents at one time to participate.
Information collected on the participants in the Women E.M.P.O.W.E.R.S. Program will include the age of the woman, number of dependents, relationship to the abuser and other information about the abuser, types of abuse experienced, and information about the situation right before she came to the shelter. This is all collected through the hotline, the crisis intake right when they come into shelter, and the first initial meeting with the case manager. Other information gathered include data from the shelter’s Life Domain Rating Scale (Appendix E), the shelter’s Lethality Assessment (Appendix F), Occupational Self Assessment (Baron, Kielhofner, Iyenger, Goldhammer, & Wolenski, 2002), as well as pre-test and post-test scores of the quality of life assessment, SF-36 (Ware & Sherbourne, 1992).

Recruitment of Participants

The occupational therapist will be the main recruiter for the Women E.M.P.O.W.E.R.S. Program. The occupational therapist will recruit participants through the case manager. After the case manager meets the women as they initially come to the shelter, she will recommend which women will be good candidates for the program to the occupational therapist, which are often the women at risk. The case manager will mention to the women during their initial meeting that they might receive some occupational therapy services, but will not explain what the program is for two reasons. The women who have come to the shelter have usually just witnessed some kind of abuse and are going through a great amount of crisis, so explaining this can be overwhelming. Also, it is important that an occupational therapist explain the program since it is his or her specialty, plus the women see a lot of the case manager so it will be beneficial to have a new face explain the program. The therapist will be highly visible in the Crisis Center if there are any questions and will participate in shelter events. The therapist will also be responsible for developing and distributing the marketing materials throughout the shelter to educate on the
program and recruit potential participants. The occupational therapist will be continuously recruiting new participants because participants will be entering and exiting the program throughout the course of each month. The case manager will also refer potential candidates for the program to the occupational therapist in which he or she will meet with each potential participant individually and provide a brochure with information on the program. One brochure will be given to each woman in the shelter and as stated before, there will be 10 participants at the start of the program. The occupational therapist will approach each potential participant in her room or in the common meeting room where it is quiet and no one else around to discuss the program.

Programming

The Women E.M.P.O.W.E.R.S. Program is an ongoing individualized life skills program to meet the needs of the women through the use of occupations. Helfrich, Aviles, Badiani, Walens, and Sabol (2006) implemented a life skills intervention of one individual session and one group session a week for four weeks to victims of domestic violence residing in both an emergency shelter and transitional shelter. The life skills intervention was implemented by an occupational therapist and incorporated an empowerment approach encouraging clients to be active and engaged in the creation and delivery of their own services. The women completed a life skills evaluation before and after the intervention. There were statistically significant changes in the women from pre-test to post-test. There was an increase in mastery scores, a measurement of general life skill development, at post-test when compared to pre-test, showing that the women were impacted by the intervention. Also according to the AOTA Statement (Javaherian, Underwood, & DeLany, 2007), interventions with adults who are survivors of domestic violence focus on empowerment and active participation in healthy occupations or
daily life activities, which may include the development of a realistic budget, facilitating the use of decision-making skills, learning calming techniques, learning assertiveness skills, and teaching stress management and relaxation techniques to improve sleep patterns. Therefore, the Women E.M.P.O.W.E.R.S. Program will address life skills through meaningful occupations.

The programming will be led by a part-time occupational therapist who will be guided by the principles of the Model of Human Occupation (Kielhofner, 2002). Participants of the program will begin and end in accordance with the time that they stay at the Crisis Center. Therefore, there will not be specific lengths of time in the program or preset starting and ending days. Women are able to stay at the shelter with no limit as long as they are making progress in their case management. Once they meet most of their goals, are stable enough to get a job and be independent, they may be transferred to Step II, the transitional housing program. The average length of stay is 21 days, but one woman might only stay at the shelter for one week, while another might stay a couple months. Since the average length of stay is 21 days, it is expected that most women will participate in the program for two to three weeks. The experience of the Women E.M.P.O.W.E.R.S. Program will be individualized for each woman based upon her needs.

It is expected that most participants will follow a similar pattern of participation with the program. A detailed program is outlined in Appendix G for a potential participant who resides at the shelter for 30 days. After coming into the shelter, each woman meets with the case manager who explains the rules, gives a tour of the shelter, and provides a bag of toiletries. The case manager also discusses the situation and finds out all the demographic information such as age, number of dependents, and types of abuse experienced. The case manager also discusses the safety plan, and asks the woman to fill out the Lethality Assessment (Appendix F) and Life
Domain Rating Scale (Appendix E). After those have been completed, the case manager and client talk about the six different functions which include: employment, housing, educational, family, safety, and emotional well-being and sets short-term goals based on these functions. After meeting with each woman for the first time once she has arrived to the shelter, the case manager determines which women are at risk and refers those names to the occupational therapist as potential participants. As explained above, the therapist will then meet with each potential participant individually, provide a brochure, explain the program, and recruit participants. The therapist will also define occupational therapy to the potential participants to ensure that they understand the services they will be receiving. When the participant indicates interest in the program, she and the occupational therapist will schedule an appointment for the first session. Every woman who comes to stay at the Crisis Center is required to remain in the shelter for 48 hours upon arrival. Due to the fact that a woman is at 75% greater risk of being killed when she leaves, the first 48 hours of a woman who has left her batterer is the most dangerous time for her to be killed because the batterer is out to find her (K. Stupka, personal communication, February 23, 2009). For this reason, the initial meeting scheduled with the occupational therapist may not be until after three days of residing at the shelter, depending on each individual and her circumstance.

The first meeting with the occupational therapist is meant as an opportunity for the woman and the therapist to begin to get to know each other and form a working relationship. This meeting can take place in the common meeting room or the woman’s room as long as it is a confidential setting. At this meeting, the participant will meet the first objective which is to complete the Occupational Self Assessment (Baron, Kielhofner, Iyenger, Goldhammer, & Wolenski, 2002) and determine at least two additional occupationally-based goals.
collaboratively with the occupational therapist. This assessment takes 10-20 minutes and is a self-rating assessment that can be administered by the occupational therapist or by the participant. Then the occupational therapist will have the participant fill out the SF-36 to measure quality of life. This can be completed in 5-10 minutes and is the baseline measure for quality of life. The main two components of this first meeting are to build rapport and trust with the participant, as well as to determine occupationally-based goals to work towards. If getting to know the participant and determining goals takes the whole 45 minutes of the session, the SF-36 will be given to the participant to fill out and bring back with them to the next meeting. At the end of the meeting, the second session of that week will be scheduled. The rest of the sessions are not scheduled at this time because it is the first week women are at the shelter and it may cause more stress with everything else that is going on.

The Occupational Self Assessment (Baron, Kielhofner, Iyenger, Goldhammer, & Wolenski, 2002) is part of the Model of Human Occupation (Kielhofner, 2002), which is what this program is based on. The Occupational Self Assessment (OSA) is a two-part self-rating form that assists clients in establishing the priorities for change and goals for therapy. The OSA is a client-centered measure and is appropriate for this program since the occupational therapist will be meeting with each woman individually. This assessment includes 21 items about occupational performance and eight items about environmental adaptation. All items are self-report and it scores the 21 occupational functioning items on both performance and importance. Since the women will be in a critical state at the first visit with the occupational therapist, the assessment can be administered by the occupational therapist if the client does not feel comfortable completing it independently. This assessment allows women the opportunity to self-reflect on their assets and limitations and also allows them to choose areas of personal importance that they
would like to change. It is found that many women are unable to make choices based on personal values due either to their abuser and/or to the demands placed on them by the shelter (Helfrich & Aviles, 2001). Therefore, the assessment gives the women an opportunity to discuss the impact of their environment on their ability to function. The Model of Human Occupation (Kielhofner, 2002) is intended to be used with any person experiencing problems in occupational life and for its application across the life span. Using the OSA to determine goals evaluates the three important components of this model: volition, habituation, and performance capacity.

The SF-36 (Ware & Sherbourne, 1992) is a health survey that measures functional health and well-being, or quality of life within 36 questions. This survey will be the source to find out if the participant’s quality of life improved pretest to posttest by completing it within the first two visits and within the last two visits. The SF-36 is a practical, reliable, and valid measure of physical and mental health, including areas of anxiety and depression.

At the beginning of the second session, the occupational therapist will educate and provide resources to the participant on her first specific goal. For example, if one participant’s goal is to learn about finding a job, the occupational therapist will explain job applications, creating a resume, interviewing skills and etiquette to the participant. The occupational therapist will also give 2-3 resources to the participant, accomplishing the third objective. So for this case, the therapist may give the participant a sample resume, a sample application, interviewing tips, and a handout for formatting a resume. These resources will be discussed and collaboratively, the therapist and participant will decide on an occupation to be demonstrated in the second week of therapy. Examples of meaningful occupations to be demonstrated for finding a job include a mock interview where the participant has to dress nicely and answer questions as if she was
being interviewed. Another occupation could be filling out an application, creating a resume, or searching for jobs.

In the third session, the participant will demonstrate a meaningful and purposeful occupation for 20 minutes to the therapist, accomplishing the second objective. The occupational therapist will provide feedback on the participant’s occupational performance and it will be discussed on how to improve performance. The occupational therapist will then stress for the participant to ask any questions on the specified topic. The questions will be answered and the progress on goals thus far will be discussed. The rest of the intervention sessions for the remainder of her stay will also be scheduled.

At the start of the fourth session, the occupational therapist will ask the participant to reflect on the previous session and verbally state what she learned such as different resources and how it makes her feel. Then the occupational therapist will explain information on the topic relating to the second goal if the first goal was mastered. If the first goal was not mastered, then more information will be given and a different occupation will be demonstrated to that same goal. The occupational therapist will then again provide 2-3 resources for the participant specific to her second goal and collaboratively discuss the topic. A meaningful occupation to be demonstrated relating to the second goal will be decided and discussed at the end of this session. An example of a goal one of the participants might work on is improving money management skills. The therapist may give the woman information on how to create and follow a budget, pointers on how to save money, how to open a checking or savings account, how to use an ATM card, how to write checks and balance a checkbook. An occupation will be determined at this time. An occupation that could be demonstrated includes writing some checks out and balancing
a checkbook, researching how to open a checking account, or creating a budget and then planning how to manage this budget.

At the start of the fifth session, as in the third session, the participant will demonstrate a meaningful and purposeful occupation for 20 minutes to the therapist. The occupational therapist will provide feedback on the participant’s occupational performance and it will be discussed. The occupational therapist will then stress that the participant ask any questions on the specified topic. Questions will be answered and discussion on progress of goals thus far will end the session.

In the beginning of the sixth session, which is the second visit of week 3, the participant will reflect on the previous session and state what she learned and how it makes her feel. The occupational therapist will discuss options for her safety plan, future plans, and her perceptions of her time at the shelter now versus when she first came. This is done because the average stay is 21 days, so this might be the last visit for some and planning these things out before leaving is very crucial. If it is not the participant’s last session, other goals and areas of concern will be discussed if the other two goals were already mastered. If it is the participant’s last session, she will complete the SF-36 for a post-test measurement.

For those individuals that stay until the fourth week, the seventh session begins with the occupational therapist explaining information on topics of interest and concern as discussed in session six. Just as before, the occupational therapist will provide 2-3 resources for the participant specific to areas of interest and concern as discussed in session six. The occupational therapist will provide other occupations that the individual can practice on her own time. Both giving resources and occupation ideas is done in hope that the woman will take initiative and
read over the resources and practice the occupation on her own time to still improve her quality of life.

The last session of the program, session eight will begin with the occupational therapist reviewing the progress notes with the participant and collaboratively determine what level the goals were achieved. This will accomplish the fourth objective if it is determined that one out of the two goals was achieved. The SF-36 will also be administered to determine if the individual’s quality of life improved. This will accomplish the fifth objective if there is an improvement in quality of life. These two accomplishments, achieved goals and improved quality of life will be shown concretely to the participant. The participant will also be asked to compile a list of things she accomplished while residing at the shelter in hopes to build self-esteem and realize what a better person she has become. It may also give empowerment to not return to the batterer because everything accomplished in therapy and improved self-esteem will be lost as soon as the abuser dominates. If the program goes as planned, these women will have worked too hard and will have come a long way to go back to the way they were when they came to shelter on day one. The occupational therapist and participant will discuss finalized future plans and strategies for overcoming domestic violence and not falling back into the same cycle.

For individuals who will be leaving the shelter before the full four weeks of programming, the last session will include four things. First, the participant will complete the SF-36 for the post-test measurement in hopes to accomplish the fifth objective. Second, the occupational therapist will review the progress on the individual’s goals and determine a level of achievement in hope to accomplish 50% of the stated goals to accomplish the fourth objective. Third, the occupational therapist will provide the individual with more resources on other goals of interest in hopes that the individual will read them and work on them on her own in the future.
Fourth, the occupational therapist will ask the participant to compile a list of accomplishments while residing at the shelter to build self-esteem and to see concretely the improvements she has made. She will be urged to share her feelings on each of these accomplishments.

During the program, weekly leisure groups will be held. These will include games, crafts, scrapbooks, fitness, etc. After the occupational therapist helps facilitate the first few leisure groups of the program, some of the women will work together to plan their own groups. This will help them with planning, organization, and decision-making skills. They will inform the occupational therapist of any supplies needed.

As another part of the Women E.M.P.O.W.E.R.S. Program, the occupational therapist will hold weekly job skill workshops at Step II. Even though some women will be interested in finding jobs and job skills at Crisis Center, the content is better suited at Step II as the majority of residents are looking for jobs. Topics include figuring out career interests, finding out if more education is an option, searching for jobs, applying for jobs, building a resume, filling out applications, dressing for an interview, etiquette in an interview, answering common questions in the interview, and demonstrating mock interviews. Other topics may include how to find a job with a felony, expungement of felonies, and information on the federal bonding program.

Every meeting will be in a confidential place, such as the common room, office, or the participant’s room. Only the participant and the occupational therapist will be included in these meetings. Other occupational forms included are the resources provided to the participant by the occupational therapist and materials needed to demonstrate the occupation. Other examples of goals relevant to this population may be improving time management, decision-making, organizational skills, home management, coping skills, writing appeal letters, applying for housing, parenting skills, and mother-child interactions. Resources given from the occupational
therapist can include: strategies on how to develop a schedule; information on child care, cleaning, and cooking, which may relate back to time management; a plan for setting aside relaxation and exercise; suggestions on an appeal letter, strategies on making important decisions, strategies for staying organized, information on certain parenting and disciplining actions, and information on meaningful interactions with children. Some occupations that could be demonstrated for these topics include: designing a schedule and plotting all appointments; listing pros and cons and making an educated decision based on this list; cooking a snack or meal; disciplining her child when appropriate and by following a new approach; writing an appeal letter; creating and following a budget; filling out an application for housing, scheduling prior to appointments arrangements for child care or transportation; and spending more time with children by engaging in a fun activity with them. In these instances, the occupation will take place in the kitchen, children’s room, or their own room. Other occupations can include: demonstrating assertiveness in mock interactions; breathing exercises, relaxing hobbies that are stress-relieving; physical exercise that can control stress and anxiety; and journaling to reflect on self-esteem. Some of these occupations may seem trivial, but these women will not do them unless asked to demonstrate because of the crisis in their life they are trying to deal with.

Participants will be discharged from the program when they are no longer residing at Crisis Center. Discharge can occur when a woman decides to leave the shelter to stay with a friend or family member, or goes back to her original home/batterer. It also can occur when a resident is asked to exit shelter for a variety of reasons (revealing shelter location, an unauthorized overnight stay, bringing alcohol or drugs into shelter are just a few). Discharge can also occur successfully, meaning that a participant has reached her goals and desires to move to transitional shelter, Step II, or to the long term community based housing program, Step III, or
obtains housing. If women come back into the shelter and have a good past record according to the rolodex, they may participate in the program again. But as said before, if the maximum number of participants in the program is approached, the individuals who have not been in the program before will have priority over those who have.

Direct services that will be offered will include interventions, education, and the administration of assessments. In addition to the direct intervention services, the occupational therapist will provide indirect services as well. The therapist will be regularly meeting with the staff of Battered Women’s Shelter of Summit and Medina Counties to inform them about the progress of the program. Finally, the occupational therapist will take on the role of care coordination for the participants. This means that she will be networking with Summit County area programs and services that the participants may benefit from, in addition to the Women E.M.P.O.W.E.R.S. Program, and then recommending these services to the women. Other care coordination includes discussing the progress of each woman with the case managers and other staff at the Crisis Center. Each woman will be working towards goals for the case managers, so relating occupational therapy goals to these goals will help the women not become so overwhelmed while residing at the shelter, plus it can take some of the burden off the case managers.

It is important that careful documentation is recorded and stored in the participants’ charts that are located in the Crisis Center office in a filing cabinet to ensure confidentiality. Documentation will also be recorded on participants at the job workshops and kept in the Step II office in a filing cabinet. Occupational therapy documentation will be included in a separate section of the participants’ charts. Documentation will include records of Occupational Self Assessment (Baron, Kielhofner, Iyengar, Goldhammer, & Wolenski, 2002) administered;
participant’s goals and progress on each; occupations demonstrated and the performance on each; progress notes for each intervention session; attendance of the two individual sessions a week; pre-tests and post-tests of the SF-36 (Ware & Sherbourne, 1992); attendance and involvement at workshops and group sessions; and a summary of the participant’s interactions with staff, other professionals, and other women.

Budget and Staffing

The estimated expenditures to run the Women E.M.P.O.W.E.R.S. Program for the initial year are described in the following budget. This program will be implemented and developed by an occupational therapist. The position for the therapist will be part-time, 20 hours a week, year round. The salary for the occupational therapist position was determined by selecting half of the average median salary for fulltime occupational therapists in the Akron area ($68,200) provided from the website www.salary.com which is $34,100. The occupational therapist must have appropriate occupational therapy education, be registered nationally, have some mental health background, and have two years of experience because of the community-based nature of this programming. Past experience of working with individuals who have experienced domestic violence is a plus, but not required. A description of the job position (Appendix H) and a sample advertisement (Appendix I) are attached at the end of the document. The therapist will be expected to immerse herself into the Crisis Center to recruit participants, perform evaluations, provide interventions, and keep all necessary documentation. Most of all, the therapist must be culturally sensitive and have a strong desire to assist battered women.

Projected Staffing Costs

<table>
<thead>
<tr>
<th>Employee Position</th>
<th>Hours Per Week</th>
<th>Salary</th>
<th>Benefits</th>
<th>Total Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Therapist</td>
<td>20</td>
<td>$34,100</td>
<td>$8,525</td>
<td>$42,625</td>
</tr>
</tbody>
</table>
Total Projected Staffing Costs

<table>
<thead>
<tr>
<th>Item</th>
<th>Rationale</th>
<th>Quantity</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Self Assessment (OSA)</td>
<td>This will be one of the major assessments used to determine individual goals</td>
<td>1 @ $38.50 + Shipping</td>
<td>$46.05</td>
</tr>
<tr>
<td>Laptop</td>
<td>Necessary for clients to have access for certain goals</td>
<td>1 @ 519.97 + Shipping</td>
<td>$521.96</td>
</tr>
<tr>
<td>Printer</td>
<td>Necessary for clients to print out documents for specific goals</td>
<td>1</td>
<td>$99.99</td>
</tr>
<tr>
<td>Materials for job skill interventions:</td>
<td>Necessary for job skill occupations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interview clothes for mock interview</td>
<td>10 ($100 each)</td>
<td></td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Resume paper</td>
<td>1 (100/per pack)</td>
<td></td>
<td>$12.19</td>
</tr>
<tr>
<td>Materials for money management interventions:</td>
<td>Necessary for money management occupations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pretend checks and checkbook</td>
<td>3 ($14.58 each)</td>
<td></td>
<td>$43.74</td>
</tr>
<tr>
<td>Materials for time management interventions:</td>
<td>Necessary for time management occupations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calendar</td>
<td>100 ($35.49 each)</td>
<td></td>
<td>$3,549.00</td>
</tr>
<tr>
<td>Planner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Materials for stress management interventions:</td>
<td>Necessary to learn relaxation techniques</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calming CD’s</td>
<td>3 ($27.95 each)</td>
<td></td>
<td>$83.85</td>
</tr>
<tr>
<td>CD walkman</td>
<td>3 ($29.99 each)</td>
<td></td>
<td>$89.97</td>
</tr>
<tr>
<td>Yoga videos</td>
<td>1</td>
<td></td>
<td>$14.99</td>
</tr>
<tr>
<td>Materials for cooking:</td>
<td>Necessary for meal preparation occupations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ingredients</td>
<td>$10/week</td>
<td></td>
<td>$520.00</td>
</tr>
<tr>
<td>Cook books</td>
<td>1 “Mom and Me Cookbook”</td>
<td></td>
<td>$12.99</td>
</tr>
<tr>
<td>Baking set</td>
<td>1 “The New Basics Cookbook”</td>
<td></td>
<td>$13.57</td>
</tr>
<tr>
<td></td>
<td>1 set</td>
<td></td>
<td>$29.88</td>
</tr>
</tbody>
</table>

*Salary estimated from [www.salary.com](http://www.salary.com)

**Items for Therapeutic Purposes**
| Life Skills Book                          | Necessary for providing resources to women. | 1 “Domestic Violence Treatment for Abusive Women: A Treatment Manual” book | $39.95  
|                                          |                                              | 1 “Domestic Abuse Across the Lifespan: The Role of Occupational Therapy” book | $42.50  
| Resume Book                              | Necessary for providing resources to women and for them to read. | 1 “The Everything Resume” book | $14.95  
| Interview Skills Book                    | Necessary for providing resources to women and for them to read. | 1 “Interviewing” book | $24.95  
| Managing money book                      | Necessary for providing resources to women and for them to read. | 1 “How to Manage Money” book | $9.95   
| Time management book                     | Necessary for providing resources to women and for them to read. | 1 “Time Management” book | $15.96  
| Buying a house book                      | Necessary for providing resources to women | 1 “Home Buying for Dummies” book | $17.59  
| Parenting book                           | Necessary for providing resources to women | 1 “Mind in the Making: Seven Essential Life Skills Every Child Needs-Breakthrough Research Every Parent Should Know” book | $9.93   
| Mother-child activities book             | Necessary for ideas for women | 1 “1001 Things to do with your Kids” book | $2.72   

Total Cost for Items for Therapeutic Purposes $6,242.71

*Prices for Therapeutic Items were estimated from [www.moho.uic.edu](http://www.moho.uic.edu), [www.tigerdirect.com](http://www.tigerdirect.com), [www.staples.com](http://www.staples.com), [www.target.com](http://www.target.com), [www.jcpenney.com](http://www.jcpenney.com), [www.enaturalremedies.com](http://www.enaturalremedies.com), [www.walmart.com](http://www.walmart.com), [www.barnesandnoble.com](http://www.barnesandnoble.com), [www.amazon.com](http://www.amazon.com)
### Office Items

<table>
<thead>
<tr>
<th>Item</th>
<th>Rationale</th>
<th>Quantity</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Office Paper</td>
<td>Necessary for printing brochures, PowerPoint presentations, progress notes, assessments, goals, treatment plans, and handouts</td>
<td>1 case (5,000 sheets)</td>
<td>$42.99</td>
</tr>
<tr>
<td>Print Cartridge</td>
<td>Necessary for printing brochures, PowerPoint presentations, progress notes, assessments, goals, treatment plans, and handouts</td>
<td>5 ($14.99 each)</td>
<td>$74.95</td>
</tr>
<tr>
<td>Black Ball Point Pens</td>
<td>Necessary for note taking</td>
<td>2 (1 Dozen per pack)</td>
<td>$12.58</td>
</tr>
<tr>
<td>Pencils</td>
<td>Necessary for note taking</td>
<td>1 (72 per pack)</td>
<td>$4.99</td>
</tr>
<tr>
<td>Notebook Pads</td>
<td>Necessary to use during meetings and interventions to document progress</td>
<td>3 (12 per pack)</td>
<td>$20.97</td>
</tr>
<tr>
<td>Hanging Files</td>
<td>Necessary to keep client records separated in filing cabinet</td>
<td>10 (25 per box)</td>
<td>$87.90</td>
</tr>
<tr>
<td>Manila File Folders</td>
<td>Necessary to keep client records organized when kept in hanging files</td>
<td>5 (50 per box)</td>
<td>$54.95</td>
</tr>
<tr>
<td>Paper Clips</td>
<td>Necessary for organizing documentation records.</td>
<td>1 (1000 per box)</td>
<td>$4.29</td>
</tr>
<tr>
<td>Staple Combo Pack</td>
<td>Necessary to ensure forms stay together when kept in client files</td>
<td>1 (Includes stapler, staples, and staple remover)</td>
<td>$7.29</td>
</tr>
<tr>
<td>Staples</td>
<td>Necessary to ensure forms stay together when kept in client files</td>
<td>1 (5,000 per box)</td>
<td>$3.99</td>
</tr>
<tr>
<td>Miscellaneous Items</td>
<td>This cost would cover unanticipated supplies that would be necessary to address individual resident’s goals.</td>
<td>120 ($25 each)</td>
<td>$3,000</td>
</tr>
<tr>
<td><strong>Total Cost of Office Items</strong></td>
<td></td>
<td></td>
<td><strong>$3,314.90</strong></td>
</tr>
</tbody>
</table>

*Prices for Office Items were estimated from [www.staples.com](http://www.staples.com)*
**Enhancing Life Skills 47**

**In-Kind Support**

Summit County Crisis Center will provide the following as in-kind support to the Women E.M.P.O.W.E.R.S. Program: office space, desk, chair, computer and internet use, file cabinet, telephone, and access to resident kitchen and gathering areas.

**Indirect Costs**

Crisis Center will be reimbursed for indirect costs that include heat, air conditioning, electricity, and bathroom facilities by the Women E.M.P.O.W.E.R.S. Program.

**Total Program Costs**

<table>
<thead>
<tr>
<th>Expense Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projected Staff Costs</td>
<td>$42,625</td>
</tr>
<tr>
<td>Items for Therapeutic Purposes</td>
<td>$6,242.71</td>
</tr>
<tr>
<td>Office Supplies</td>
<td>$3,314.90</td>
</tr>
<tr>
<td>In-Kind Support</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Subtotal of Program Costs: $52,182.61

Indirect Costs (25% of Subtotal of Program Costs): $13,045.65

Total Program Cost: $65,228.26

**Funding**

To implement the first year of the Women E.M.P.O.W.E.R.S. Program, grant funding will be necessary to cover the estimated budget of $65,228.26. Three possible grant funding agencies have been identified based on their annual giving amounts, giving trends, and focuses for giving. The following grant funding agencies are appropriate sources to seek initial funding to implement the Women E.M.P.O.W.E.R.S. Program.
The first potential funding source for this program is a federal initiative titled, *Transitional Housing Grant Program*, through the United States Department of Justice (United States Department of Justice, 2009b). This grant is specifically offered through the Office on Violence Against Women (OVW), which “provides federal leadership to reduce violence against women, and to administer justice for and strengthen services to all victims of domestic violence, dating violence, sexual assault, and stalking” (United States Department of Justice, 2009a, p. 1). Grants may be used for programs that provide support services designed to enable individuals who are fleeing domestic violence, dating violence, sexual assault, or stalking to locate and secure permanent housing and integrate into a community by providing those individuals with services such as transportation, counseling, child care services, case management, employment counseling, and other assistance.

The Women E.M.P.O.W.E.R.S. Program will take place at the Crisis Center, which offers temporary housing and supportive services, such as case management and child care. This proposed program will provide occupationally-based services to women to increase their quality of life. A trained occupational therapist will be leading this program, as well as working with clients to help reach their goals, just as the guidelines of this grant program states.

Special interests to OVW are innovative programs that provide services to victims of sexual assault and intimate partner domestic violence by addressing the unique barriers to receiving assistance that these victims face. The proposed Women E.M.P.O.W.E.R.S. Program is innovative as occupational therapy services are not commonly seen in battered women’s shelters. With this program, a great partnership will develop between occupational therapists, clients, case managers, other organizations, and governmental victim services. This program will provide services to the victims of domestic violence to help them address issues that are problematic in
their life. Life skills are very important to learn for these women and can shape their future. Their individual roles will enhance with each skill that they learn and this will improve their overall quality of life.

The second potential source of funding for this program is titled *Robert Wood Johnson Foundation Local Funding Partnerships 2010-2011*, through The Robert Wood Johnson Foundation (Robert Wood Johnson Foundation, 2009). This source is a private foundation that contributes money to programs that advance their mission to improve the health and health care of all Americans. For programs to be eligible for funding, they must address one of the seven program areas: building human capital, childhood obesity, coverage, pioneer, public health, quality/equality, and vulnerable populations. For this proposed program, the program area that fits best is vulnerable populations, being victims of domestic violence.

Projects must be new, innovative, collaborative, and community-based to be funded. Robert Wood Johnson Foundation welcomes projects that offer a solution to a clearly identified local problem and that creates meaningful and timely change by addressing health in its social context. Domestic violence is a very big problem in today’s society and can affect health. Many victims of domestic violence are dependent of their husbands and when away from them, do not know what to do next. Programs offered to them while they are residing in a safe shelter can help them get on the right track. After an incident of domestic violence, it can alter their daily occupations of daily living, work, family life, and their roles, such as being a wife and mother. Life skill services provided at the shelter, such as interviewing skills, budgeting skills, or mother-child interactions can improve the health of these women. Robert Wood Johnson Foundation is especially interested in proposals that offer fundamental changes in how agencies cooperate to deliver better services. With the Women E.M.P.O.W.E.R.S. Program, occupational therapists
will be working collaboratively with case managers, social services, other agencies, and the victims of domestic violence. This collaboration of an interdisciplinary approach can deliver better services to women.

The third potential funding source is the Akron Community Foundation. This private funding source awards grants to Summit County, Ohio nonprofit tax-exempt organizations or to qualified organizations that provide important services to Summit County residents (Akron Community Foundation, 2009). The foundation looks favorably on programs that collaborate to offer new approaches to improving the quality of life in Summit County. The Women E.M.P.O.W.E.R.S. Program will be implemented at the Battered Women’s Shelter in Summit County, specifically at the Crisis Center. The services provided will teach the women residing at the shelter life skills and will help enhance their different individual roles.

Out of the four areas it funds, the category health and human services fits well with the proposed program. This category covers all aspects of health such as promotion of wellness, medical research, care, treatment, and education as well as public health programs, substance abuse, and mental health. Human services refer to social service programs such as child care, senior citizen centers, volunteer centers, family service agencies, children’s homes, food banks, and emergency relief. The Women E.M.P.O.W.E.R.S. Program will provide services to women educating and helping them with everyday life through life skill interventions.

Self-Sufficiency Plan

After the initial year of funding for the Women E.M.P.O.W.E.R.S. Program, it is expected that the stakeholders of the project will recognize the positive outcomes of the program and will work to sustain the programming for years to come. Therefore, a plan of self-sufficiency must be in tact to ensure that funding is available for future years. Since this unique organization
is nonprofit, it would be very difficult to fund the program without grants and donations since these are the two main sources of income. The Battered Women’s Shelter of Summit and Medina Counties rely on grants and donations to keep all the programs running and to supply clothes, food, housing, and toiletries for women. If needed, the occupational therapist could deliver traditional occupational therapy services to residents of Crisis Center through billing for services to Medicare, Medicaid, or other private insurances. This may result in loss of participants due to the batterer being in charge of the insurance or some may not even have insurance. Donations will still be accepted through the community. Fundraising events will continue to be held to bring in more donations from supporters of the program and agency. These are done through auction dinners and letters. Finally, additional funding should come from Battered Women’s Shelter of Summit and Medina Counties after they see the success that the Women E.M.P.O.W.E.R.S. Program has on the women and the organization. The funding would come in the form of additional in-kind support that was considered indirect costs in the first year of the program. Together these forms of income should be an adequate plan to continue the Women E.M.P.O.W.E.R.S. Program after the first year of programming.

Program Evaluation

Evaluation of the Women E.M.P.O.W.E.R.S. Program will be necessary to determine efficacy of the intervention as well as ensure future program funding. The Women E.M.P.O.W.E.R.S. Program will be evaluated during the course of the program as well as at the conclusion of the program by the participants and stakeholders. Formative evaluations will be used throughout the program to determine if the program is being viewed as successful by participants and stakeholders. Each woman will meet initially with the occupational therapist and fill out the Occupational Self Assessment (Baron, Kielhofner, Iyenger, Goldhammer, &
Wolenski, 2002) as well as complete the SF-36 (Ware & Sherbourne, 1992). After the second week of programming with each individual, the occupational therapist will re-evaluate the woman’s previous goals, decide the progress on each, and create new future goals. This part of the process is the formative evaluation because it allows the assessment of whether or not the Women E.M.P.O.W.E.R.S. Program is helping the women to meet personal goals. The therapist will also meet monthly with the staff of Crisis Center such as Kathleen Stupka to discuss the progress of the program and improvements/suggestions that can be implemented to enhance the quality of intervention. This will be done every month because the staff will see different women just about every month due to the four week program. In addition, the SF-36 allows the programming evaluation to be summative because it is performed at the beginning of the program as well as at the end in order to show whether an overall improvement of quality of life occurred with each woman. This will help meet the overall goal of the program. Finally, a survey will be given to the women at the end of the program asking them how effective they felt the program was and whether or not they enjoyed participation.

The goal and objectives that were established for the Women E.M.P.O.W.E.R.S. Program will be continuously monitored and documented by the occupational therapist. The objectives will be evaluated by using the following methods:

1. In collaboration with the participant, the occupational therapist will review case manager goals, administer the Occupational Self Assessment (Baron, Kielhofner, Iyenger, Goldhammer, & Wolenski, 2002), and determine at least two additional occupationally-based goals within the initial meeting.

- This objective will be evaluated through documentation in the participants’ files.

During the initial meeting with each participant, the occupational therapist will
document the results of the Occupational Self-Assessment, the two identified occupationally-based goals, and the intervention plan. These goals will be re-evaluated during the second week of programming to see the progress on each. If the goals are met, new goals will be made. Descriptive statistics will be used at the end of the initial year to determine the range, median, and mean number of goals identified.

2. In collaboration with the occupational therapist, 75% of Women E.M.P.O.W.E.R.S. participants will participate in a meaningful and purposeful occupation in the second week of the program showing improvement towards achieving their goals. This may include writing a resume, demonstrating a mock interview, designing a budget, strategies for making important decisions, designing a schedule, and planning techniques for stress and anxiety management.

- The occupational therapist will evaluate this objective by documenting the attendance of participants, the type of occupation performed, and notes on the occupational performance. These notes will help with providing feedback.

3. In the second week of the program, each Women E.M.P.O.W.E.R.S. participant will verbally state two resources from the materials given at a prior individual session specific to her individual goals.

- The occupational therapist will evaluate this objective by having the participants verbally state two resources that were given by the therapist to assist them with their goals. At the second session of the program, the occupational therapist will provide 2-3 resources to the participant on the specified goal being worked on. Verbally stating two of the resources shows that the participant is learning and
understanding something about that life skill. The stated resources will be documented in the participant’s file.

4. At the conclusion of the program, each Women E.M.P.O.W.E.R.S. participant will have achieved 50% of their personally identified occupationally-based goals.
   - The occupational therapist will evaluate this objective by documenting all goals developed by participants and whether these goals have been achieved over the course of participation in the program. To achieve 50% in this objective, the participant needs to accomplish at least one out of the two goals identified. This will be documented in the participant’s file.

5. At the conclusion of the program, each Women E.M.P.O.W.E.R.S. participant will report improved quality of life when compared to their initial SF-36 quality of life assessment (Ware & Sherbourne, 1992).
   - The occupational therapist will administer the SF-36 pre and post interventions to evaluate changes in quality of life and document results appropriately.

An additional survey will be given to participants after completion of the four-week Women E.M.P.O.W.E.R.S. Program. These surveys can be submitted anonymously and will provide participants the opportunity to give feedback about the program, their personal learning outcomes, the therapist, and the Crisis Center facility. A copy of this survey is attached in Appendix J.

Timeline

A timeline that outlines the major tasks and milestones that will take place in the first year of programming are identified in Appendix K.
Letters of Support

Individuals from several different agencies will be asked to provide letters of support for the Women E.M.P.O.W.E.R.S. Program. The primary letter of support is from the Manager of Summit County Crisis Center at the Battered Women’s Shelter of Summit and Medina Counties, Kathleen Stupka, and is attached in Appendix L. Ms. Stupka was selected to provide a letter of support due to her position at Battered Women’s Shelter of Summit and Medina Counties as this is the agency that will be sponsoring the program and Crisis Center is where it will be implemented. Ms. Stupka is also a major stakeholder because of her experience working in the Crisis Center and her identification of life skills as a need in the shelter.

Additional letters of support would be sought from individuals at a local, state, and national level. The contact information for all persons that could potentially provide letters of support is attached in Appendix M. One letter of support could come from Dana Zedak, the Summit County Director of Services at the Battered Women’s Shelter of Summit and Medina Counties. This person would be an important source of support because she overlooks all of the services that the women receive while residing at the different shelters. A second letter of support could be provided by Megan Ward, the Step II Transitional Program Shelter Manager. This letter could describe the need for life skills from Crisis Center to Step II, as well as the need for job skill workshops and other topics at Step II. A third letter of support could be provided by Tina Jarosch, the Step III Transitional Housing Program Manager. Her letter of support could address the need for services in shelters, as this program may be beneficial to possible future Step III participants. A fourth letter could be sought from Leanne Polio, the Associate Director of Resource Development. This letter could describe the need for services in the Crisis Center and Step II, since she has had past experience working in these shelters, as well as experience
grant writing to help obtain funding for the agency. A fifth letter of support could come from the President of the American Occupational Therapy Association. Dr. Penny Moyers Cleveland could support this program by describing how an occupational therapist is a health professional that is highly skilled and capable of meeting the needs of the women who have experienced domestic violence in a holistic way. A sixth letter of support could come from Nancy Neylon, Executive Director of the Ohio Domestic Violence Network. This statewide coalition of domestic violence programs, supportive agencies, and concerned individuals assist in promoting safety, well-being, and justice for all battered women. They also maintain a commitment to the empowerment of battered women and children. A seventh letter of support could be provided by Catherine Pierce, Director of the Office on Violence Against Women at the United States Department of Justice. This organization provides federal leadership to reduce violence against women, and to administer justice for and strengthen services to all victims of domestic violence. They develop and support the capacity of state, local, tribal, and non-profit entities involved in responding to violence against women.
References


Appendix A

Battered Women’s Shelter of Summit and Medina Counties Organizational Chart
Appendix B

Semi-Structured Interview

1. What gaps are there in your programming?/What does administration think the unmet needs are?/What kinds of programming are you looking for?

2. What (if any) life skills are addressed in case management and in programming here at Crisis Center?

3. What life skills would be good to teach individuals at this facility? Select if appropriate for Crisis Center or more appropriate for Step II:

   - Job skills
     - Dress for interview
     - Practice interview skills
     - Writing a resume for a job

   - Leisure activities
     - Hobbies
     - Time for self
     - Outings for single ladies

   - Organization
     - Scheduling appointments
     - Planning ahead
     - Time management

   - Coping skills
     - Managing stress and depression
     - Patience
     - Self-esteem

   - Money management
     - Building and following budget
- Writing checks
- Balancing checkbook
- Opening a credit card
- Buying/renting an apartment or house
- Buying a vehicle

- Cooking skills
- Mother and child activities
  - Improve interactions between mother and child

- Life skills
  - Negotiation
  - Communication
  - Decision making skills

- Anything else?

4. In your opinion, what would be the best way to meet with the women? (workshop, individually, combined with case management, after support groups, etc)

5. What is the best way to find out what women want to see in programming in shelter? (survey, support group, focus group, house meeting)

6. Where is best to meet? (Office area, family room, play room)

7. What are common goals women work on while in Crisis Center?

8. What programs already exist at Step II?
Appendix C

Battered Women’s Shelter Survey

1. Please check the areas that you or women in the future would like more information on to help with your role as an independent woman (Check your top 5)

___Job skills
   • dress for interview, practicing interview skills
   • writing a resume for a job
   • searching for a job

___Leisure activities/recreation
   • hobbies, time for self

___Organization (time management or planning ahead)

___Coping skills
   • managing stress and depression
   • patience
   • self-esteem

___Money management
   • building and following a budget
   • opening a checking account

___Cooking skills

___Mother and child activities/parenting skills

___Individual scrapbooks

___Writing appeal letters

___Pampering activities

___Other: (please state) _________________________________________________________
2. Would you be willing to attend a workshop on a specific life skill?

____Yes  ____No

3. Would you rather meet in a group or individually with staff?

4. Are there certain days of the week that work best for you?

   ____Monday     ____Friday
   ____Tuesday    ____Saturday
   ____Wednesday ____Sunday
   ____Thursday

5. What time of day is best to attend a workshop?

   ____Before lunch  ____After Thursday night support group
   ____Between lunch and dinner  ____During house meeting Tuesday nights
   ____After dinner

6. Will you need childcare needs, such as a babysitter, so you are able to attend the workshop?

____Yes  ____No

7. What are some of your interests/hobbies?

______________________________________________________________________________

8. What can be done to improve services here at Battered Women’s Shelter?

______________________________________________________________________________

9. Any other ideas that you have to include while you stay in shelter?

______________________________________________________________________________

10. Is there anything else that you would like me to know?

______________________________________________________________________________
Want to learn important Life Skills?

Come participate in the Women E.M.P.O.W.E.R.S. Program!
What is the Women E.M.P.O.W.E.R.S. Program?

E.M.P.O.W.E.R.S. stands for Engaging in Meaningful and Purposeful Occupations While Enhancing Role Satisfaction.

This is a program that teaches important life skills that will help women survive on their own with the assistance of an occupational therapist.

What are occupations?

Occupations are everyday tasks and are viewed as central to a person’s identity and competence, influencing how a person spends time and makes decisions.

What is occupational therapy?

Occupational therapy is the use of occupation as a therapeutic method. It is the facilitation of engaging people in their daily life occupations that supports their full participation and positively affects health, well-being, and life satisfaction.

How can occupational therapy help?

An occupational therapist can help you engage in your daily life occupations in a healthy and satisfying manner such as activities of daily living, education, work, leisure, play, and social participation. Participating in these occupations can help you gain skills and abilities needed to take control of your lives and develop healthy independent lifestyles.

How long is this program?

Participation in this program will begin when you arrive to the shelter and will last until you leave the shelter.

Who can participate?

Any woman residing in the shelter that wants to learn important life skills.

Where will it take place?

Right here at the Crisis Center!

What will we do?

You will create goals with the occupational therapist on important life skills you would like to learn. The occupational therapist will provide resources and you will demonstrate these skills. Some examples of life skills are:

- **Job skills**
  - Writing a resume
  - Demonstrating a mock interview
  - Searching & applying for a job

- **Financial management**
  - Designing and managing a budget
  - Opening a checking account

- **Home management**
  - Cooking, cleaning, child care

- **Coping skills**
  - Assertiveness
  - Techniques for stress and anxiety management
  - Self-esteem
  - Exercise

- **Leisure/recreation**
  - Pampering activities
  - Games & crafts

- **Mother-child interactions**
  - Parenting skills
The following is a list of rating scales regarding where you feel you are at this point in time along several different Life Domains. Please review each of these areas and give a rating between 1 and 5. *(1 indicating the lowest level of functioning and 5 indicating the highest level of functioning.)* A case manager will talk with you about the ratings you provide and assist you in developing a plan at your request.

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<tr>
<th>Life Domain</th>
<th>Rating</th>
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<td>Housing</td>
<td>1  2  3  4  5</td>
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<td>Transportation</td>
<td>1  2  3  4  5</td>
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<td>Educational</td>
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<td>Vocational-Employment</td>
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<td>Financial/Insurance</td>
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<td>Family/Relationships</td>
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<td>Health</td>
<td>1  2  3  4  5</td>
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<td>Recovery</td>
<td>1  2  3  4  5</td>
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<td>Spirituality</td>
<td>1  2  3  4  5</td>
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<td>Cultural</td>
<td>1  2  3  4  5</td>
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<tr>
<td>Other</td>
<td>1  2  3  4  5</td>
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Signature______________________________________Date_____________________

Case Manager Signature__________________________Date_____________________

Appendix E

Life Domain Rating Scale
Appendix F

Lethality Assessment

There is no magic formula to determine if there is a high risk of suicide or homicide from the batterer. This questionnaire may help to identify compounding risks to the victim. If victim feels like her/his life is in danger take this very seriously. If victim does not believe she/he is a risk but you have concerns of immediate danger, discuss this with victim frankly.

Yes No Is the Abuser violent outside of the home?
Yes No Is the Abuser violent against the children?
Yes No Has the Abuser make threats of homicide to the Victim’s children?
Yes No Has the Abuser made threats of suicide?
Yes No Are threats and violence escalating?
Yes No Is the Abuser using alcohol or drugs?
Yes No Has the Abuser abused the victim while pregnant?
Yes No Has the victim attempted to leave or divorce the Abuser?
Yes No Has the Abuser sexually assaulted the victim?
Yes No Is the Abuser obsessed with the Victim?
Yes No Has the Abuser seriously injured the victim?
Yes No Has the Abuser threatened family or friends?
Yes No Are there deadly weapons (guns or knives in the home)?
Yes No Does the Victim fear for her life?
Appendix G

Schedule of Programming

Week 1

- First Session, 45 minutes:
  - The first 10+ minutes will be spent building rapport and trust between the occupational therapist and the participant by discussing the participant’s situation and feelings.
  - The occupational therapist or participant will administer the Occupational Self Assessment, which takes 10-20 minutes.
  - Collaboratively, the occupational therapist and participant will determine two additional occupationally-based goals. This may take up to 5 minutes.
  - If time allows, administer the SF-36 health survey for a baseline measurement, which takes 5-10 minutes.
  - Schedule the second session.

- Second Session, 45 minutes:
  - For the first 20 minutes, the occupational therapist will explain information on the topic relating to one of the specific goals.
  - The occupational therapist will provide 2-3 resources for each participant specific to her goals and collaboratively discuss the topic for the next 15 minutes.
  - Collaboratively, a meaningful occupation to be demonstrated will be decided and discussed for 10 minutes. The next session will be scheduled in which the occupation will be demonstrated.
Week 2

- Third Session, 45 minutes:
  - The participant will demonstrate a meaningful and purposeful occupation for 20 minutes to the therapist.
  - The occupational therapist will provide feedback on the participant’s occupational performance and it will be discussed for 15 minutes.
  - The occupational therapist will stress that the participant asks any questions on the specified topic. Questions will be answered and progress on goals thus far will be discussed. The rest of the intervention sessions will also be scheduled.

- Fourth Session, 45 minutes:
  - The participant will reflect on the previous session and state what she learned and how it makes her feel. This discussion will last 10 minutes.
  - The occupational therapist will explain information on the topic relating to the second goal for 20 minutes.
  - The occupational therapist will provide 2-3 resources for the participant specific to her second goal and collaboratively discuss the topic for the next 10 minutes.
  - Collaboratively, a meaningful occupation to be demonstrated will be decided and discussed for 5 minutes.

Week 3

- Fifth Session, 45 minutes:
  - The participant will demonstrate meaningful and purposeful occupation for 20 minutes to the therapist.
The occupational therapist will provide feedback on the participant’s occupational performance and it will be discussed for 15 minutes.

The occupational therapist will stress that the participant asks any questions on the specified topic. Questions will be answered and progress on goals thus far will be discussed for 10 minutes.

- Sixth Session, 45 minutes:
  - The participant will reflect on the previous session and state what she learned and how it makes her feel. This discussion will last 10 minutes.
  - The occupational therapist will discuss options for her safety plan, future plans, and her perceptions of her time at the shelter now versus when she first came. This will last 20 minutes.
  - Other goals and areas of concern will be discussed for 15 minutes.

*Week 4*

- Seventh Session, 45 minutes:
  - The occupational therapist will explain information on topics of interest and concern as discussed in Session Six for 20 minutes.
  - The occupational therapist will provide 2-3 resources for the participant specific to areas of interest and concern as discussed in Session Six for and discuss for 15 minutes.
  - The occupational therapist will provide other occupations that the individual can practice on her own time. This will take 10 minutes.

- Eighth Session, 45 minutes:
- In collaboration with the participant, the occupational therapist will review the progress notes and determine what level the goals were achieved. This will last for 15 minutes.

- The SF-36 will be administered to determine if the individual’s quality of life improved. This takes 5-10 minutes.

- The occupational therapist and participant will discuss finalized future plans and strategies for overcoming domestic violence and not falling back into the same cycle for 20 minutes. A list of things accomplished while residing at the shelter will be created in hopes to build self-esteem in each participant.
Appendix H

Occupational Therapist Job Description

The Women E.M.P.O.W.E.R.S. (Engaging in Meaningful and Purposeful Occupations While Enhancing Role Satisfaction) Program at Battered Women’s Shelter of Summit and Medina Counties will require the employment of a part-time occupational therapist to implement a community-based life skills and empowerment program for women who have experienced domestic violence residing at the Crisis Center for protective shelter in Akron, Ohio. The therapist will report to Kathleen Stupka, the Manager at Crisis Center. A qualified candidate must be a nationally registered occupational therapist that has graduated from a masters or entry level doctorate program from an accredited college or university. Two years of previous work experience are required due to the independent nature of this position as there are no other occupational therapy practitioners employed by this facility. The candidate must also have some previous experience with individuals with mental illness as this population not only suffers from physical abuse, but emotional and mental abuse from the traumatic experiences witnessed. Previous experience of working with domestic violence is a plus, but is not required.

Responsibilities of the occupational therapist will include implementation of the entire program including development of marketing materials, development of documentation forms, and recruitment of potential participants through agency presentations and individual meetings. Once participants are recruited, the therapist will be responsible for assisting the clients with goal development and the creation of an individualized intervention plan, holding one-on-one intervention sessions with residents twice a week, administering assessments, providing resources, evaluating the client’s progress, and run workshops/groups. The OT will be expected to meet regularly with Crisis Center staff to educate and evaluate the program’s effectiveness.
Appendix I

Sample Advertisement for Therapist Position

Community Based Occupational Therapist Position

The Battered Women’s Shelter of Summit and Medina Counties is currently seeking applicants for an Occupational Therapist to run a community-based life skills and empowerment program for women who have experienced domestic violence residing at the Crisis Center for protective shelter in Akron, Ohio.

Interested applicants must be organized, compassionate, and have a previous background in mental health. Applicants must be registered occupational therapists with at least two years past experience. This position is part time and includes some benefits. Previous experience of working with domestic violence is a plus, but not required.

Interested applicants should send a resume to:
Kathleen Stupka, Manager of Crisis Center
759 West Market St., Akron, OH 44303, (330)374-0716
Appendix J

The Women E.M.P.O.W.E.R.S. Program Participant Evaluation and Feedback Form

*The Women E.M.P.O.W.E.R.S. Program*

1. Did the Women E.M.P.O.W.E.R.S. Program help you learn additional life skills?

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Not Sure</th>
<th>Strongly Agree</th>
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<td>1   2   3   4   5   6   7   8   9   10</td>
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2. Did the Women E.M.P.O.W.E.R.S. Program make you feel more confident and empowered to be on your own/independent?

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Not Sure</th>
<th>Strongly Agree</th>
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3. Did the Women E.M.P.O.W.E.R.S. Program meet your expectations?

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<thead>
<tr>
<th>Strongly Disagree</th>
<th>Not Sure</th>
<th>Strongly Agree</th>
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4. Was participation in the occupations helpful and beneficial?

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<thead>
<tr>
<th>Strongly Disagree</th>
<th>Not Sure</th>
<th>Strongly Agree</th>
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<td>1   2   3   4   5   6   7   8   9   10</td>
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5. Would you recommend the Women E.M.P.O.W.E.R.S. Program to other women in the shelter?

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<thead>
<tr>
<th>Strongly Disagree</th>
<th>Not Sure</th>
<th>Strongly Agree</th>
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The Women E.M.P.O.W.E.R.S. Therapist

1. Did the Women E.M.P.O.W.E.R.S. therapist take the time to get to know you?

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<thead>
<tr>
<th>Strongly Disagree</th>
<th>Not Sure</th>
<th>Strongly Agree</th>
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2. Was the Women E.M.P.O.W.E.R.S. therapist knowledgeable and helpful to you?

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<thead>
<tr>
<th>Strongly Disagree</th>
<th>Not Sure</th>
<th>Strongly Agree</th>
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</table>

3. Did the Women E.M.P.O.W.E.R.S. therapist focus on goals that were most important to you?

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<thead>
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<th>Strongly Disagree</th>
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4. Was the Women E.M.P.O.W.E.R.S. therapist organized and timely?

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<th>Strongly Disagree</th>
<th>Not Sure</th>
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5. Did the Women E.M.P.O.W.E.R.S. therapist respect you and give support?

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<th>Strongly Disagree</th>
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6. Were the resources given to you by the therapist helpful?

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<th>Strongly Disagree</th>
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Crisis Center Facility

1. Did the room in which you met provide enough privacy to discuss problems and goals with the Women E.M.P.O.W.E.R.S. therapist?

Circle One: Yes No

2. Did the Crisis Center provide enough space and opportunity to engage in occupations?

Circle One: Yes No

3. Were the materials provided (computer, books,) helpful?

Circle One: Yes No

Future Empowerment Efforts

1. What did you enjoy most about the Women E.M.P.O.W.E.R.S. Program?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

2. What did you enjoy least about the Women E.M.P.O.W.E.R.S. Program?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

3. What suggestions would you suggest to make the Women E.M.P.O.W.E.R.S. Program better in the future?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

4. What is the most important thing you learned from the Women E.M.P.O.W.E.R.S. Program?

______________________________________________________________________________
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## Appendix K

The Women E.M.P.O.W.E.R.S. Program Timeline

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Month</th>
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<tbody>
<tr>
<td>Hire Occupational Therapist and Orient to Shelter</td>
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<td>Meet with Crisis Center staff to inform employees about the program</td>
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<td>Develop Marketing Materials and Make Purchases</td>
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<td>Recruitment of Participants</td>
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<td>SF-36 administration (Formative/Summative)</td>
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<tr>
<td>Meet with Staff (Formative)</td>
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<td>Re-evaluation and setting new goals (Formative)</td>
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*Due to the nature of an open program, participants enter and exit the program all year long*
Appendix L
Letter of Support from Kathleen Stupka

April 15, 2010
Dear Kristen Welcome,

The intent of this letter is to pledge my support for the Women E.M.P.O.W.E.R.S. Program (Engaging in Meaningful and Purposeful Occupations While Enhancing Role Satisfaction) sponsored by Battered Women’s Shelter of Summit and Medina Counties, specifically at both the Crisis Center and Step II. This program will serve women residing in the shelters by providing education, setting goals, and demonstrating various meaningful and purposeful occupations.

Teaching life skills through empowerment are very important for women to learn at the shelter. Programming that is culturally sensitive to meet the needs of battered women is essential. The Women E.M.P.O.W.E.R.S. Program will fill a current void in programming by providing services that will assist women to ensure their independence and well-being. As the Manager of the Summit County Crisis Center at Battered Women’s Shelter, I support the development of the Women E.M.P.O.W.E.R.S. Program.

Thank you for your time and consideration.

Sincerely,

Kathleen Stupka, LICDC
Crisis Center Manager
Appendix M

Additional Sources for Letters of Support

**Summit County Director of Services**
Dana Zedak
759 West Market Street
Akron, OH 44303
(330)374-0740 ext. 104

**Step II Transitional Program Shelter Manager**
Megan Ward
759 West Market Street
Akron, OH 44303
(330)374-0740

**Step III Transitional Housing Program Manager**
Tina Jarosch
759 West Market Street
Akron, OH 44303
(330)374-0740

**Associate Director of Resource Development**
Leanne Polio
759 West Market Street
Akron, OH 44303
(330)374-0716

**American Occupational Therapy Association, President 2007-2010**
Penny Moyers Cleveland
University of Alabama at Birmingham
1530 3rd Ave S
Birmingham, AL 35294-3361
(205) 934-9229

**Ohio Domestic Violence Network, Executive Director**
Nancy Neylon
4807 Evanswood Drive Suite 201
Columbus, OH 43229
(614)781-9651

**United States Department of Justice: Office on Violence Against Women, Director**
Catherine Pierce
800 K Street NW., Suite 920
Washington, D.C. 20530
(202) 307-6026