# THE MEANING AND USE OF ARTS AND CRAFTS ACTIVITIES

---

A THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF MASTER OF ARTS

IN THE GRADUATE SCHOOL OF

TEXAS WOMAN'S UNIVERSITY

SCHOOL OF OCCUPATIONAL THERAPY

BY

MARY M. WINKEL, B.S.

---

DENTON, TEXAS

AUGUST 1987

TEXAS WOMAN'S UNIVERSITY
DENTON, TEXAS

July 13, 1987

To the Provost of the Graduate School:

I am submitting herewith a thesis written by Mary Winkel entitled "The Meaning and Use of Arts and Crafts". I have examined the final copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirement for the degree of Master of Arts, with a major in Occupational Therapy.

Harriett G. Hanson
Major Professor

We have read this thesis and
recommend its acceptance:

Accepted

Leslie M. Thompson
Provost of the Graduate School

ACKNOWLEDGEMENT

I would like to formally express appreciation to Harriett Davidson, M.A., O.T.R., my Research Committee Chairman. Mrs. Davidson went above and beyond the call of duty in providing assistance and support for this study.

I would also like to express my love and appreciation to my husband for his continuous support, encouragement and reality orientation. His sincere belief in my abilities and his ever-motivating spirit have given me the strength to persevere and endure.

And many thanks to Chris St Valentine, the OT/RT Department (Belle Park Hospital), the administration of Belle Park Hospital and all the participating patients.

The Meaning and Use of Arts and Crafts Activities

by Meg Winkel, O.T.R.

August 1987

The premise that purposeful, goal-oriented activities will restore one's ailing mental health is basic to the theory and practice of occupational therapy. This study was constructed to measure how psychiatric patients value and internalize the use of purposeful activity (specifically, arts and crafts) in their treatment. Sixty psychiatric patients from Belle Park Hospital, ranging in age from 12 to 75, were asked to complete a survey questionnaire concerning their attitudes about the arts and crafts groups they attended. This author constructed a 26-item survey instrument which was distributed to the patients upon discharge from the hospital. Overall, patients perceived arts and crafts as valuable in their psychiatric treatment. This author found no significant difference in the perceived effectiveness of arts and crafts with regard to patient ages or length of hospitalization.

TABLE OF CONTENTS

## LIST OF TABLES AND GRAPHS

# CHAPTER I

# INTRODUCTION

## Rationale for Study

Occupational Therapy's unique and distinguishing characteristics as a profession are the knowledge, understanding and use of activities (Reed, 1980). Occupational Therapy (OT) has been a profession committed to the theoretical principles that engagement in purposeful, goal directed activities will restore one's ailing physical or mental health.

Rationale for purposeful activities and the belief system of OT have been explored and discussed within the profession. The founders formed OT practice based upon capacities for activity, work and play as the requirements of wholesome normal living. Both Meyer and Slagle suggested in 1922 that handicrafts for the sick and disabled are the process with which the requisite skills for living may be acquired (Meyer, 1922).

However, many professionals have recently voiced a fear that OT has lost sight of the values and beliefs of it's founders. Shannon voiced that OT has become aligned with the rehabilitation movement and has

devalued arts and crafts; this places the discipline at risk of losing its legitimacy and its existence (1977). West also supported having a renewed commitment to our heritage of beliefs in occupation as both theory and mode of practice (1984). Too, DiJoseph believed that professionals needed to hold tightly to those unifying factors that make members of the profession, first and foremost, occupational therapists (1982).

The literature seems to reflect a belief that OTs abandoned the values and beliefs in activity and do what others are doing in treatment. Too frequently, talking groups in psychiatry are seen as more credible and beneficial than activity groups. The modalities that OT's have abandoned, others have inherited and developed into credible professions: art therapy, music therapy, movement therapy, recreational therapy, etc.

The OT profession has been reiterating the critical need for unifying paradigm and practice based on the fundamental constructs of purposeful activity (Kielhofner, 1980). Efficacy studies are needed to investigate and validate the meaning and use of arts and crafts. Traditionally, however, OTs have undertaken very little research, particularly in the area of mental health. The reason this may be is in

the OTs' belief that reducing patients to quantitative entities sacrifices appropriate emphasis toward humanitarianism. According to Gibson (1984), as long as OTs believe they must emulate the methods of the physicist, they will deny their data as being "soft" methodology. Gibson further reported that if psychiatric OTs accept the "softness" of their field in a non-defensive way, they will realize that research techniques are available to them that are ethical, scientifically valid and relevant.

The need for re-examination of the meaning and use of activities is critical, specifically, the use of arts and crafts as a legitimate treatment modality in psychiatry. As Fidler and Fidler expressed, "despite the historical use of activity experiences for patients, understanding it has remained limited" (1978).

Research Question

The research question identified for this study is: how do psychiatric patients value and internalize the use of arts and crafts activities in the occupational therapy program as reported in a discharge questionnaire?

Significance of Study

Over the years, many changes have taken place in mental health care. The beginning thoughts of moral treatment of the eighteenth and nineteenth century, the movement towards psycho-analytic theory base of the 1940's, the development of chemotherapies which influenced the deinstitutionalization and community health movement, all these trends have impacted OT. Kielhofner and Barris observed that psychiatric OT is in a period of strain and disequalibrium partly attributed to these many changes in mental health care (1984).

More recent trends in mental health include newer, stricter criteria for third party reimbursement for hospitalization, which is accounting for drastic decreases in patients' lengths of hospitalization and an increase in partial hospitalization and outpatient programs being developed. Regulating agencies such as the Joint Commission on Accreditation of Hospitals, have pressed psychiatric clinicians to move in the direction of measurable outcomes that could produce scientific data (Gibson, 1984). There is pressure from administrators and third party payers for cost effective and objectively measurable improvements in

patients (West, 1984). Even the consumers of OT, the patients, are asking for accountability for the services they are receiving while hospitalized (Bloomer, 1978).

Occupational therapy must respond to these new demands in mental health care. Several recent publications urge for research to define and validate the nature of activity and its role in health and remediation (Johnson, 1981); however, in recent OT literature there is a surprising lack of information related to the meanings of arts and crafts as a treatment modality for psychiatric patients.

With this lack of empirical support for arts and crafts process, especially in these days of demands for objectively measurable improvements, cost effective treatment and accountability of services, OT's distinguishing characteristics may atrophy. The need for re-examination of the distinguishing characteristics of OT, art and crafts, is critical. Information about the patient's perception of OT, it's meaning and value is a place to begin.

# CHAPTER II

# LITERATURE REVIEW

## Purposeful Activity

The term purposeful activity is defined in the American Occupational Therapy Association Position paper (1983) as:

> "tasks or experiences in which the person actively participates. Engagement in purposeful activity requires and elicits coordination between one's physical, emotional and cognitive systems. An individual who is involved in purposeful activity directs attention to the task itself, rather than to the internal process required for achievement of the task" (pp 805).

The centrality of this definition is accepted as fact in the Occupational Therapy (OT) profession and encompasses the use of arts and crafts. However, in spite of the OT commitment to purposeful activity, other health care providers continue to confront the issue of relevancy and meaning of arts and crafts as purposeful activity. This statement seems to be generated from the commonality of arts and crafts. The familiarity and simplicity of the media seems to detract from the psychosocial complexity (Cynkin, 1979).

Throughout the history of treating the ill in the United States, however, work and purposeful activity are documented as treatment. The first book on occupations was published by Tracy in 1910. According to Tracy, activities chosen can help retain connections with social life and provide tangible relationships between the individual and other people (and their needs, thus fostering self respect). Herbert Hall (1922) said that handicrafts are used with the idea of developing physical and mental effectiveness.

Haas (1944) further supported the use of activities in treating the ill, saying activities provide a controlled environment wherein the individual can be aided to face reality with increasing success and assurance. Several years later, Adolf Meyer (1922) believed that treating the ill needed to be a blend of work and pleasure. He viewed therapy as the use of one's hands and muscles to receive pleasure and "to do, to plan and to create" (pp. 7). During the same period, Barton (1919) wrote that the fundamental principle of OT was "not making of an object, but the making of man" (pp. 60). Barton contributed to the beginning thoughts on activity as a treatment, holding that an important part of occupation for those with

psychosocial problems was simply to maintain functional capacity and to prevent depression and other problems that result from inactivity. He further described activity as an antidote, keeping the patient's mind more continuously on a positive action.

Eleanor Clarke Slagle (1922) supported the idea that crafts could reach the mentally ill by modifying and constructing newer, healthier habits of living. She began programs utilizing such crafts and games to create a model of treatment for the mentally ill, a treatment philosophy that was used in occupational therapy until the early 1950's.

Gail Fidler has made significant advances in addressing the meaning and relevancy of arts and crafts. In 1954, Fidler supported productive activity as a way for patients to experiment in handling emotions and developing skills in living. Then, in 1963, Fidler supported the activity process as a means of understanding patients through the use of non-verbal communication. More recently (1978), Fidler and Fidler viewed purposeful activity (vice random activities) as action directed toward the intra-personal (testing a skill), the inter-personal (clarifying a relationship) or the non-human (creating an end product). In the

same article, they explored a critical need for doing a purposeful activity to build confidence. They stated, "It is through such action with feedback from both human and non-human objects that an individual comes to know the potential and limitations of self in the environment and achieves a sense of confidence and intrinsic worth" (pp. 306).

Mary Reilly (1962) so clearly supported purposeful activity saying "that there is a reservoir of sensitivity and skills in the hands of man which can be tapped for his health. And more than all this, man, through the use of his hands, can creatively deploy his thinking, feelings and purposes to make himself at home in the world and to make the world his home."

Cynkin (1979) described activities as providing simulations of situations encountered in the real world, stating that is why arts and crafts play a dominant role in OT programming. Cynkin viewed the potential for crafts as having an infinite number of structural variations designed to meet a number of different needs. Hopkins and Smith (1983) presented crafts as a highly flexible, easily controlled modality through which an individual may explore, practice and develop skills.

Significant early and recent literature supports arts and crafts as purposeful activity and a legitimate tool for OT treatment.

Content Objectives Of Arts and Crafts

The survey instrument implemented in this research was designed to address four content objectives of arts and crafts: occupational, psychological, cognitive and motor aspects. The literature of OT addresses and supports these four content areas and is reviewed.

The beginning work of occupational behavior was helping patients to recognize the importance of a balanced life of work, rest and play (Slagle, 1922). The modalities of arts and crafts were regarded as fundamental measures of performance, considered an inherent component of normal living to achieve a balanced rhythm in work, rest and play (Meyers, 1922). Reilly (1962) further refined the occupational therapy philosophy suggesting that humans have a need to master the environment, to alter it and improve it.

Kielhofner (1980) presented a model of occupation that attempted to explain human behavior. According to the model, all human occupations arise from an innate, spontaneous tendency of the human-system to explore and master the environment. This model is based on the assumption that occupation is a central aspect of the human existence. Kielhofner views occupation as work and play; these activities are not merely by-products of the human life, but are the essence of human existence. Kielhofner (1980) further believes that OTs tap the deepest and most powerful adaptive response "the ability to find challenging meaning in one's daily undertaking, in one's occupation" (pp.573). According to Kielhofner's model, humans are occupational creatures who cannot be healthy in the absence of meaningful occupation. He addressed the process of using the model in OT practice saying therapy must embody the characteristics of purposefulness, challenge, accomplishment and satisfaction.

According to Matsutsuyu (1917), the characteristics of occupation are the patient's roles that demand a set of skilled competencies acquired in play, progress through work and extension to leisure. Barris, Kielhofner, and Watts (1983) described crafts as

providing a bridge between work and play.

The American Occupational Therapy Association Uniform Terminology (1981) identified occupational performance as consisting of several components including sensory, motor, psychological, social and cognitive functions. Reilly (1962) explained the process of occupation develops out of a struggle with gravity for motor control, the struggle with learning from manual and mental skills and struggle with people and people-purpose for economic and social control. Engagement in purposeful activity requires and elicits coordination among one's physical, emotional and cognitive system (Hinojosa, Sabari, Rosenfeld, 1983).

The OT literature supports the premise that arts and crafts activities involve psychological, emotional, cognitive and occupational components.

Viewpoint Surveys

Throughout the OT literature, only several surveys of patient's attitudes regarding the OT treatment have been documented and even fewer studies of psychiatric patient's attitudes of arts and crafts. The most extensive survey was conducted at Forest Hospital in 1969 on 56 patients. The survey consists of six open-ended questions revolving about the benefits they

received from occupational therapy. The most frequent positive response indicated that patients believed that persons achieved increased self-esteem and a sense of personal satisfaction through successful performance in OT. The survey results suggested that experiences in OT provides simple information that is helpful in increasing the organization of patients' behavior. The summarized phrases of patients responses were:

- Important with helping with concentration
- Help me draw on unused leadership qualities
- Help me express myself
- Learning to play again
- Give me a sense of accomplishment
- Started my memory to slowly return
- Made me feel I could do something worthwhile
- Enriching to living, practical, pleasure producing, relaxing opportunity for socialization (Meldman & Wellhausen, 1969)

Roberts' (1960) results of a patient attitudes survey emphasized the pateitns' perception of importance of the shop environment and work tasks as factors of patients' self-development and goal realization. Barton and Scheer (1975) measured patient and staff attitudes regarding an activity program on a 25-bed ward.

The questionnaire consisted of 16 true/false questions about activities including:

- Activities can make patients feel better
- Activities can help patients deal with such feelings as aggression, frustration and integrity
- Activities can give patients an idea about their ability to hold down a job
- Activities can help patients relate to other people

Barton and Scheer concluded from the results that integration of the skills were perceived by the majority of the patients as reasons for going to activities.

In 1964, a survey was administered to 43 hospitalized, physically disabled children taking part in an OT program. The 30 questions in the survey covered such areas as the children's likes and dislikes for OT and whether they believed OT would help them with their condition. The results showed that OT treatment was perceived more as diversional activity than as therapy. The researchers felt that due to the relatively young age of the children (mean age 131 months) that perhaps the children could not formally understand and integrate the meaning and purposes of OT (Moed & Grabowski, 1964).

Despite the difficulty in studying patients' perception of their treatment, some investigators have attempted to measure psychiatric treatment dimensions and psychiatric units (1971). Ellsworth, in a study involving 19 psychiatric units, measured patient and staff attitudes regarding the ward. He found patient's participation in the treatment process and perception of the professional staff as highly motivated were associated with high treatment success factors.

Ellsworth & Maroney (1972) developed a patient's Perception of the Ward Scale that reflects patient's perceptions of the ward environment. Factors emerging from the scale were patient's involvement in the ward and expectations for patient autonomy as ideal ward conditions. Lawton & Cohen (1975) measured various aspects of staff and patient attitudes in a psychiatric hospital. Several of the dimensions identified as positive for treatment were activity involvement, activity level and staff involvement.

Hsu (1982) found in a study of 50 day hospital patients that 82% of the patients regarded OT as useful in their treatment; one patient identified OT as the most helpful factor. The researchers felt, however, that OT had been construed by the patients to be part

of the total supportive milieu of the day hospital.

As Gordon (1979) acclaimed, researchers seldom ask, Are psychiatric patients satisfied with their treatment? Although the reasons for not asking are multiple, the ongoing concern about patient satisfaction continues to be an issue worth addressing.

# CHAPTER III

# RESEARCH METHOD

## Subjects

The subjects of this research were a convenience sample of discharged male and female patients at Belle Park Hospital. The sample included individuals from the Adolescent, Young Adult, and Adult Programs at this setting. The age range of the subjects were 13 years to (approximately) 75 years.

The subjects included only those who reported on the survey instrument a length of stay at the hospital of 21 days or more and those who estimated they attended 50% or more of the scheduled OT arts and crafts groups. Failure to report either of the above criteria resulted in the ommission of the survey from the research.

## Patient Programs

Admission to the Adolescent, Young Adult or Adult Programs is based on the individual's age, initial assessment by the psychiatrist and the patient's financial eligibility.

Physically handicapped individuals are evaluated in terms of their ability to benefit from the treatment program and the hospital's ability to accommodate the individual's handicap. Generally, only those handicapped individuals who can perform activities of independent daily living are admitted. Individuals with mental retardation are not deemed appropriate for admission.

Admission for all three programs is indicated when the patient:

- Is a potential danger to himself or others
- Has a need for continuous skilled observation and treatment, and/or a high dose of medicine, and/or a therapeutic milieu
- Has impaired mental and/or physical functioning or mood alteration which is sufficient to interfere substantially with a patients capacity to meet the demands of family, educational, occupational and social environment
- Requires care and treatment which cannot be effectively rendered in out-patient treatment or in a lower level of care facility
- Is not currently actively assaultive

The Adolescent Program at Belle Park Hospital comprises two physically separate 22-bed units (Blue and Gold). The units consist of different staff, although the same disciplines represent the treatment team. The philosophy, program and criteria for

admission are the same; there is no treatment differentiation between the Gold and Blue units. A new patient is assigned to either unit according to bed availability. The Adolescent Program admits males and females between the ages of twelve and eighteen years who have not yet graduated from high school.

The Adolescent Program is based on the premise that adolescents with psychiatric problems can be assisted in their development through the use of a controlled and therapeutic environment, systematically and consistently supporting and encouraging appropriate behavior. Treatment includes prescribed therapies and activities, and consistent and supportive therapeutic staff relationships. The therapeutic community provides an opportunity for the individual to express feelings, increase self-esteem gain insight and develop positive coping skills and behaviors.

The Adolescent Program consists of a variety of treatment modalities. The attending psychiatrist provides psychiatric diagnosis and clinical case management leadership for the hospital team, and may provide individual, group and/or family therapy, as well. The therapeutic environment, based on a level system, structured living with other patients, and

continuing contact with staff, encompasses the adolescent 24 hours a day, 7 days a week. Individual, group and family therapy, as well as parents groups, are provided by hospital therapists; individualized education is provided by special education teachers. The program includes Occupational Therapy, Recreational Therapy, Relaxation and Art Therapy, Group and Individual Alcohol and Drug Abuse counselling.

A level system is employed based on the belief that taking responsibility for one's own behavior is the first step toward coping outside the hospital environment. Within the Adolescent Program, as in the community, one earns additional privileges by demonstrating responsible handling of the privileges one already possesses. To accomplish this, it is necessary to adjust privileges to the level a patient is able to handle. As the patient demonstrates his ability to be responsible and shows appropriate behavior, he earns increasing privileges with each level. Levels and privileges are decided by physician and multidisciplinary team input at weekly levels meetings.

The Young Adult Program at Belle Park Hospital includes a thirteen-bed unit which is physically housed within the Adult unit. The Young Adult Program admits males and females in the range from eighteen to twenty-five years old with moderate to severe psychiatric problems. The Young Adult Program admits patients who have not responded well to general hospital care or short-term hospitalization and who require a specific definitive and age-appropriate psychiatric treatment. Young Adult patients are often transferred from other hospitals in the community with chronic, incapacitating problems remaining after resolution of their original acute problem.

The Young Adult Program strives to maintain a therapeutic balance between reparative and preparative tasks. The reparative tasks fall mainly within the domain of psychiatric treatment which includes the various psycho-therapies. The preparative tasks fall within the domain of the milieu program, which focuses on the individuals strengths, his capacity for socialization and his development of relationships with others. Furthermore, the milieu program assists in the development of the confidence and expertise necessary for independent living.

The motivation to find meaning and direction in life (both academically and vocationally), along with the ability to actualize the motivation is provided by the Program. Overall, it strives to help the individual to develop those characteristics and resources which ensure a satisfying and productive adult life.

The Young Adult Program is directed at meeting the specific age-appropriate needs of young adults. Treatment disciplines are ordered according to individual needs and may include medical, psychological, individual, group and family therapies, occupational therapy, recreational therapy, art therapy, vocational rehabilitation, and substance abuse counselling. The diagnostic and treatment program is developed by the multi-disciplinary treatment staff under the direction of the attending psychiatrist. Staffings by the treatment team are conducted once a week to provide a forum for diagnostic issues, to develop individual programs, and to address medical/psychiatric needs of the patients.

The Adult Program includes a twenty-bed unit and is physically housed with the Young Adult Program. The program admits males and females aged eighteen or older with moderate to severe psychiatric disturbances.

The Adult Program adopts the view that adaptive functioning in the adult entailed autonomy, confidence, resistence to stress, perception of reality, and self-actualization. These qualities enable the individual to effectively address the vocational, familial, intellectual, social and emotional demands encountered as a function of living. Significant difficulties in these areas reflect the inability of the individual to function optimally in his environment.

The overall treatment goal of the Adult In-Patient Program is the restoration of the patient to his or her optimal level functioning and the return of the individual to the community. Treatment disciplines are ordered according to individual need and may include psychological, medical, individual, group and family therapy, special education, relaxation therapy, recreational therapy, vocational rehabilitation and art therapy. Staffings by the treatment team are conducted once a week to provide a forum for diagnostic issues, to develop individual treatment programs, and to address medical/psychiatric needs of the patient.

OT Program

The OT Program at Belle Park Hospital consists of several diverse groups. Group activities include daily living groups, creative expression and cognitive groups. This research, however, is only focusing on the arts and crafts group of the OT Program offered.

An occupational therapist is assigned to each unit and is responsible for the patients' assessments, treatment planning and modification if indicated, treatment implementation and discharge planning. The occupational therapist is also responsible for attending the patients' treatment staffing, patient levels meeting, the unit management meeting, the unit community meeting as well as being a pertinent member of the overall treatment milieu.

The OT philosophy is occupational performance based with a strong adaptive functioning and psychoanalytical aspect. Each unit's philosophy is integrated into the OT process. In the Adolescent unit, the behavioral/level system is an important aspect of each patient's approach in occupational therapy. In the Adult and Young Adult units, the rehabilitative process is emphasized.

Whenever possible, the occupational therapist implements an initial assessment for each patient within ten days of his admission. This assessment is a two-step process: a task project and an OT goals sheet. The specific tasks project may vary according to unit, but the evaluation process and documentation are uniform among the units. A copy of the goal sheet is given to the patient during the assessment by the therapist. The goal sheet asks the patient to identify his goals for OT. The sheet includes such options as increasing concentration, increasing planning and organization skills, increasing delay of gratification, and increasing self-esteem. The therapist discusses the task project and goal sheet with the patient to formulate the patient's treatment plan for occupational therapy. This assessment process takes approximately 45 minutes.

Each patient participates in arts and crafts two times each week, implemented in a group setting with his peers.

The arts and crafts available range from simple to complex, short-term to long-term, structured to be creative and include:

CERAMICS, mostly pouring and glazing, some molding and throwing

WOODWORK, precut wood kit, cutting and building projects with electric and manual tools, wood carving, wood burning, decoupage

LEATHER WORK, stamping, tooling and/or lacing on precut kits, or self-cut leather projects, leather burning

NEEDLEWORK, kits including cross stitch, needlepoint, quickpoint, latch hook, candle wicking, chicken scratch; also available (but rarely implemented) are Crochet, Knitting, Barjelo and Rake Knitting

SEWING, pillows, stuffed animals, small clothing, and clothing repairs

COPPER TOOLING, mold and freehand designs

CERAMIC MOSAIC TILES

MODELS

JEWELRY (mostly stringing beads)

MACRAME

DECORATIVE HANDICRAFTS

ARTS, including drawings, sketching, painting and collages

After the initial assessment task, the therapist explores with the patient to which project the patient will advance. The patient is given an autonomous choice

of projects; however, the therapist guides the patient according to the patient's needs. Often, the patient chooses a project that is unrealistic in terms of complexity or structure. The therapist assists him in modifying his choice to a more therapeutic task. The goal sheet the patient completes during the assessment and the OT treatment plan, of course, are a vital reference in guiding the patients' projects.

Procedure

Belle Park Hospital has been administering an author-constructed viewpoint survey to patients for just under one year. The survey administration is an ongoing process from which data are extracted for hospital purposes. Procedurally, the nurse distributes the survey to the patient on the day of discharge, along with several other discharge forms. The nurse asks the patient to read the instructions, complete the survey (if they wish) and return the survey (Appendix B) to the nurses station in the envelope provided.

There is an introduction (Appendix A) to the survey stating no identifiable patient information is collected, and all data collected will remain confidential and annonymous. The introduction also states that patients have the right to refuse

participation in the survey without fear of prejudicing any further contacts with the hospital. The patients are given an opportunity to ask questions regarding the survey.

This author completed a document review of the first 60 completed surveys that met the prescribed guidelines (survey guidelines, p. 12). These surveys were received between February and September, 1986.

Instrument Development

The data collected were obtained by utilizing an author constructed viewpoint survey instrument. According to Babbie (1983), attitudes may be measured, but it must be recognized that all measurements are, at best, arbitrary.

The instrument asked for identifying information:

- Unit from which the patient was discharged
- Sex
- Age Range
- Length of Hospitalization
- Occupation or Supporting Spouse/Parents' Occupation
- Whether respondent attended at least 50% of the arts and crafts sessions offered

The instrument contained twenty-six statements, twenty-four positively stated and two negatively. They were arranged to easily detect whether a person had not read the statements and thoughtlessly checked responses.

The choice item format utilized the Likert Scale, the most commonly used in the development of attitude scales (Benson and Clark, 1982). The Likert Scale has five options for responses: strongly agree, agree, neutral, disagree, strongly disagree. For this research, however, the neutral response was omitted. This forced the respondents to make a choice regarding their attitudes and avoided the middle-of-the-road response (Vink and Kosecof, 1985).

The Krathwohl, Bloom & Bertram (1972), taxonomy hierarchically reflects various types of human responses, arranging them into an awareness, valuing and internalization complex. At the most basic level, an individual simply demonstrates awareness of a phenomenon. At the highest level, the individual not only holds value toward the phenomenon but can also be characterized by a set of values related to the phenomenon (Benson & Clark, 1981). The survey instrument utilized the above taxonomy, addressing four content objectives derived from the literature and practice of OT. The instrument assesses the patient's perception of: 1) the occupational aspects of arts and crafts, 2) the psychological aspects of arts and crafts, 3) the cognitive aspects of arts and

crafts, and 4) the motor aspects of arts and crafts.

SURVEY QUESTION CATEGORY DISPERSION

| Effective Level | Occupational | Psychological | Cognitive | Motor |
|---|---|---|---|---|
| Awareness | 2 | 1 | 2 | 2 |
| Valuing | 2 | 2 | 2 | 2 |
| Internal-ization | 2 | 2 | 2 | 1 |
| TOTAL | 6 | 5 | 6 | 5 |

Validity and Reliability Tests of the Instrument

To support content validity, the survey instrument was reviewed by five OTR's not employed at Belle Park Hospital. The reviewers were not told of the survey's purpose or meaning. The overall response was that the instrument measured feelings and attitudes about the arts and crafts process. The group felt the survey was directed toward the psychiatric patient and was mostly occupational performance based in theory. The reviewers, however, were unable to accurately discriminate many of the questions into one of the four contents areas.

The survey instrument was given to ten inpatients at Belle Park Hospital in a group setting. They were given the choice to complete the survey. Eighty percent of the patients chose to complete the survey for this pilot study. There was no conclusion that the survey questions reflected the human response levels of awareness, value and internalization of arts and crafts as a treatment.

The original goal of the survey instrument was to identify the level of affective patient responses, as well as the content objectives of the arts and crafts. The panel of experts and the pilot study findings indicated this goal was unattainable. Accordingly, the goal was modified such that the gathered data was interpreted to analyze patients' perceived value of arts and crafts as a treatment.

# CHAPTER IV

# RESULTS

## Tabulation of the Data

A total of 60 surveys were reviewed for this research. There were several groups formed to analyze the data. Table A (see following page) reflects the tabulation of all responses to the surveys.

Beyond the overall tabulations, two groupings were formed for further analysis (refer to Tables B and C). First, three groups representing the various age levels were devised to determine whether a statistically significant difference existed between the levels. A chi square test was initiated on positive survey responses (agree and strongly agree). At the .02 probability level, the chi square distribution of 2.596 demonstrates that no significant difference between the age groups was found.

Likewise, another grouping based on length of hospitalization was formed to determine whether the length of stay was significant. A chi square test result of 3.314 did not indicate that a significant difference existed.

TABLE A - Tabulation of Survey Instrument Responses (All Respondents)

| Question | 1 | 2 | 3 | 4 | 5 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 19 | 20 | 21 | 22 | 23 | 24 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| S Disagree | 6 | 0 | 2 | 1 | 1 | 2 | 3 | 6 | 0 | 2 | 3 | 1 | 2 | 1 | 1 | 3 | 2 | 1 | 3 | 2 | 2 | 2 |
| Disagree | 3 | 7 | 5 | 5 | 9 | 7 | 10 | 8 | 17 | 20 | 21 | 15 | 8 | 5 | 16 | 18 | 11 | 9 | 15 | 15 | 6 | 6 |
| Neither | 1 | 0 | 0 | 0 | 2 | 1 | 1 | 0 | 1 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 2 | 1 | 1 | 1 |
| Agree | 44 | 48 | 44 | 35 | 30 | 37 | 36 | 38 | 34 | 32 | 31 | 35 | 39 | 36 | 40 | 37 | 42 | 35 | 34 | 36 | 43 | 42 |
| S Agree | 6 | 5 | 9 | 19 | 18 | 13 | 10 | 8 | 8 | 6 | 2 | 9 | 11 | 18 | 3 | 2 | 4 | 14 | 6 | 6 | 8 | 9 |

Note: "Neither" was used to tally those surveys without appropriate item responses.

TABLE B - Tabulation of Survey Instrument Responses (By Age Group)

| Question | 1 | 2 | 3 | 4 | 5 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 19 | 20 | 21 | 22 | 23 | 24 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Group 1 | | | | | | | | | | | | | | | | | | | | | | |
| S Disagree | 2 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Disagree | 2 | 3 | 2 | 2 | 4 | 2 | 4 | 2 | 4 | 5 | 7 | 5 | 3 | 3 | 5 | 6 | 4 | 4 | 6 | 5 | 2 | 2 |
| Neither | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 |
| Agree | 14 | 18 | 14 | 14 | 9 | 12 | 15 | 15 | 13 | 14 | 10 | 12 | 14 | 12 | 14 | 13 | 15 | 13 | 11 | 13 | 16 | 15 |
| S Agree | 3 | 0 | 4 | 5 | 6 | 6 | 2 | 3 | 3 | 1 | 1 | 4 | 4 | 6 | 2 | 1 | 2 | 3 | 3 | 2 | 2 | 3 |
| Group 2 | | | | | | | | | | | | | | | | | | | | | | |
| S Disagree | 2 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 0 | 1 | 2 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 0 |
| Disagree | 1 | 2 | 2 | 3 | 3 | 3 | 5 | 4 | 9 | 10 | 10 | 6 | 3 | 2 | 7 | 9 | 5 | 3 | 6 | 7 | 1 | 3 |
| Neither | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 |
| Agree | 21 | 21 | 20 | 11 | 14 | 16 | 14 | 17 | 13 | 12 | 14 | 16 | 16 | 14 | 18 | 16 | 17 | 14 | 15 | 15 | 19 | 18 |
| S Agree | 2 | 3 | 4 | 12 | 9 | 6 | 5 | 3 | 4 | 3 | 0 | 4 | 6 | 10 | 1 | 1 | 2 | 9 | 3 | 4 | 5 | 5 |
| Group 3 | | | | | | | | | | | | | | | | | | | | | | |
| S Disagree | 1 | 0 | 1 | 1 | 1 | 1 | 1 | 3 | 0 | 1 | 0 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 2 | 2 | 1 | 2 |
| Disagree | 0 | 1 | 1 | 0 | 2 | 1 | 1 | 2 | 4 | 5 | 4 | 4 | 2 | 0 | 4 | 3 | 2 | 1 | 3 | 3 | 3 | 1 |
| Neither | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Agree | 9 | 9 | 9 | 9 | 6 | 8 | 6 | 5 | 6 | 3 | 6 | 6 | 7 | 8 | 6 | 6 | 8 | 7 | 6 | 6 | 6 | 7 |
| S Agree | 0 | 1 | 0 | 1 | 2 | 1 | 2 | 1 | 1 | 2 | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 2 | 0 | 0 | 1 | 1 |

Note: "Neither" was used to tally those surveys without appropriate item responses.

Age Group 1: 12 - 17 years old  Age Group 2: 18 - 25 years old  Age Group 3: 26+ years old

TABLE C - Tabulation of Survey Instrument Responses (By Program Length)

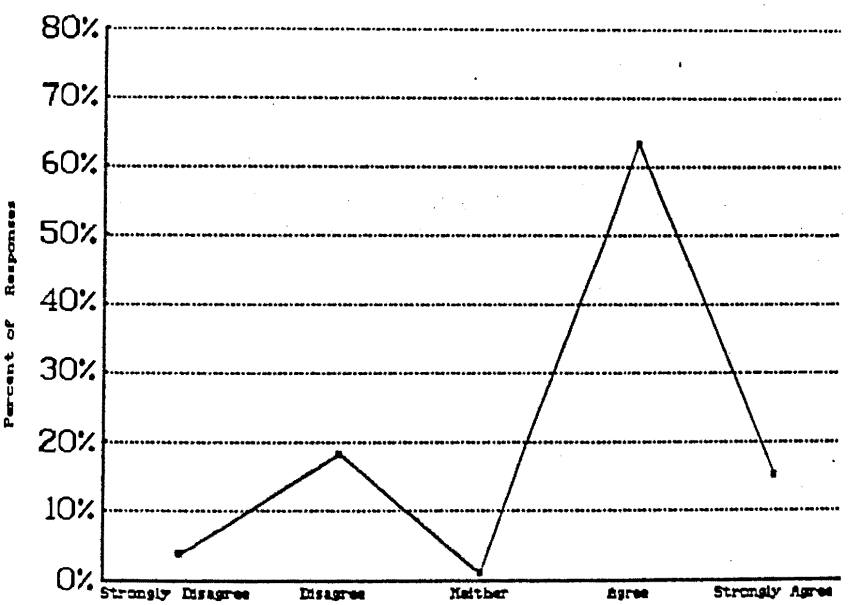
| Question | 1 | 2 | 3 | 4 | 5 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 19 | 20 | 21 | 22 | 23 | 24 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Length 1** | | | | | | | | | | | | | | | | | | | | | | |
| S Disagree | 3 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Disagree | 2 | 4 | 2 | 2 | 4 | 3 | 4 | 2 | 4 | 5 | 7 | 5 | 3 | 3 | 5 | 6 | 4 | 5 | 6 | 5 | 2 | 2 |
| Neither | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 |
| Agree | 14 | 18 | 15 | 15 | 10 | 13 | 16 | 16 | 15 | 16 | 11 | 13 | 16 | 14 | 16 | 15 | 17 | 14 | 13 | 15 | 18 | 17 |
| S Agree | 4 | 1 | 5 | 6 | 7 | 6 | 3 | 4 | 3 | 1 | 2 | 5 | 4 | 6 | 2 | 1 | 2 | 3 | 3 | 2 | 2 | 3 |
| **Length 2** | | | | | | | | | | | | | | | | | | | | | | |
| S Disagree | 2 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 0 | 1 | 2 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 0 |
| Disagree | 1 | 2 | 2 | 3 | 3 | 3 | 5 | 4 | 9 | 10 | 10 | 6 | 3 | 2 | 7 | 9 | 5 | 3 | 6 | 7 | 1 | 3 |
| Neither | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 |
| Agree | 21 | 21 | 20 | 11 | 14 | 16 | 14 | 17 | 13 | 12 | 14 | 16 | 16 | 14 | 18 | 16 | 17 | 14 | 15 | 15 | 19 | 18 |
| S Agree | 2 | 3 | 4 | 12 | 9 | 6 | 5 | 3 | 4 | 3 | 0 | 4 | 6 | 10 | 1 | 1 | 2 | 9 | 3 | 4 | 5 | 5 |
| **Length 3** | | | | | | | | | | | | | | | | | | | | | | |
| S Disagree | 1 | 0 | 1 | 1 | 1 | 1 | 1 | 3 | 0 | 1 | 0 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 2 | 2 | 1 | 2 |
| Disagree | 0 | 1 | 1 | 0 | 2 | 1 | 1 | 2 | 4 | 5 | 4 | 4 | 2 | 0 | 4 | 3 | 2 | 1 | 3 | 3 | 3 | 1 |
| Neither | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Agree | 9 | 9 | 9 | 9 | 6 | 8 | 6 | 5 | 6 | 3 | 6 | 6 | 7 | 8 | 6 | 6 | 8 | 7 | 6 | 6 | 6 | 7 |
| S Agree | 0 | 1 | 0 | 1 | 2 | 1 | 2 | 1 | 1 | 2 | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 2 | 0 | 0 | 1 | 1 |

Note: "Neither" was used to tally those surveys without appropriate item responses.

Length 1: less than 1 month  Length 2: 1 - 5 months  Length 3: 6+ months

Responses to Survey Instrument

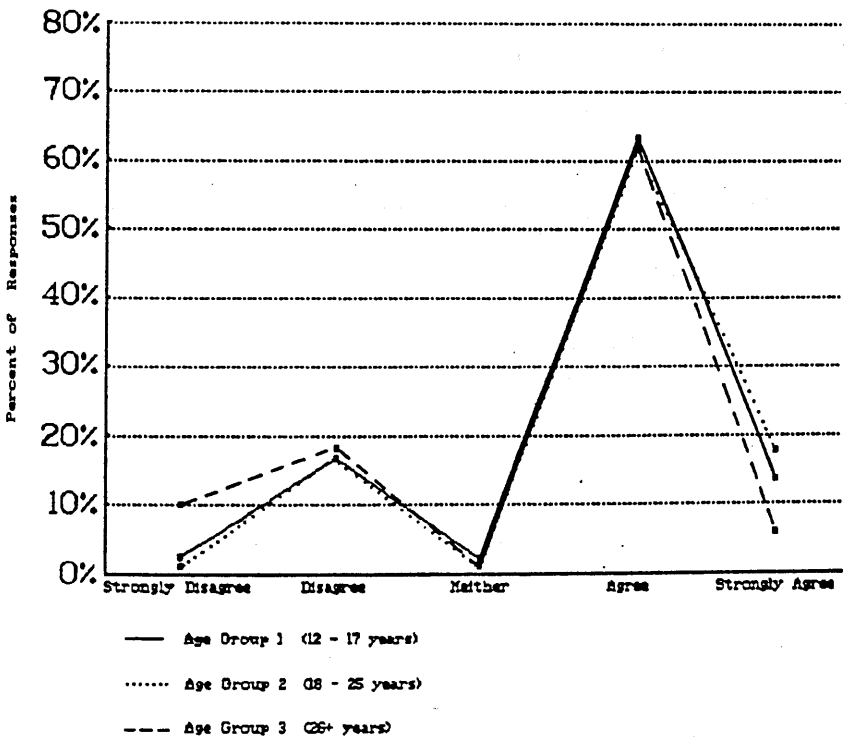
A Statistical Analysis




Analysis of All Responses

## Responses to Survey Instrument

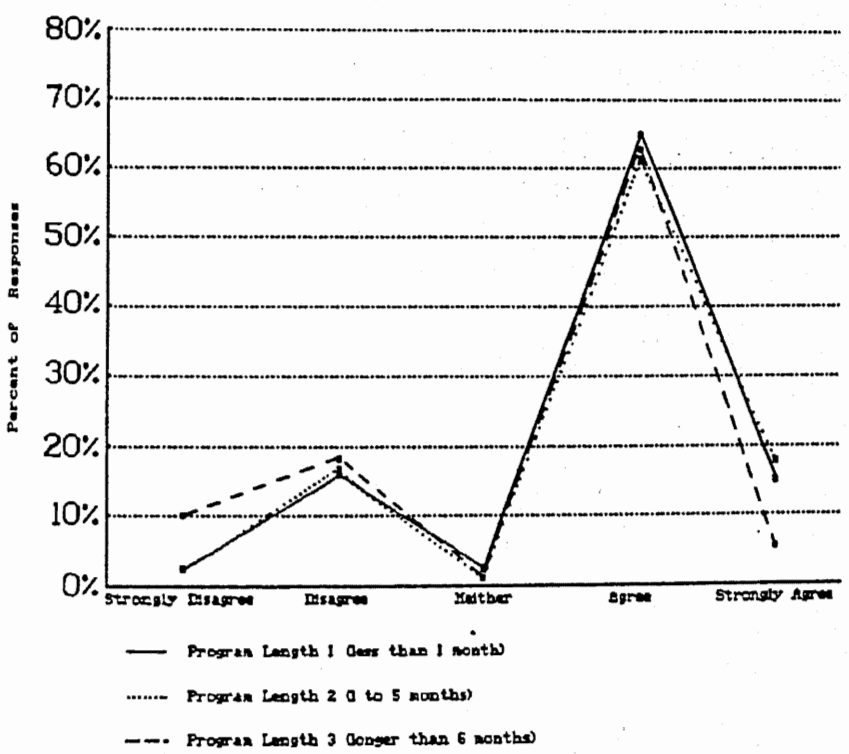
A Statistical Analysis




Analysis by Age Group

## Responses to Survey Instrument

A Statistical Analysis




Analysis by Program Length

# CHAPTER V

# CONCLUSION AND IMPLICATIONS

## Discussion

As was stated earlier, the pilot study results indicated the survey instrument was not an appropriate tool for determining the effectiveness of the four content areas of arts and crafts or for hierarchially reflecting the human response levels. Consequently, no further discussion regarding these areas is presented.

As Leedy supports (1980), it is not possible to rid all biases inasmuch as a set of data is itself delicate and sensitive to extraneous influences. This study presented no exception. Several biases regarding the procedure of survey administration are acknowledged.

First, the patients were still hospitalized at the time of survey completion. Although due for discharge that day, they were nonetheless identified as inpatients. This may have directly influenced their respective responses to the survey, either positively or negatively. Psychiatric patients sometimes resent treatment or may not realize what is in their best interests. Conversely, patients may feel appreciative

that hospitalization literally saved their lives. Strong feelings regarding the hospital, the program and/or OT in general could be reflected in the survey analysis.

Similiarly, discharged patients might very well be readmitted. They may feel that completion of the survey with the "wrong" responses may prejudice future contacts with the hospital (notwithstanding a disclaimer to the contrary).

A third (potential) influence on the outcome of the survey response is the relationship formed with the occupational therapist during treatment. Eight patients were asked to complete the survey to test for ease of response, accuracy and understanding of the questions. These patients were given the survey by the researcher who treated the same patients in arts and crafts. It may have been that the patients provided expected responses, answering what they (the patients) thought the researcher/therapist wanted. It remains plausible that the respondents may have wanted to maintain good rapport and thus provided positive responses.

The narrative portion of the survey instrument asks if the subject attended 50% (or more) of the prescribed arts and crafts sessions. Respondents that

did not attend the required time were omitted from the research. It may be deduced that the survey was completed only by those who attended and therefore probably liked OT. Adolescents' attendance, however, is mandated; young adult and adult participation is strongly encouraged. It should be noted that patient privileges are dependent upon the amount of their participation in program activities.

Notwithstanding required attendance in the arts and crafts process, the voluntary nature of the survey tends to indicate a bias could exist (it may be that only patients already enjoying OT acceded to completion of the survey instrument).

Four occupational therapists work at Belle Park Hospital, at least two of which work with each subject in an arts and crafts group. The unique personalities, approaches and styles of each therapist could have influenced patient responses.

Having a nurse, as opposed to an occupational therapist, distribute the survey to patients upon discharge was an attempt to minimize such biases associated with the patient/OT relationship.

Analysis

In a survey of this type, one may deduce that a positive response to question groups indicates perceived effectiveness of the OT program. The overall effectualness of the Program is demonstrated by an analysis of the survey tabulations. Various statistical parsing evidences the value of the Program at Belle Park Hospital.

Overall, 75% of the participants responded affirmatively to the positively-stated survey questions. This percentage reflects total participation in the survey project. Results indicated below are indicative only to the extent that respondents completed the narrative section of the survey form. Specifically, not all patients indicated sex, length of participation and program affiliation (this accounts for the apparent discrepancy in the percentage calculations, particularly in the program length illustration).

It can be seen that a difference was found between the various program lengths (duration of participation by patients):

79.3% Program length #1
79.0% #2
69.0% #3

As stated earlier, however, a chi square test performed at a .02 probability level confirms the absence of a statistically provable difference exists.

It can be explained that the typical long-term patient is the Adolescent who tends to holds a lower threshold for repetitiveness and initiates a lower level of responsibility toward his own treatment needs. Partly due to emotional and behavioral pathology, the normal developmental progression of the adolescent patient has been disrupted. The required insight for the internalization for OT may be lacking in the adolescent and in turn provides an explanation for the lowered perceived effectiveness.

When differentiating between age groups, the following positive response rates are illustrated:

71.1% Adolescent
75.4% Young Adult
82.2% Adult

As with the length-of-stay groupings, a chi square test shows no statistical difference exists.

It may be declared that, generally, adults perceived a greater effectiveness within the OT program. Programatically, adults choose hospitalization and participation in OT programming, whereas Adolescents' and Young Adults' participation is mandated. Adults more readily recognize the value and importance of their treatment; accordingly, adults can be expected to perceive greater effectiveness. Passive resistence by non-adults tends to undermine the effectiveness of the program.

Conclusion

While there is no statistical difference among the various age and length-of-stay groups, there was a slight difference in the reported rates of response to the survey questions. OT is perceived as a valuable tool for the treatment of hospitalized psychiatric patients. All age groups and sexes benefit, regardless of the length of participation. It remains evident that the use of arts and crafts is perceived by the patients to be an effective treatment modality in psychiatry.

COMPARISON OF THE EFFECTIVENESS OF OCCUPATIONAL THERAPY AS PERCEIVED BY THE VARIOUS PROGRAM GROUPS WITH VARYING LENGTHS OF HOSPITALIZATION

| Adolescent | Young Adult | Adult |
|---|---|---|
| Long-Term | Medium-Term | Short-Term |

<---!----------!---------->
LEAST EFFECTIVE MOST EFFECTIVE

Implications

It is hoped that this study has conveyed the need and usefullness of OT in a psychiatric setting among adult, young adult and adolescent populations. It is suggested that the survey instrument be modified, since validity could be improved upon. Maintaining the four content areas of the survey would be beneficial, but redesigning the questions would be necessary. Clarifying the taxonomy levels is indicated.

It would be interesting for a duplication of the study to be performed in psychiatric hospitals with diverse philosophies, populations and varying lengths of stays. Another area to investigate is the comparing of types of treatment settings to determine whether the results of partial hospitalization and outpatient settings would be consistent with the results demonstrated by an inpatient setting (this study).

Obtaining more data about the subjects (e.g. diagnosis, number of hospitalizations, degree of contact with OT, etc.) , as well as a larger sample size, could generate additional information about the effectiveness of arts and crafts.

Finally, an area of interest demanding exploration is the perceived value of arts and crafts by the inter-disciplinary team members. With slight modification to the survey questions, significant value may be gleaned from an analysis of the survey.

From the results of the survey, it appears evident that OT is both valuable and useful to the hospitalized psychiatric patient. If this project is successful in generating questioning and interest in further exploring the relevancy of arts and crafts as a legitimate OT tool, the participating patients in the survey will have benefited not only themselves, but the profession as a whole.

## REFERENCES


American Occupational Therapy Association Uniform Terminology System for Reporting Occupational Therapy Services (1981). Occupational Therapy Newspaper. November 1981, pp 9-12.

Babbie, E. R. (1973). Survey Research Methods. Belmont CA: Wadsworth.

Barris, R., Kielhofner, G. and Watts, J. H. (1983). Psychosocial Occupational Therapy: Practice in a Pluralistic Arena. Laurel: RAMSCO.

Barton, G. E. (1919). Teaching the Sick, A Manual of Occupational Therapy as Reeducation. Philadelphia PA: W. B. Sanders Company.

Barton, G. M. & Scheer, N. (1975). A Measurement of Attitudes About an Activity Program. The American Journal of Occupational Therapy, 29, pp 281-287.

Benson, J. and Clark, F. (1982). A Guide for Instrument Development and Validation. The American Journal Of Occupational Therapy, 36, pp 789-800.

Bloomer, Judith S. (1978). The Consumer of Therapy in Mental Health, The American Journal Of Occupational Therapy, 10, pp 621-627.

Cynkin, S. (1979). Occupational Therapy: Toward Health Through Activities. Boston: Little, Brown and Company.

DiJoseph, L. M. (1982). Independence Through Activity: Mind, Body and Environmental Interaction in Therapy. The American Journal Of Occupational Therapy, 36, pp 740-744.

Dunton, W. R. (1915). Occupational Therapy: A Manual for Nurses. Philadelphia: W. B. Sanders.

Ellsworth, R. B. and Maroney, R. (1972). Characteristics of Psychiatric Programs and their Effects on Patients' Adjustment. Journal of Consulting Clinical Psychology, 39, pp 436-477.

Ellsworth, R. B., Maroney, R., Klett, W., Gordon, H. and Gunn, R. (1971). Milieu Characteristics of Successful Psychiatry Treatment Progress. American Journal of Orthopsychiatry., 41, pp 427-441.

Fidler, G. S. (1981). From Crafts to Competence. The American Journal Of Occupational Therapy, 35, pp 567-573.

Fidler, G. S. and Fidler, J. W. (1954). Introduction to Psychiatric Therapy. New York: MacMillan Publishing Company.

Fidler, G. S. and Fidler, J. W. (1963). Occupational Therapy, A Communicative Process in Psychiatry. New York: MacMillan Publishing Company.

Fidler, G. S. and Fidler, J. W. (1978). Doing and Becoming: Purposeful Activity and Selfactualization. The American Journal Of Occupational Therapy, 32, pp 305-310.

Fink, A. and Kosecoff, J. (1985). How to Conduct Surveys. Beverly HIlls: Sage Publishing Inc.

Gibson, D. (1984). The Derth of Mental Health Research in Occupational Therapy. The Occupational Therapy Journal of Research, 4, pp 131-148.

Gordon, D., Alexander, A. and Dietzam, J. (1974). The Psychiatric Patient: A Voice to be Heard. British Journal of Psychiatry, 135, pp 115-121.

Haas, L. (1944). Practical Occupational Therapy. Milwaukee: Bruce Publishing Company.

Hall, H. J. (1923). Occupational Therapy - A New Profession. Concord: Rumford Press.

Hsu, G. K. (1982). How Psychiatric Patients View Their Own Treatment: A Study of 50 Day Hospital Patients. London: King Edward's Hospital.

Johnson, J. (1981). Old Values - New Directions: Competence, Adaptation, Integration. The American Journal Of Occupational Therapy, 35, pp 589-598.

Keilhofner, G. (1980). A Model of Human Occupations Parts 1 - 4. The American Journal Of Occupational Therapy, 34, pp 572-581, 657-663, 731-737, 777-788.

Keilhofner, G. and Barris, R. (1984). Mental Health Occupational Therapy: Trends in Literature and Practice. Occupational Therapy in Mental Health, 4, pp 35-50.

Krathwohl, D., Bloom, B. and Bertram, M. (1972). Taxonomy of Educational Objectives. The Classification of Educational Goals, Handbook II: Affective Domain. New York: David McKay.

Lawton, M. P. and Cohen, J. (1975). Organizational Studies of Mental Hospitals. Handbook of Evaluation Research Volume 2. Beverly Hills: Sage.

Leedy, P. D. (1980). Practical Research Planning and Design. New York: MacMillan Publishing Company.

Llorens, L. A. (1984). Theoretical Conceptualization of Occupational Therapy: 1960 - 1982. Occupational Therapy in Mental Health, 4, pp 1-14.

Matsutsuyu, J. (1971). Occupational Behavior - A Perspective on Work and Play. The American Journal Of Occupational Therapy, 25, pp 291-292.

Meldman, M. J. (1969). Occupational Therapy Manual. Springfield: Charles C. Thomas.

Meyer, A. (1922). The Philosophy of Occupational Therapy. Arch. Occupational Therapy, 1, pp 1-10 (reprinted in The American Journal Of Occupational Therapy (1977), 31, pp 639-642).

Moed, G., Grabowski, D., Olzinski, M. and Sandry, M. (1964). Children's Attitudes Towards Occupational Therapy. The American Journal Of Occupational Therapy, 18, pp 58-62.

Reed, K. and Sanderson, S. R. (1980). Concepts of Occupational Therapy. Baltimore: Williams and Wilkins.

Reilly, M. (1962). Occupational Therapy Can Be One of the Greatest Ideas of 20th Century Medicine. The American Journal Of Occupational Therapy, 16, pp 300-308.

Roberts, D. W. (1960). Occupational Therapy for the Chronically Ill. Attitudes of the Patients and Therapist. The American Journal Of Occupational Therapy, 14, pp 171-174.

Shannon, P. D. (1977). The Derailment of Occupational Therapy. The American Journal Of Occupational Therapy, 31, pp 229-234.

Tracey, S. E. (1910). Studies in Invalid Operations - A Manual for Nurses and Attendants. Boston: Whitcomb and Burrows.

West, W. L. (1984). A Reaffirmed Philosophy and Practice of Occupational Therapy for the 1980's. The American Journal Of Occupational Therapy, 38, pp 15-122.

# APPENDIX A

## INTRODUCTION

## OCCUPATIONAL THERAPY SURVEY

You are being asked to complete a survey on the Occupational Therapy services you received while at Belle Park Hospital. The reasons for the survey are twofold; first, to evaluate and improve the Occupational Therapy services provided and second, for a research paper on Occupational Therapy.

All survey responses will be anonymous. Patients' rights to confidentiality will be legally and ethically respected. Absolutely no names or identifiable patient information will be collected, documented, or published. Only the number of responses given for each question will be the data collected and reported. The data may be documented in a research paper and may be published in a professional journal. Your completion of this survey and returning it to staff gives your consent for this research project and/or publication.

You have the right to refuse participation in this survey and that, too, will remain confidential. Refusing to participate in this survey will not prejudice any continued or future contacts you may have with the hospital.

It would be helpful if you would take a few minutes to complete the Occupational Therapy Survey. If you have any questions or concerns regarding the survey, nursing personnel is available to answer any questions. Please place the completed survey in the envelope provided and return it to the nurse's station.

Thank you.

# APPENDIX B

## OCCUPATIONAL THERAPY SURVEY

UNIT DISCHARGE FROM _____ OCCUPATION _____
SEX _____ and/or supporting spouse/
AGE RANGE _____ 12-17 years parent's occupation
_____ 18-25 years
_____ 26-50 years
_____ 51-75 years
LENGTH OF HOSPITALIZATION _____

By your estimation, did you attend at least 50% of the Occupational Therapy sessions scheduled for your unit? _____ Yes _____ No

DIRECTIONS:
Please check (x) the response that most closely matches your feelings regarding the arts and crafts sessions you participated in during Occupational Therapy.

| KEY..... | STRONGLY DISAGREE | DISAGREE | AGREE | STRONGLY AGREE |
|---|---|---|---|---|
| 1. The arts and crafts projects are directed towards an individual's needs. | | | | |
| 2. Arts and crafts groups provide patients with an opportunity to socialize with peers. | | | | |
| 3. Arts and crafts helped me to feel more confident of myself. | | | | |
| 4. The process of making a project is as important as the end result of a project. | | | | |
| 5. Arts and crafts helped me to learn new skills I enjoy. | | | | |
| 6. Arts and crafts are too much like child's work. | | | | |
| 7. Making a project helped me to realize I can create something useful. | | | | |
| 8. The way I approach and work on projects provides information regarding my work behavior patterns. | | | | |

| | STRONGLY DISAGREE | DISAGREE | AGREE | STRONGLY AGREE |
|---|---|---|---|---|
| 9. The OT assists the treatment team in developing patient's treatment goals for hospitalization. | | | | |
| IO. Arts and crafts helped me to increase my concentration on tasks. | | | | |
| 11. Arts and crafts was an important part of my treatment. | | | | |
| 12. Working against resistive media (wood, leather) helped me to release angry feelings. | | | | |
| 13. Through arts and crafts, I realized I need to plan my work before I begin a task. | | | | |
| 14. It feels good to engage in arts and crafts where I have to coordinate my hands and my mind. | | | | |
| 15. Producing a useful object provides a success experience that makes me feel better about myself. | | | | |
| 16. Working on arts and crafts helped me to learn to problem solve when I'm confronted with a difficult situation. | | | | |
| 17. The arts and crafts were useful to me in attaining my treatment goals. | | | | |
| 18. Arts and crafts is too tedious for me to enjoy. | | | | |
| 19. Participation in arts and crafts stimulated my thinking, feelings, and my motor (body) coordination. | | | | |

| | STRONGLY DISAGREE | DISAGREE | AGREE | STRONGLY DISAGREE |
|---|---|---|---|---|
| 20. Occupational therapists should attend treatment team meetings because they can provide information on patient's progress. | | | | |
| 21. Arts and crafts has helped me to better plan and organize other activities in my life (school, work). | | | | |
| 22. Arts and crafts groups were helpful to me in feeling more comfortable in group settings. | | | | |
| 23. Arts and crafts helped me to become aware that participating in activities is needed in maintaining a healthy balance of work and play in my life. | | | | |
| 24. Through arts and crafts I was able to direct my energies in a constructive manner. | | | | |

**Belle Park Hospital**

4427 Belle Park Drive
Houston, Texas 77072
Tel. (713) 933-6000

The Research Review Committee of Belle Park Hospital has read and approved the research proposal by Meg Winkel, OTR entitled "The Meaning And Use Of Arts And Crafts Activities." The committee approved the proposed patient survey and the consent to the survey.

Spencer Bayles, MD
Medical Director
Chair of Research Review Comm.