



The Model of Human Occupation Clearinghouse
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THE RESIDENTIAL ENVIRONMENT IMPACT SURVEY (REIS)

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This manual and its accompanying forms can be accessed and downloaded from:
<http://www.moho.uic.edu/REISinformation.html>

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Note: Data collection, rating, and recommendation forms are not included in the manual. They can be accessed at <http://www.moho.uic.edu/REISinformation.html>

INTRODUCTION

The Residential Environment Impact Survey (REIS) is a non-standardized, semi-structured assessment and consulting instrument designed to examine the environmental impact of community residential facilities on the residents. Through various means of data collection, the REIS assesses how well the home is meeting the needs of the residents as a whole. Ratings in 24 areas provide a summary of the data and a structure for generating recommendations to enhance the qualities of the home. The intent of this assessment tool is to not only assess the residential environment, but also to determine the impact of the environment on the residents and to make recommendations to improve the quality of life for the residents and the work life of the staff. Findings from the REIS can be used to guide intervention aimed at modifying the residential environment. For the authors of this instrument, quality of life for the residents is considered a reflection of their opportunity to exercise choice, control, independence, and self-expression; engage in interests, meaningful occupations, and roles; develop occupational identity and occupational competence; and participate in the community (Fisher, 2004).

The REIS can be used as an independent tool or in conjunction with other assessments to provide a more complete conceptualization of the impact of the environment on the functioning of an individual. For example, residents that have more extensive physical or sensory limitations may need a more detailed evaluation of the accessibility of the home and potential barriers.

It is recommended that you read this manual carefully before administering the REIS. The manual provides background information, administration procedures, rating guidance, and a case example.

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OVERVIEW

Components

The Residential Environment Impact Survey consists of the following three components:

- 1) Data collection forms: Data collection includes four different strategies:
 - **Section I:** an independent, **visual evaluation** of the home environment, using a walk through observation guide to record observations
 - **Section II a, II b, and II c:** **observation** of three chosen activities/tasks, such as meal time, chores, bed time, morning routine, leisure time, etc., specifically focusing on staff-resident interaction
 - **Section III:** a **semi-structured group interview** with the residents of the home to complete both checklists and open ended questions related to the following four areas: Spaces (section III.a), Objects (III.b), Tasks/Activities (III.c), and Social Groups/Social Environment (III.d)
 - **Section IV:** an **interview with the supervisor** or coordinator of the home, and staff, if desired.
- 2) Rating form: The rating form consists of 24 items to be rated based on the four data collection components, as well as overall impressions of the home. Ratings reflect how well the home provides appropriate opportunities and support in each area, on a 1 to 4 scale, indicating strengths and areas for improvement. A comment section provides the opportunity to record brief remarks justifying the ratings.
- 2) Recommendation form: The simple format of the recommendation form allows for concise documentation of recommendations and suggested strategies for implementing the recommendations. Recommendations are targeted at all levels of personnel, from administrators to residents. They can be ranked according to priority level using the far left column on the form. A response and planning/follow up section is also provided.

A flowchart for administering the REIS is included on page 16 of this manual.

Steps for Administration of the REIS

The REIS requires an investment of 8-12 hours for administration, scoring, formulation of recommendations, and sharing of recommendations with interested parties. The multiple strategies for data collection allow for some degree of flexibility with implementation, but there is a recommended sequence for the four data collection sections. First, a visual evaluation of the home and completion of the walk through observation guide (**Section I**) can provide helpful information to be utilized during the group interview. These observations can serve to both minimize unnecessary questioning about the environment and provide ideas about additional questions to ask the residents. Next, observation of three activities/tasks (**Section II**) and the group interview (**Section III**) can be undertaken sequentially or concurrently depending upon the availability of the evaluator and residents. Finally, the supervisor/staff interview (**Section IV**) can be used to corroborate and/or expand upon information obtained via the walk through of the home, the observation of activities/tasks, and the group interview.

Using Only Part of the REIS for a Short, Focused Assessment

While it is recommended that you complete all components of the REIS to establish a thorough understanding of the impact of the home environment on the residents and to justify your recommendations, portions of the instrument can be selected and utilized at your discretion. If there is only one problem area in the home, you may not need to do the entire REIS. Or, you may feel that you know the home very well, and do not need to complete the observational components. This instrument was designed to accommodate various types of settings and allows for the inevitable variability with regards to time constraints of those individuals involved in the assessment process.

While using only part of the REIS would interfere with your ability to provide global recommendations, it would still allow you to use the information you gathered to address the specific concern that prompted you to want to use the assessment. If you use only part(s) of the REIS, you would not have as much of an opportunity to commend the facility administrators on the strengths of the home and recommendations would be narrower in scope.

BACKGROUND

Literature Summary

Over the past 40 years, the trend towards deinstitutionalization has resulted in a larger number of individuals with intellectual and/or developmental disabilities (ID/D) and other challenges living in smaller supported living residences in community settings. However, despite these changes, continuing innovation and reform are needed to maximize living opportunities that match to individuals' preferences (Heller, 2002). Community living alternatives remain limited, and there is now a mandate to expand options in the U.S. Occupational therapists have a role in supporting the initiation, expansion and modification of quality residential facilities, which is mandated by U.S. Supreme Court decisions and presidential initiatives (Cotrell, 2005; Hammel, Charlton, Jones, Kramer, & Wilson, 2009).

The REIS was created to fill a perceived gap in existing tools that measure the degree to which residential facilities provide the needed and desired opportunities for residents to optimally function and participate in their living environment. At the time the first version of the REIS was created in 2002, a thorough review of the literature was conducted to assist in identifying items that were most highly correlated with quality of life for adults with intellectual disabilities. The concept of self-determination consistently appeared in the literature as correlating highly with quality of life. Self-determination, or empowerment, is defined as a "belief in the power of people to be both the masters of their own fate and involved in the life of their several communities" (as cited in Heller, Miller, Hsieh, & Sterns, 1996, p. 77). Self-determination is demonstrated by making decisions of significance that impact one's life, participating in the creation of house rules and policies, and choosing what activities to do and when to do them. Many studies have revealed that opportunities for adults with intellectual disabilities living in group homes to make decisions of consequence are extremely limited (Heller, Factor, Sterns, & Sutton, 1996).

Heller (2002) conducted a literature review of empirical and review articles published from March 2001 to March 2002 that examined the impact of residential settings on the lives of individuals with intellectual disabilities. She concluded that research has demonstrated that community-based residential services generally result in better outcomes for residents when compared with institutional settings. She identified the key features associated with positive outcomes for the residents as including homelike architectural features, use of active support by staff, use of assistive technology facilitating the independence of the residents, and organizational policies promoting individualization and person-centered planning. Active support, as described by Jones et al. (2001), includes finding out the interests and abilities of residents and staff, creating a weekly schedule with activities that reflect those interests and abilities, and teaching staff how to implement a full range of support, including verbal cues and physical prompts.

The REIS was initially designed for group homes serving adults with mild to moderate intellectual disabilities/mental retardation, but the intent was to create a tool that could be used in other settings as well. With some modifications, the REIS could be applicable and appropriate for use in residential facilities for people with a history of substance abuse, homelessness, HIV/AIDS, mental illness, or behavioral disorders. Additionally, the REIS could be used not only for individuals currently living in a home, but also for individuals who are considering moving into a specific residence. The information obtained by completing sections of the REIS could contribute to evaluating the potential of a placement.

Theoretical Framework

The Model of Human Occupation (Kielhofner, 2008) was chosen as the theoretical framework for the REIS because it asserts that volition and environmental factors are two of the components that influence human performance and disability. Because of the comprehensive nature of this theory, a detailed explanation of every component of The Model of Human Occupation is beyond the scope of this manual. Users of the REIS who are not familiar with this model are encouraged to consult the most recent edition of the Model of Human Occupation text for an in-depth review of the theory with many case examples and practical guidelines. The following overview will highlight key aspects of this theory that relate to the impact of the environment on one's self-determination, role development, and performance.

The Model of Human Occupation seeks to explain how motivation, patterns, and qualities of performance relate to human occupation. According to this framework, the following four components influence occupation: volition, habituation, performance capacity, and the environment. **Volition**, or the motivation for occupation, is conceptualized as consisting of values, personal causation, and interests. With respect to a residential setting, **values** refer to what one finds meaningful and important in the living environment. **Personal causation** addresses one's sense of capacity and effectiveness with fully participating as a member of the home community. **Interests** refer to what one finds enjoyable and satisfying to do in the residence. A living environment that supports the residents' values and interests and provides opportunities for residents to feel capable will promote performance in occupations. A person's volition is an individual characteristic specific to each member of the home community.

Habituation, or the internalized readiness to exhibit consistent patterns of behavior, is conceptualized as encompassing habits and roles. In a residential setting, **habits** can be viewed as the tendencies to perform in consistent ways as a response to the environment. In a group home setting, the morning routine of getting ready for the day may be habitual. **Roles** refers to a person's identify and actions as student, worker, parent and more. One important role in a residential setting is housemate or roommate.

Within the Model of Human Occupation, the environment is considered an omnipresent aspect that influences one's volition and subsequent participation in occupations. The **environment** is defined as the particular physical and social, cultural, economic and political features of one's context that impact upon the motivation, organization, and performance of occupation. Because of the multiple dimensions of the environment, it can impact occupations in various ways. The environment can provide opportunities and resources to positively impact occupational performance and support occupational roles. The environment can also place demands and constraints on one's actions. Taken together, these two concepts explain **environmental impact**, or the opportunity, support, demand, and constraint that the environment has on a particular individual. The impact is a dynamic occurrence that results from the interaction between the characteristics of the environment and the characteristics of the individual. The values, personal causation, and interests of the specific individual are just several of the aspects of the person that influence how the impact of the environment will be realized.

These dimensions of a person, combined with the multidimensional nature of the environment, result in the environmental impact of an **occupational setting**. The co-existing characteristics of the environment that collectively create a meaningful context in which individuals can perform desired occupations include (a) **spaces** (physical contexts that are bounded and arranged in ways that influence what people do within them); (b) **objects** (naturally occurring or fabricated things with which people interact and whose properties influence what they do with them); (c) **occupational forms/tasks** (conventionalized sequences of action that are at once coherent, oriented to a purpose, sustained in collective knowledge, culturally recognizable, and named); and (d) **social groups** (collections of people who come together for various formal and informal purposes, and influence what we do). Additional considerations of an environment include cultural and socio-economic ideals which influence both physical and social aspects of the environment and resources to support occupations.

Opportunities and constraints in any aspect of the aforementioned components of the environment will influence occupational engagement and performance. The Model of Human Occupation framework was well suited to guide the development of the REIS, with minor renaming of environmental characteristics to suit the group home environment, e.g., adding social environment to the social group construct and using the term activities instead of occupational forms.

ADMINISTRATION

Preparation

Before initiating administration of the REIS, ideally, you should informally become familiar with the residents and staff. Getting to know each other establishes trust and may facilitate disclosure of sensitive subjects during the interview. The information gained through informal observation provides a basis for adding questions to the interview that may be relevant but not included on the standard forms. These preliminary observations also provide some insight as to who may or may not be appropriate to include in the group interview. For a variety of reasons, not all residents are good candidates for an interview (see section below on how to accommodate when a group interview is not appropriate for one or more residents). Therefore, it is desirable to have more information on the residents prior to deciding whether the group interview will allow participants to communicate their input effectively. As an interviewer, you need to determine the appropriate size of the group after taking into consideration characteristics of the residents, the environment within which the interview is taking place, and familiarity with the residents and with the REIS. Additional information on the residents can be obtained through review of their habilitation/rehabilitation/intervention plan and goals and asking staff to share their impressions of residents' appropriateness for the group interview.

Familiarizing yourself with the different sections of the REIS, the format of the forms, and the questions involved will help to make the interview process flow more smoothly. Participants often offer information through the course of discussion that is relevant to future sections of the interview. Knowledge of the forms will aid in more efficient documentation and a more fluent interview process.

Administering the Components of the REIS

This is the suggested order of administration of the four components.

A. Walk-Through Observation Guide (Section I)

The Walk-Through Observation Guide is a structured form that organizes observations into the following 12 categories: access to space, cognitive and physical supports, physical environment, natural environment, furniture, sensory environment, homelike qualities, presence of objects, personal preferences, schedule, interaction with others in the home and family/friends, and interaction with staff. A thorough walk-through of the home and space around the house while the residents are present provides you with the information needed to complete this form. Take notes of both strengths and areas of concern.

B. Observation of Activities/Tasks (Section II)

To complete this section of the REIS, you are expected to observe the residents and staff as they participate in three different activities or tasks. Observing residents during mealtime, a transition time such as the morning or bedtime routine, and a group activity are suggested options that will provide a range of data. The nature of the interactions between different participants and between participants and staff members is the primary focus of this observation. Observing the types of support provided to residents, how support is provided, whether the level of support is appropriate and desired is to be noted on this form.

C. Group Interview of Residents (Section III)

The group interview is composed of both checklist items and open-ended questions. The interview is divided into four primary areas of inquiry, with subsections under each of these headings.

- a) **Spaces** (Physical space, Natural environment, Physical environment): This section provides residents with the opportunity to discuss their ability to use and access spaces in their environment and to note whether certain environmental features cause them problems. For those areas in which access is limited, they are asked to indicate how important it is that they be able to access the space(s). Open-ended questions address the perceived comfort and safety of the home.
- b) **Objects** (Activities of daily living, Leisure/recreation): This section provides residents with the opportunity to identify those objects which are available to them in the home and to note whether or not unavailable objects are important to them (this last rating is optional, depending on the conceptual and verbal abilities of the residents and how clearly they express preferences). A column is provided to indicate whether these objects were observed in the home during completion of the Walk Through Observation Guide or the Observation of Activities/Tasks.
- c) **Tasks/Activities** (Activities of daily living, Instrumental activities of daily living, Work/school/chores, Leisure/recreation, Community activities): This section provides residents with the opportunity to identify activities in which they already participate and other activities in which they would like to participate. Reasons why they are not participating in desired activities are also identified. There is space at the bottom of this list for items that residents mention and that are not listed. Residents also are questioned about their perception of support provided by staff.
- d) **Social Groups/Social Environment** (Personal preferences, Schedule/routine, Social policies): This section provides residents with the opportunity to explain how decisions are made within the home and to note whether or not they would prefer to make some of the decisions that are currently out of their control. A series of open-ended questions address daily routine, social interaction, policies/rules in the home and desirability of living in the home.

This group interview is semi-structured. The information to be obtained is organized in charts and a list of suggested open-ended questions, but the method used to get the information depends upon the interviewer's style. Richer information may be obtained through a more open style of discussion. However, this freedom may also lend itself to participants discussing non-relevant topics. Therefore, redirection may become necessary.

Offering a disclaimer before initiating the group interview is also recommended. The REIS assesses both the perceived strengths and weaknesses of the setting. To prevent residents from gaining the false hope that changes will be made to suit all of their preferences; it is a good idea to clearly explain to the residents that no promise of change can be made. The interview is being conducted with the intention of making improvements, but it is beyond the scope of the evaluator to implement all of the recommended changes.

D. Staff Interview (Section IV)

The Staff Interview consists of 11 questions. The choice of who to interview will vary depending upon the setting. It may be beneficial to interview several staff members, particularly if employees from different shifts share the responsibility of assisting the residents. Interviewing a supervisor and a front line care provider would be optimal. It may not be necessary to use all of the questions with the front line provider, as some are written for supervisors. Staff input on the strengths of the home and areas for improvement would be useful to supplement the supervisor's perspective.

Choosing individuals who are open and willing to participate and who have direct contact with the residents will likely be good candidates for the staff interview. Keep in mind that you may want to corroborate some of the information that residents provided during the group interview, so picking a staff member who is most knowledgeable about the facility and the residents will be helpful.

Before beginning the interview, it is recommended that you explain to staff members that their responses will be reported as part of the overall assessment leading to the ratings and recommendations. The intention is not to target any individual, but to use the perceptions to benefit the facility. Fear of reprisal from superiors may impede the expression of open and honest concerns.

What to Do When Someone Cannot Be Included in the Interview

While it is desirable to include every resident in the group interview, some residents may not be appropriate to interview. Participants who are suffering from acute emotional distress, have significant cognitive deficits, or are nonverbal may not be able to provide reliable reports. Other individuals who exhibit problematic behaviors in a group setting may also be inappropriate to include in the group interview, i.e., residents who show manipulative, aggressive, attention-seeking, or dominant behaviors.

In these situations, alternative methods of information gathering should be used in order to obtain the desired information which will assist you to identify strengths and weaknesses and recommendations. Conducting the interview in an individual format is one option to consider. Asking global questions such as "What do you like about the home? What do you wish was different about the home?" may allow you to get the information you need. For nonverbal residents, you may want to ask family, friends, or staff members who are familiar with them to share their perception of the resident's views. Use of this proxy interview participant rather than the resident himself or herself should be noted. Staff members may also be more adept at questioning nonverbal residents and then explaining the resident's response. Nonverbal residents and residents who function at a very low cognitive level would benefit from the use of pictures and/or objects during the interview. These concrete prompts may help them to understand and more fully participate in the interview process. Observation of nonverbal residents may be used more extensively in place of the interview to learn what activities they seek out and enjoy. Regardless of the method used to gather information, any input that can be provided helps you to incorporate everyone's views into your assessment of the residence.

Tips for Interviewing

It should be noted that the questions do not need to be asked as written. Since the final ratings and recommendations are the important outcomes or "the yield", the necessary information can be obtained using whatever methods are most conducive to the setting and the residents. Some questions are written for the REIS administrator using more advanced vocabulary and will need to be reworded or demonstrated with pictures to maximize responses.

Follow-up questions that pertain more specifically to the targeted residential setting may also be asked in order to gain a more clear understanding of the setting. For example, more specific questions about policies and procedures at that residence may be appropriate during an interview.

As with any type of interview, some of the questions on the REIS may be construed as rather personal in nature. Being attuned to the comfort level of the residents and their nonverbal behavior will keep the interview process flowing smoothly. Be sensitive to the fact that some residents may refrain from answering certain questions while surrounded by their peers. These omissions should be valid and acceptable. As an interviewer, you can decide whether to entirely omit certain questions or to ask them in a one-on-one situation.

SCORING

Synthesizing Information and Completing the Rating Form

The rating form consists of 24 different areas to be scored on a 4-point scale. The ratings reflect how each aspect of the environment meets the needs and desires of the residents, and the extent to which the appropriate level of support and opportunity is provided. The environmental aspects are rated as **strengths** of the residential setting, as providing **appropriate** opportunities for the residents, as needing **some improvement**, or as needing **major improvement**. In cases where enough information was not provided or where the item does not apply to the residential setting, options of **not rated** and **does not apply** are provided.

The above listed ratings are made after examining and synthesizing information obtained from completing the Walk Through Observation Guide, the Observations of Activities/Tasks, Group Interview of Residents, and Staff Interview(s). The majority of the areas to be rated are observable items that are directly assessed using these methods. The last seven items are more conceptual in nature and require more judgment and reasoning on the part of the interviewer. To make these ratings, synthesis of all of the information is critical as these concepts are more global.

Rating Example: Autonomy

The following brief summary reflects a sample of the types of information that may be used to determine a rating for this category.

- I. Walk Through Observation Guide: Prevalence of activities that can be completed independently, schedules that identify the chores for which each individual is responsible and format, e.g. pictures, large print.
- II. Observation of Activities/Tasks: Availability of environmental supports to dress and bathe as independently as possible. This may include picture or word cues, closet rods and drawers within easy reach, color coded clothing choices, individual access to bathing supplies, etc.
- III. Group Interview: Accessibility of spaces within the home, availability of objects, opportunity to engage in activities outside the home, opportunity to make decisions about schedule, social policies, etc.
- IV. Staff Interview: Responses to questions about decision-making power, how goals are determined, strengths of the home and areas for improvement, etc.

The REIS is not standardized, and no specific criteria are provided to complete the ratings. Some raters may score more critically than others, but consistency of ratings amongst all items is the most important factor. The key outcome is to develop recommendations to improve the residential facility for the residents as a whole. The areas in need of change will be highlighted regardless of individual trends in rating procedures.

One issue that may arise while rating the areas is how to score the residence when one member consistently expresses extreme opinions that differ from the rest of the group. It may seem difficult to provide a single rating that reflects the consensus of the group, but good judgment must be used to determine the average or appropriate rating that best reflects the opinions of the group as a whole. Use the comments space or attach a separate note that reflects areas where there was marked disagreement. Every individual will differ with respect to their perceptions and feelings, but the point of the assessment is to consider the opportunities that are afforded the group.

If there are discrepancies between how residents and staff describe their life in the home, provide examples from your observations that confirm or challenge their perception. For example, a staff member may say that residents get the right amount of help, but the residents may say they get too much help and would like to be more independent. You have observed staff giving the residents more help than they really need when showering and can confirm the residents' perception. You could rate the item "Level of Assistance Provided" as needing improvement. When you make recommendations,

you can indicate that staff could be trained on how to provide the “just right” level of support during the morning and evening routines. You could also indicate that environmental modifications could be implemented to provide more cuing and support for independent showering, such as a laminated card with step-by-step drawings of the showering process or an audiotape with verbal cues in sequence to be played during showering.

RECOMMENDATIONS AND FOLLOW UP

Making Recommendations

The rating form serves as a guide for making recommendations. The areas that are rated as a 1 (needs major improvement) or 2 (needs some improvement) should provide the basis for specific recommendations to be made. If none of the areas were rated this low, then the areas rated as just adequate could be identified for improvement. These areas may move from a 3 (appropriate support and opportunities) to a 4 (strength). One place to focus your recommendations is where there is a discrepancy between what the residents would like to do and what they actually do, or decisions they want to make but are not currently making. Exploring the possible causes for this could lead to recommendations in these areas.

The recommendation form is organized so that recommendations can be grouped according to the person or employee position that would be responsible for addressing the given concerns. These positions include administration, assistant coordinator, other healthcare staff, and direct care staff. Recommendations for participants are also indicated. Along with the recommendations, list possible strategies for implementing the recommended changes. This form was designed to be useful in guiding an open discussion of the results and suggested modifications. On the recommendation form, a column to designate priorities is provided so that the urgency of need for changes can be easily recognized.

It should be noted that recommendations may be received with some degree of resistance and defensiveness. This may be reduced if you have incorporated the priorities of the agency, top administrators, and staff of the home in the recommendations. For example, there may be an upcoming health department or accreditation inspection for which they need to make some modifications. The REIS recommendations may help them prepare for their onsite visit and they may be able to report the strengths that were identified by the REIS. Exploring the staffs’ perception of the areas that need improvement may facilitate changes in the home prior to any inspection or site visit. Depending upon the nature of the setting and the attitude of the administrators that organize the facility, the recommendations may be greeted with variable levels of acceptance. Therefore, entering this discussion with the best interests of the residents in mind must remain the guiding force. Good communication skills and thoroughly considered plans of action may prove to be helpful in getting across your point, however, the final decision remains within the hands of your audience.

Follow-up

Based upon the recommendations, interested parties should develop an intervention plan to make the agreed upon changes. This plan should provide direct, measurable methods for implementing changes. A follow-up during intervention development and/or implementation is recommended so that you can answer any questions and ensure that improvements are being made according to the recommendations. You can guide or implement changes yourself.

CASE EXAMPLE

This section illustrates the process of administering the REIS and the subsequent strategies that were recommended and implemented within a residential facility for individuals with intellectual disabilities during a three-week time period.

The REIS was administered at a Community Integrated Living Agency (CILA), a residential facility for persons with intellectual/developmental disabilities. The participants included six men living in a 3-story house that had 5 bedrooms, a kitchen, living room, dining room, and basement. The residents left the home during the day to work at a sheltered workshop or in a supported employment program.

The entire assessment tool was completed in about 12 hours. First, a walk through of the home was completed. Next, three activities including a group meeting of the residents, a meal, and chores were observed. Finally, separate interviews with the staff and residents were conducted to obtain information about the qualities of the home. Resident interviews consisted of two 1.5 hour sessions in a round table format with a Spanish-speaking translator for those who did not speak English. Four 2-3 hour sessions at the home were required to complete the observations and interviews. The scoring took 20 minutes and the development of recommendations took 30 minutes.

Based on the information gathered from the observations and group and staff interviews, ratings of the home were made. For each area rated a "2" or below, a recommendation was created and several strategies were provided to implement the particular recommendation. Recommendations were made for the administration of the agency that owned the home, the coordinator of the home, the Qualified Mental Retardation Professional (QMRP) (who supervises the coordinator and monitors the habilitation plans), and the residents.

Example: The home was rated a "2" in the area of occupational identity and role development.

- **Recommendation to the home coordinator:**
Increase the extent to which residents are provided with appropriate opportunities and support to develop a positive and meaningful occupational identity and roles.

Recommendations were discussed with the QMRP and assistant coordinator of the CILA. From the suggested recommendations, three were chosen to be implemented at the home within a two-week period of time. The recommendations and strategies chosen to implement the recommendations were as follows:

Recommendations:

- 1) Increase residents' opportunity for autonomy and independence
- 2) Increase the extent to which residents are provided with appropriate opportunities and support to develop positive and meaningful occupational identity/roles
- 3) Improve documentation process in the home to allow staff to provide the maximum amount of appropriate support/care to residents

Strategies:

- 1) Increase leadership roles for residents within the home
- 2) Support resident choice and autonomy through allowing them to pack their own lunch meals
- 3) Incorporate a leisure hour one time per week
- 4) Provide the residential staff with basic computer training on Microsoft Works.

The first strategy was to increase the leadership roles within the home. It had been observed by the evaluator that the weekly house meeting, which was led by staff, focused upon what the residents liked or disliked about their day program outside the home. The residents tended to direct their communication towards the staff. It was suggested to the coordinator of the home that the residents lead the discussion during the house meeting. He identified two individuals to potentially take on leadership roles in the home. When one of the residents, Chico, led the group meeting, the home coordinator noticed that communication among the residents increased beyond what was typical during staff-led meetings. One staff member stated that "I feel Chico has a voice now". Interestingly, one of the other residents asked the staff if he "could lead the meeting next week". Thus, Chico served as a role model for the other residents.

After successfully leading the group meeting, Chico requested additional responsibilities, to which the home coordinator agreed. Chico was placed in charge of overseeing another resident in performing his chores and checking the locks on the doors at night, which required that he have a set of keys to the home. The staff felt that Chico was more open to communication after taking on these leadership positions. The home supervisor reported that Chico commented how he “feels important and someone needs my help in this house.”

The second strategy chosen by the home coordinator to address issues of choice and autonomy was to provide opportunities for residents to prepare small snacks/meals with appropriate supervision, rather than having the cook prepare everything for them. To prepare their lunches, residents cleaned and dried their lunch boxes and packed them with food that the house cook would set on the counter. Initially, the staff provided multiple cues and demonstrations to teach the residents how to pack their lunch. Over the three week intervention period, the residents were able to prepare most of their lunch with only minimal cues. The staff demonstrated that they understood the importance of giving residents choices. For example, when a resident asked about the proportion of food to pack, staff responded by asking how much the resident wanted to eat. This shift in responsibility seemed to make the staff more aware of the residents' capabilities and the need to make the activities more challenging. For example, one resident stated “If I can make my own meal, I can manage my own money.” A resident also asked, “Is it possible tomorrow to have spaghetti?” The staff commented, “We need to implement how to help him cook other dishes, a little more complicated dishes like meat, garlic bread, make spaghetti and meatballs.”

The third strategy of integrating an evening leisure hour into the weekly routine of the residents was not as successful as the first two strategies discussed. The residents did not embrace this suggestion because they felt they did not want to add more evening activities to their weekly routine. They felt that leisure interests were sufficiently incorporated into their weekend activities.

The fourth and final strategy of providing computer training to the staff required the direct involvement of the evaluator. This was requested by the home coordinator so the staff could improve the documentation process in the home. The staff would apply their computer skills to complete documentation of the daily logs more quickly, allowing them to spend more time working directly with the residents. Also, this allowed them to create ways to work with residents on their goals, e.g., make new schedules for oral hygiene to measure goal attainment.

The evaluator provided 1.5 hours of training in the home to two direct support staff. Staff completed a pre-test and post-test evaluating their comfort with performing 10 basic Microsoft functions and their own past experience with computers. Both staff found the training useful for their job. One staff owned a computer, but only used it 2-3 times per month. The other trainee neither owned a computer nor had experience with one. Following the training, the former staff member reported an improvement in skills on 9/10 items, while the latter staff member improved on 5/10 items. Additionally, the home coordinator was receptive to the suggestion to provide work-related computer exercises (i.e., writing memos) for the staff to practice during their downtime at the home.

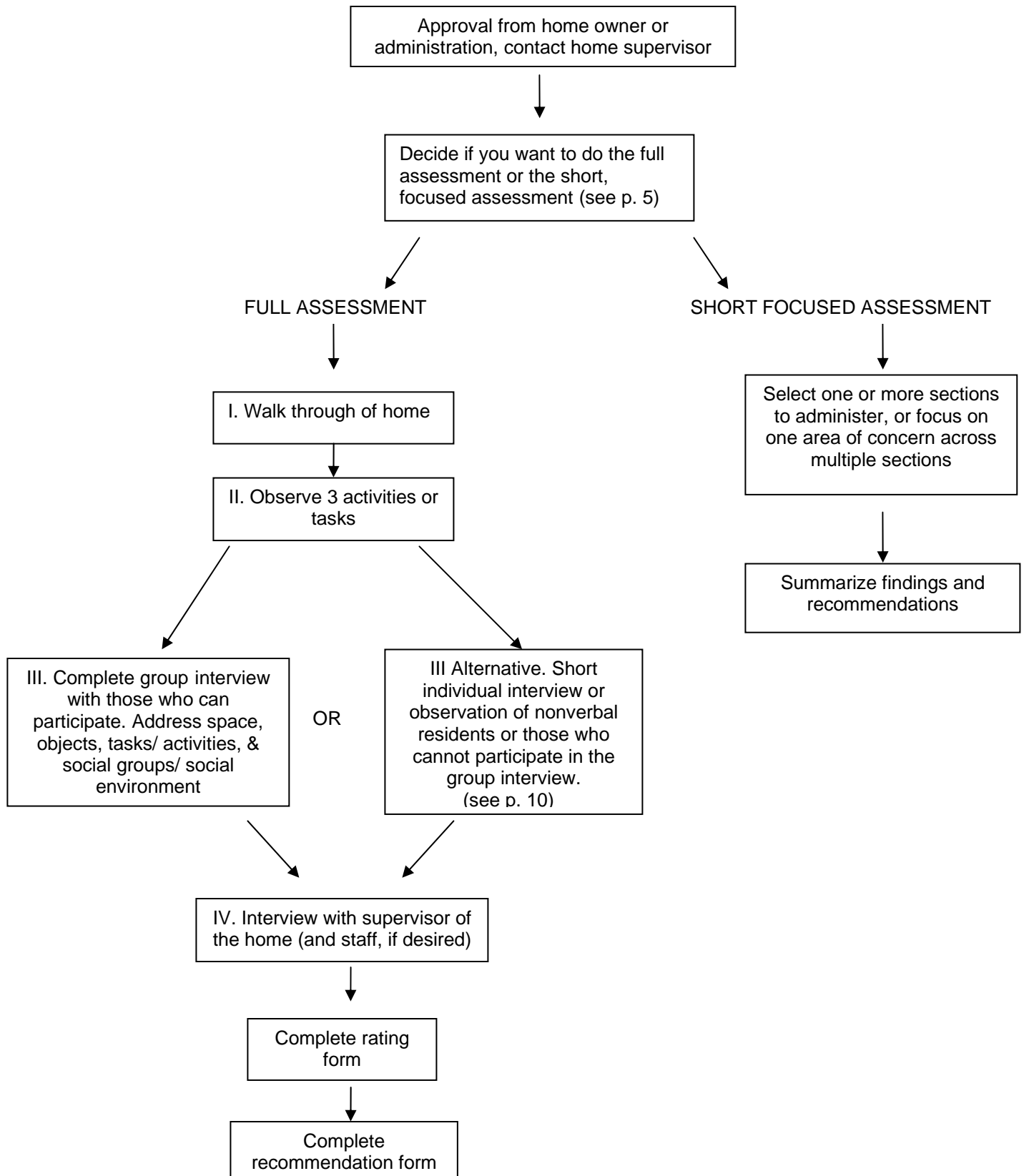
In a final interview focused on assessing the usefulness of the tool in the residential setting, the coordinator stated that he found the tool very useful in providing specific suggestions about how to improve the quality of the home. He observed, “Having an outside person come in and see what we are doing through fresh eyes is very helpful. We are with the guys so much that we don't see what they are capable of.” He observed changes in the staff and in the residents after implementing the recommendations. He stated that there seemed to be increased communication among the residents during group meetings and increased resident cooperation. The coordinator commented that the residents seemed to be talking to one another with more familiarity. He mentioned that there was a difference in the staff routine. The staff no longer ran the group meetings or packed the residents' lunches without inquiring about their preferences or opinions. He noted that the staff seemed to pay more attention to what the residents said. Therefore, improvements in different qualities of the home were evident.

The coordinator of this home was exceptionally open and supportive of the evaluation and recommendation process. He provided an optimal environment to test the REIS as an assessment and intervention tool, with very positive results in a three-week time period that included 15 hours of consultation by the evaluator.

CONCLUSION

It is hoped that the REIS will be a useful instrument that will allow occupational therapists to serve in a consultant role to group residences and improve the lives of people with disabilities. To support people with disabilities to be part of our communities, we can step forward to offer practical tips on how to create a home environment that will provide maximum quality of life for the residents.

FLOW CHART FOR ADMINISTERING THE REIS



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