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Occupation Based Program Enhancement: Promoting Social and Leisure Participation Post-Stroke

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Promoting Social and Leisure Participation Post-Stroke

Emma Welch, OTS; Amy Lyons-Brown, MS, OTD, OTR/L

BACKGROUND

- Individuals who have had a stroke may experience limitations to engagement in meaningful social and leisure occupations (Ivey & Mew, 2010)
- The role of OT in community-based practice is expected to increase, but to meet the needs of adults during community reintegration, social participation and leisure engagement need to be a focus

PROBLEM

Occupational therapy services are limited within the community in addressing social and leisure participation following a stroke

PURPOSE

- Enhance the current leisure program by creating an occupation-based program to promote social and leisure engagement
- Identify current barriers to social and leisure participation
- Determine a need for a community-based OT program for this purpose

METHODS

Setting

- Adaptive Fitness Clinic at SDSU

Participants: 18 – 65 years old

- Clinic members: 1 female, 3 male
- Staff members: 1 female, 1 male

Needs Assessment

- Survey via Microsoft Forms for staff
- SIS, Neuro-QoL, MIC (Duncan et al., 1999; Hahn et al., 2014; Kielhofner & Neville, 1983)

Focus Group

- Feedback survey for program evaluation
- Audio recording and thematic analysis

Acknowledgment: Special thanks to student mentor Kathy Elgas, MS, OTR/L

PROGRAM DEVELOPMENT

Theoretical Framework

- Model of Human Occupation
- Person-Environment Occupation Model
- Rehabilitative Frame of Reference

Program Goals

- Further understand barriers to social and leisure participation for the population
- Implement opportunities for social participation and leisure interest exploration
- Utilize results and feedback for occupation-based program development

Program Implementation

- Provided staff survey, conducted needs assessment, and lead two focus group sessions covering the topics of participation and roles
- Educated and trained staff on use of program to supplement fitness classes
- Provided additional resources to promote social and leisure engagement within the community

Deliverables

- Program guide, self-reflection journal, community resource list, and educational material

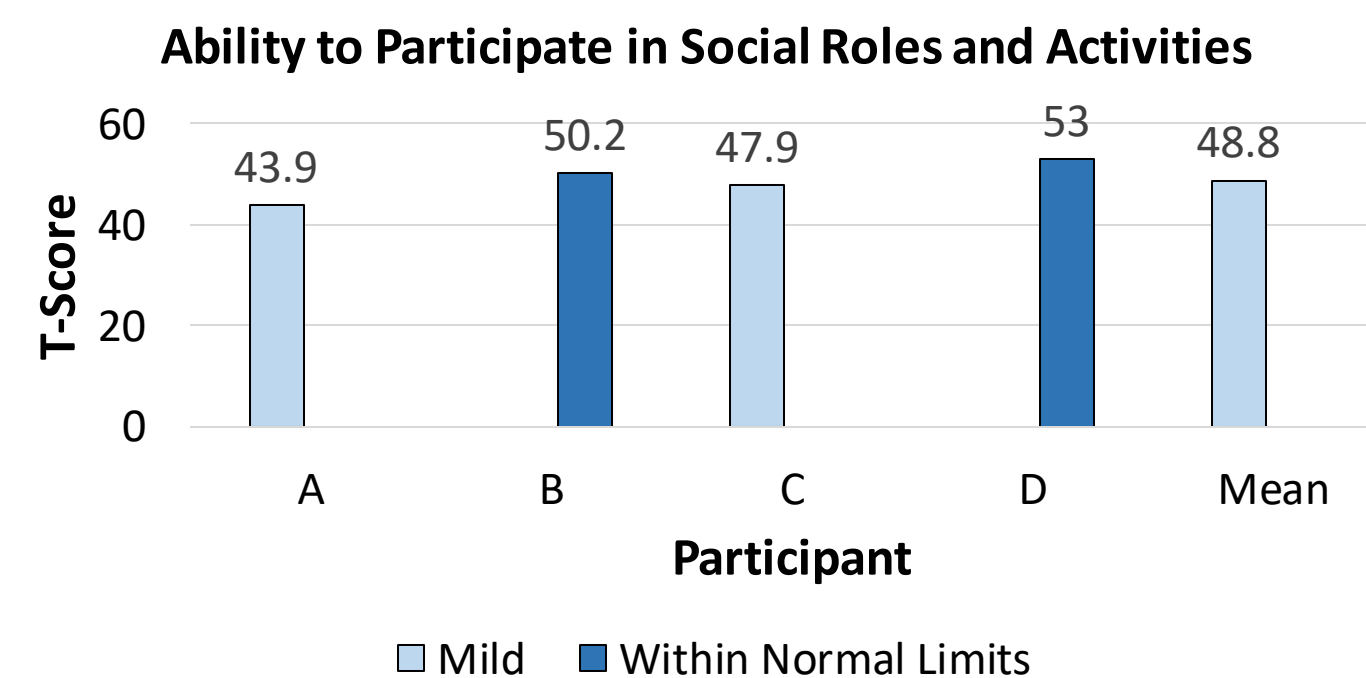
CONCLUSION & NEXT STEPS

- The results align with previous research, highlighting the need for community-based programs that specifically promote social and leisure participation for individuals who have had a stroke
- There is a need for increased occupational therapy services in the community to help support participation in leisure activities and social roles
- The group program guide can encourage further discussion, influence future program development, and impact the scope of occupational therapy in the community
- Further dissemination opportunities may be conducted through journal publication and OTAC presentation

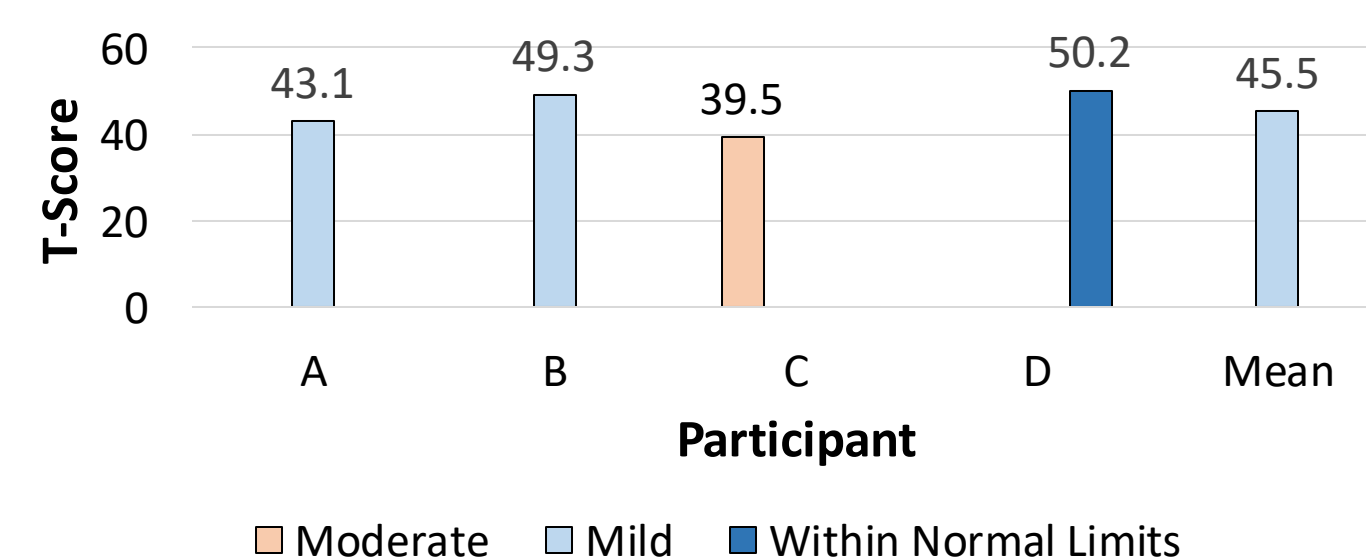
RESULTS

Needs Assessment

Quality of Life in Neurological Disorders



Satisfaction with Participation in Social Roles and Activities



Focus Group

Themes	Subthemes
Social Interaction	<ul style="list-style-type: none"> • Meaningful social support during recovery • Increased confidence in other social settings • Importance of interactions with people who have experienced similar challenges
Barriers in the Community	<ul style="list-style-type: none"> • Lack of accessible parking • Lack of education or awareness in the community • Lack of resources adapted for people who have disabilities • Lack of effort from others
Interpersonal Barriers	<ul style="list-style-type: none"> • Desire for independence • Decreased self-efficacy • Accepting new reality and small accomplishments • Feeling like a burden • Confidence and motivation correlated with accomplishment
Influence of Leisure Engagement	<ul style="list-style-type: none"> • Promotes engagement in other leisure activities • Provides support and encouragement from others

CHARTS



REFERENCES



The study was approved by the Institutional Review Board (IRB) at USAHS, IRB Approval #: 23-0215-113

Needs Assessment: Additional Results

Ability to Participate

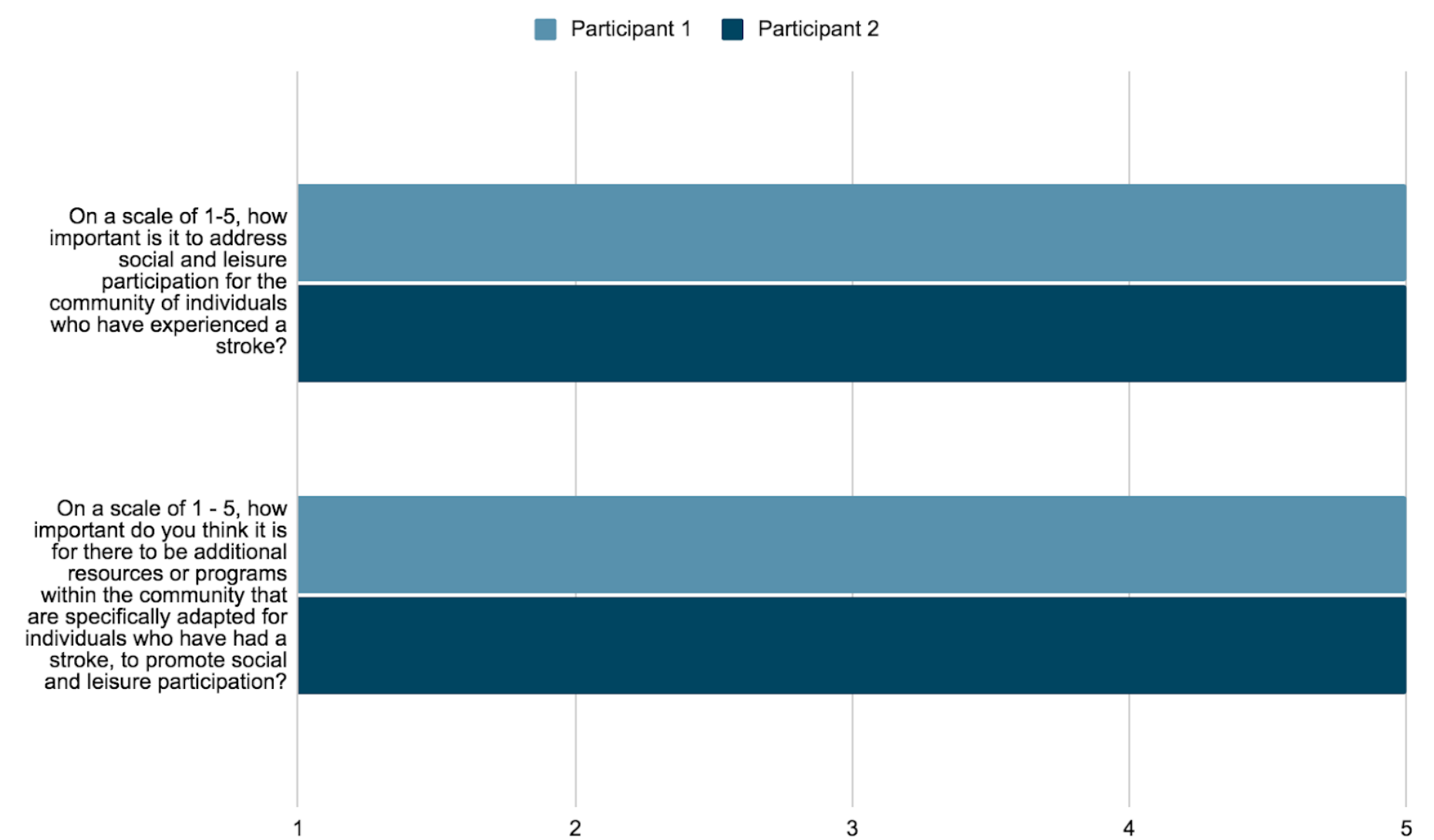
	T-score	Standard Deviation	Interpretation
Mean	48.75	Between 0.5 - 1.0 SD worse than the mean	Mild symptoms/impairment

Satisfaction with Participation

	T-score	Standard Deviation	Interpretation
Mean	45.53	Between 0.5 - 1.0 SD worse than the mean	Mild symptoms/impairment

Staff Survey

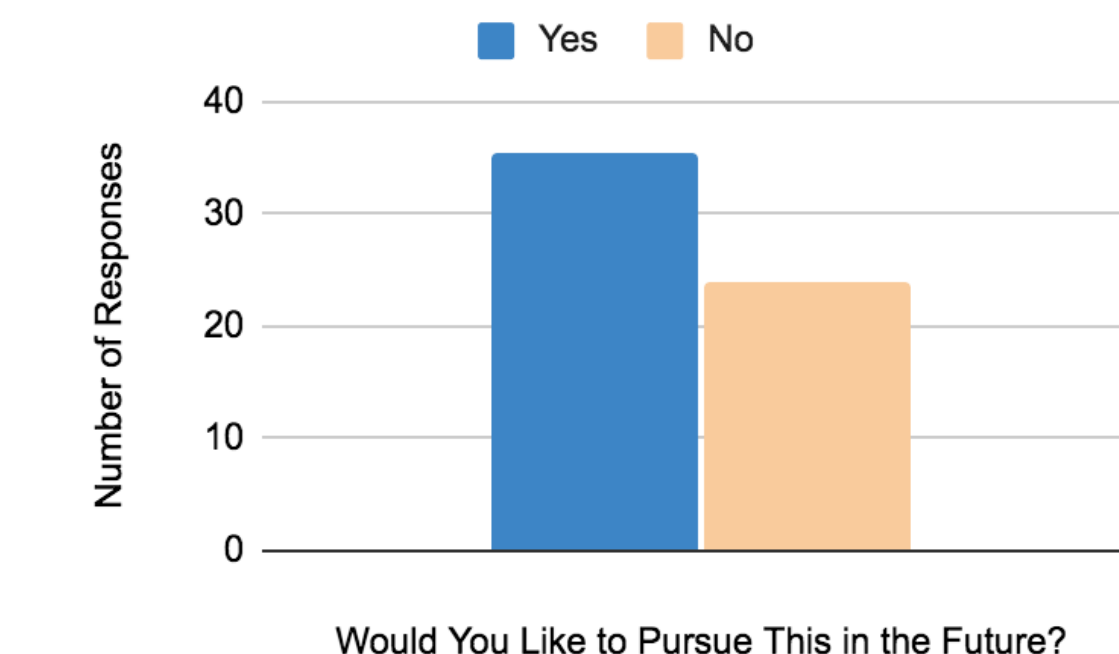
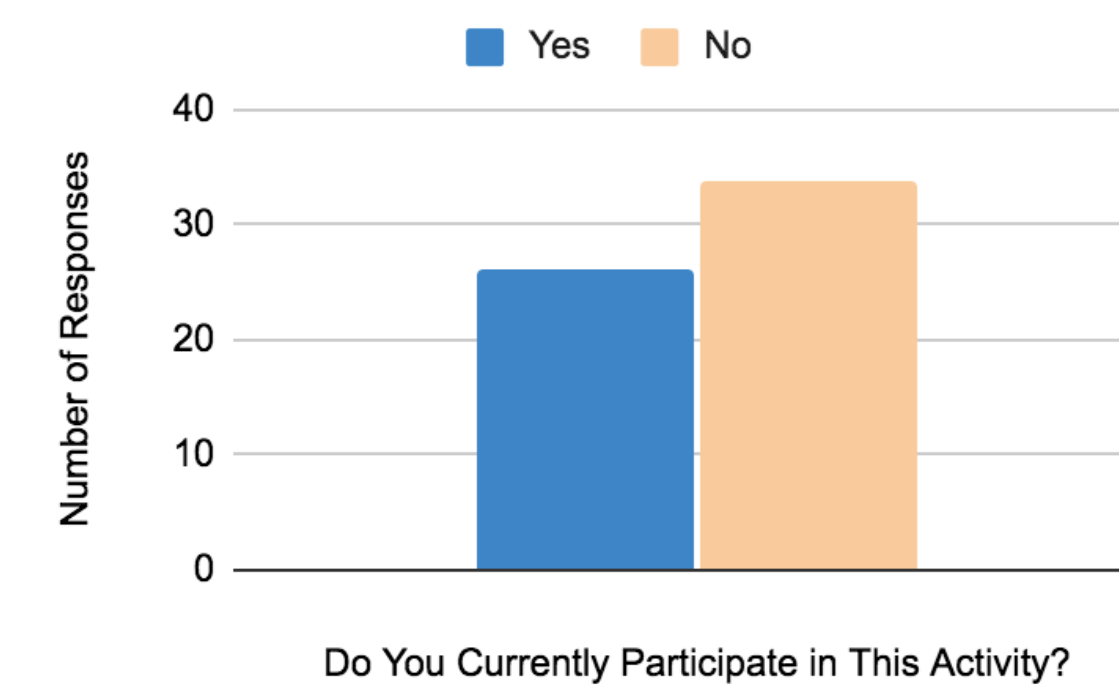
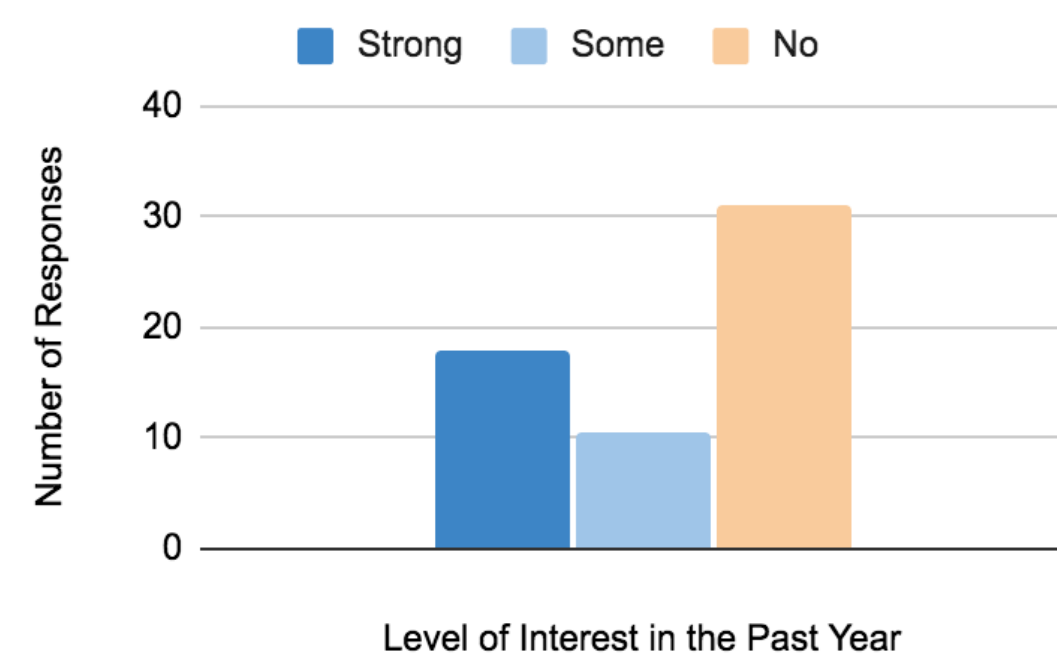
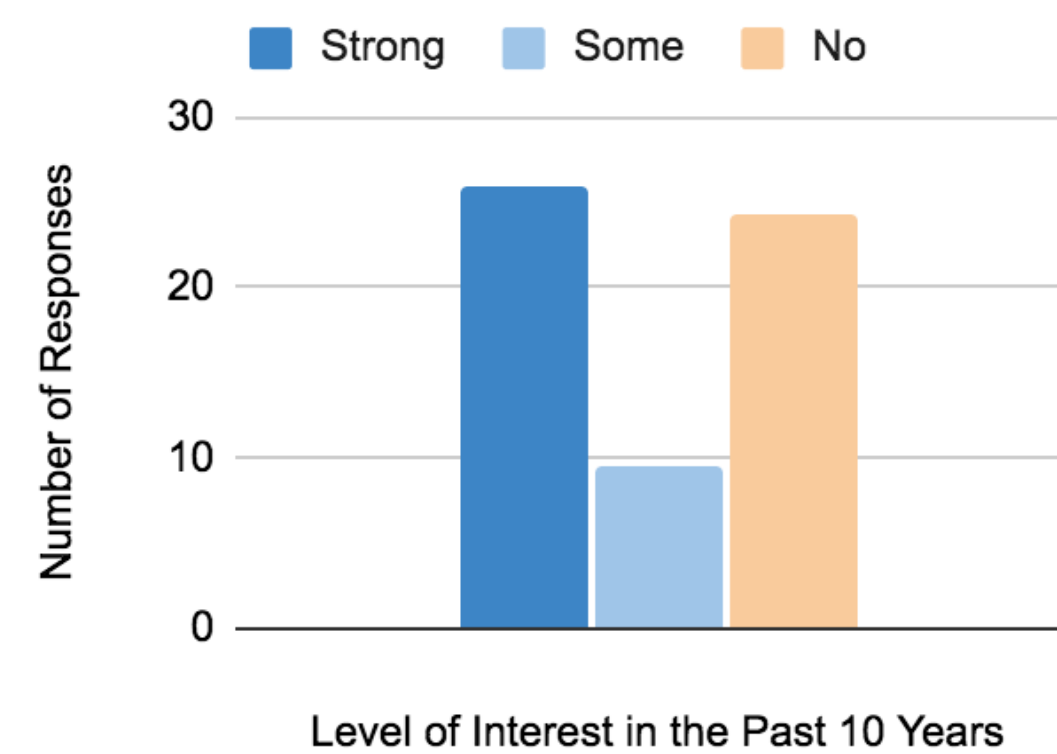
Themes	Subthemes
Limited community resources	<ul style="list-style-type: none"> Lack of awareness and availability of community resources Limited programs adapted for the population If there are programs, they should be made more available, increase marketing
Desire to participate	<ul style="list-style-type: none"> Clients discuss desire to participate in more social and leisure activities Desire to work towards increased participation
Interpersonal barriers	<ul style="list-style-type: none"> Limited engagement from anxiety or worries about abilities Lack of motivation and confidence to try activities they engaged in before stroke



Participation Subscale – Stroke Impact Scale

Participants	Final Score
A	75
B	53.13
C	56.25
D	82.38
Mean	66.69

Modified Interest Checklist



CHARTS



REFERENCES

