Occupational Therapy in Youth Violence: An Occupation-Based Program for At-Risk Youth

Jasmine Shahin  
*University of St. Augustine for Health Sciences, j.shahin@usa.edu*

Pam Kasyan-Howe  
*University of St. Augustine for Health Sciences - Miami, pkasyanhowe@usa.edu*

Kristin Domville  
*University of St. Augustine for Health Sciences, kdomville@usa.edu*

Follow this and additional works at: [https://soar.usa.edu/otdcapstonesspring2021](https://soar.usa.edu/otdcapstonesspring2021)  
Part of the Occupational Therapy Commons, Other Psychiatry and Psychology Commons, and the Psychology Commons

**Recommended Citation**  

This Poster/presentation is brought to you for free and open access by the OTD Capstone Symposia at SOAR @ USA. It has been accepted for inclusion in Virtual OTD Capstone Symposium, Spring 2021 by an authorized administrator of SOAR @ USA. For more information, please contact soar@usa.edu, erobinson@usa.edu.
**Background**

- At-risk youth are disadvantaged in engaging in safe and health-promoting activities due to limited resources or opportunities (Farajzadeh et al., 2018; Gallagher et al., 2015a).
- Factors including socioeconomic status (SES), social support from family/friends, and mental health impact on an individual’s opinions, attitudes, and interests as well as their occupational choices (Gallagher et al., 2015b).
- Poor social participation and self-regulation skills impair initiating and maintaining positive relationships and the ability to cope and adapt to the social environment (Leigers et al., 2016; McDaniel et al., 2016).
- When constantly faced with traumatic or significant life challenges, at-risk youth are more likely to have lower self-efficacy or beliefs in their capabilities (Leigers et al., 2016; McDaniel et al., 2016).
- OTs can further develop social participation and self-regulation skills; however, they are underutilized on intervention teams for the at-risk youth population (Leigers et al., 2016; Parsons & Saffer, 2018).

**Problem**

The problem is children and adolescents who participate in youth violence do so because of poorly developed social participation and self-regulation skills (Cid, 2016; Forrest-Bank et al., 2016; Shea & Jackson, 2014). A second problem is that OT used to fill in the role of mental health specialists, but now they do not (Baltag et al., 2015; Cahill & Egan, 2017b).

**Purpose**

To implement an occupation-based program to improve social participation and self-regulation skills in at-risk youth to prevent youth violence and decrease maladaptive behaviors.

**METHODS**

- Covenant House Florida
- Open group; voluntary participation
- Heterogenous
- Ages 16-21 years old

**Assessment Tools**

- Survey questionnaires after each session
- General Self-Efficacy Scale (GSES)
  - Pre-, mid- & post-measure
- Social Skills Assessment
  - Pre-, mid- & post-measure

**Development & Implementation**

- Suggestions and interests from youth and staff were considered
- Program development occurred prior to and during first 2 weeks of implementation phase
- Program held for 8 weeks, 2x a week for 1-hour sessions
- Activity, open-discussion, survey questionnaire

**THEORETICAL FRAMEWORKS**

- Model of Human Occupation (MOHO)
- Social Cognitive Theory (SCT)
- Social and Emotional Learning Process (SELP)

**Program Outcomes**

**Population Sample:** Participants shared similarities within the at-risk youth population described in the literature review

**Strengths:** group activities allowed for increased engagement, minimal negative behaviors appreciated, similar interests were shared, opportunities to problem-solve, decision-make, and listen to opinions of others.

**Limitations:** open group vs closed group, adolescent stage, engagement in discussion, times of sessions, duration of program sessions, dishonesty in measures, COVID guidelines

**Participants & Responses:** 79 survey questionnaires collected. 37 participants total not counting duplicates.

**Conclusion & Implications for OT**

Highlights how OT could help the at-risk youth population. Providing activities and occupations based of the youth’s interests provides a means to motivate and engage them to participate which also helps to improve their mental health and self-awareness. The occupation-based program provided activities that were engaging and pleasurable for the youth, thus allowing the youth to participate in safe and healthy leisure, social participation, and play occupations.

More advocacy on the profession of OT needs to be made aware of and how mental health is a component for OT interventions, especially when helping at-risk youth.

**Special thanks to Dr. Marcia Hamilton and Veronica Koenig for their support and mentorship throughout this capstone**