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# The IMAGINE Project: Inspiring Vulnerable Adults Through Art and Mindfulness

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Running Head: THE IMAGINE PROJECT

The IMAGINE Project:  
Inspiring Vulnerable Populations Through Art and Mindfulness  
Janelle Defiesta

A Capstone Project submitted in partial fulfillment of the requirement  
For the degree of Master's of Science in Behavioral Health

University of San Francisco

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### Abstract

*The IMAGINE Project* tackles the issue of stress reduction for a population that faces high stress levels due to environmental instability with co-morbidities of prior physical, cognitive, and social issues. Despite the need of stress reduction approaches in a population under these circumstances, external factors make it difficult to reduce the problem. Consequently, the lack of stress reduction skills can lead to the exacerbation of existing problems and the onset of many others. However, until basic needs such as housing and sustenance are met, stress reduction cannot be attempted effectively. Thus, the target population for this project focused on people who had their basic needs met, but retained high risk for recidivism and returning to homelessness.

Research demonstrates that the following interventions can be effective in helping people reduce and manage stress: chronic disease self-management techniques, mindfulness based stress reduction, solution-focused brief therapy, and mindfulness-based art therapy. However, these programs utilize methods that are costly and require long periods of intervention, which is not ideal for a population that has a history of homelessness, high mobility, and high attrition rates from traditional programs. *The IMAGINE Project* was designed based on primary and secondary research that integrated parts of multiple stress management interventions into a single approach that could provide low-barrier, accessible mindfulness strategies by engaging the population in mindfulness art activities. A pilot implementation was conducted to create the best class design that could ensure the target population gains valuable stress reducing insights through the cathartic medium of art. A detailed instructors manual was also developed to promote program sustainability.

*Key Words:* Mindfulness, stress, stress reduction, stress management, marginalized, homeless, isolation, art, substance recovery, chronic self-management, mindfulness based stress reduction, solution focused therapy, mindfulness art therapy

## Executive Summary

The purpose of this project was to promote stress reduction skills in a population that faces high stress levels due to environmental and economic instability in addition to prior physical, cognitive, and social issues. Although stress reduction is highly needed in a population under these circumstances, external factors make it difficult to reduce the problem and the lack of stress reduction skills can lead to the exacerbation of further issues.

## Methods

A needs assessment revealed that until basic needs such as housing and sustenance are met, stress reduction cannot be attempted effectively. Thus, the target population was composed of people who had their basic needs met but were at high risk of recidivism and homelessness due to poor behavior habits. Secondary research demonstrated that the following interventions can be effective in reducing stress and helping people better manage their stress: chronic disease self-management techniques, mindfulness based stress reduction, solution-focused brief therapy, and mindfulness-based art therapy. However, these approaches utilize methods that are costly and require long periods of intervention, which are not ideal conditions for a population that has a history of homelessness, high mobility, and high attrition rates from traditional programs.

*The IMAGINE Project* was designed to target stress reduction while meeting the unique needs of the target population. The project integrated parts of multiple stress management interventions into a single approach that could provide low-barrier, accessible mindfulness strategies by engaging the population in mindfulness art activities. A pilot implementation of *The IMAGINE Project* was conducted over a period of six weeks at Enterprise Resource Center in Marin, a peer-supported day center providing activities and resources for a variety of vulnerable

populations. Each 1.5 hour class correlated with different themes adapted from Kate Lorig's Chronic Disease Self-Management program and consisted of the following elements:

- Mindfulness: to promote stress reduction
- An *IMAGINE* question: to engage participants in changing their perspective and promote critical thinking
- Art activity: to provide rapid results
- Reflection: to encourage expression
- Future inspirations: to engage post-class stress reduction techniques

The pilot was implemented to gain feedback from clients to create the best class design that could ensure the target population gains valuable insights through the cathartic medium of art. An instructor's manual was also created to promote program stability.

## **Results**

Although participants had confusion about the level of art involved in the project, most participants of *The IMAGINE Project* enjoyed the class's engaging tone, creativity and relaxation benefits. A total of six unique participants came to *The IMAGINE Project* and, except for one individual who only attended the last class, each participant attended more than one class session.

## **Discussion**

Since showing vulnerability was a common concern among reserved participants, future classes should put more emphasis on volunteer participation. Additionally, increased advertising, better class times, and measuring stress reduction should be considered to support the project's effectiveness and sustainability. Finding consistent funding and leadership in addition to updating the instructor's manual are also necessary for the project's sustainability.

## **Introduction**

Although stress is linked to unhealthy immune and mental functioning, people often overlook the impacts stress can have in their lives. This can be a significant issue for people with chronic conditions because their ongoing external and internal circumstances make them more vulnerable to high stress levels. Excessive stress can provoke a number of negative outcomes such as exacerbation of illnesses, dependency on substances, or an inability to make rational decisions. Multiple evidence-based interventions, such as Kate Lorig's chronic disease self-management program, mindfulness-based stress reduction, solution-focused brief therapy, and mindfulness-based art therapy, have been demonstrated to reduce stress (Galla et. al., 2015). However, these interventions may not be suitable for the unique population of people with chronic conditions who also suffer from isolation, homelessness, mental health issues, or a history of substance abuse. In populations that struggle to acquire basic needs such as food, shelter or safety, a tailored intervention must be created to break the unhealthy cycle between stress and symptom triggering so that they can achieve a higher quality of life.

## **Review of Literature**

### **Stress**

High-stress levels can cause physiological damage to one's body. Although physiological symptoms may vary, internal reactions such as abnormal blood pressure, skin temperature fluctuations, and high cortisol levels are common (Britt, 2016). Cognitive function also decreases with stress because it inhibits decision-making skills. When people undergo high stress levels, decisions tend to be made by habit, instinct, or emotion rather than rational thinking (Britt, 2016).

People deal with stress in a number of different ways. According to a Polish study by Strelau et. al. (2005), there are three types of ways people cope with stress: task-oriented coping, emotional-oriented coping, and avoidance-oriented coping. In task-oriented coping, individuals focus on a task that may lead to finding a solution to the problem. In emotional-oriented coping, individuals focus on their own emotions to reduce emotional pain from the stressor. In avoidance-oriented coping, individuals focus on avoiding thoughts and emotions about the stressor by utilizing distraction strategies or deviating from social norms (Opalach et. al., 2016). According to Opalach et. al. (2016), people who utilize emotional coping and avoidance-oriented coping styles are more likely to abuse substances than those using task-oriented coping styles. Among these coping styles, the task-oriented style reaps the greatest rewards because the style aims at problem solving instead of temporary relief. Although there is no cure for stress, a study by Zellar et. al. (2009) discovered that high-stress levels correlate with negative affectivity (being more vulnerable to negative emotions like fear, anger and anxiety) and slower recovery rates. However, despite not being able to always control one's circumstances, changing negative affectivity into more positive perspectives helps decrease stress levels.

Although stress is prevalent among all populations, Falvo et. al. (2016) states that those with chronic conditions that last for more than three months are at high risk because stress can lead to periods of flares (periods of time chronic condition symptoms are worsened or more severe). In chronic conditions, a cycle can build from periods of stress and flares, in which stress aggravates flares and flares heighten symptoms of stress (Britt, 2016). During periods of flares, people are at high risk of negative outcomes such as hospitalization or onset of mental health issues; these issues include anxiety due to physical effects from inflammation or increased



cortisol levels and behavioral effects such as substance abuse or decreased decision-making abilities (Stojaanovich, 2007).

### **Population Characteristics**

Negative outcomes of chronic conditions are present in populations suffering from chronic homelessness. As defined by Section 330 of Public Health Service Act (2017), “a homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation.” According to an article by Salem and Ma-Pham (2015), some causes of homelessness include domestic violence; lack of affordable housing; lack of employment; mental health problems; family disputes; and abuse or neglect by family members. The HUD Exchange 2016 Annual Homelessness Assessment Report estimates that 38% of homeless people are dependent on alcohol and 26% abuse other drugs. Research suggests that substance abuse is the main factor that contributed to homelessness for at least two-thirds of the homeless population in a 2008 survey conducted among 25 major cities (Didenko & Pankratz, 2007). However, although addictive behaviors can cause rifts in relationships and lead to unemployment, substance abuse is often a negative outcome from coping with the stress of homelessness (Didenko & Pankratz, 2007).

In addition to the stressors that contribute to homelessness, being homeless or having low economic status elicits other stressors such as difficulties from social service systems, inaccessible healthcare and shelter system chaos (Davis-Berman, 2011). All of these factors contribute to chronic stress and poor health among the homeless. Since homeless individuals are also liable to develop poor sleep hygiene and substance use, naturally combating these high stress levels may no longer be an option due to their compromised immune systems. However,

despite the need of stress reduction in this population, it cannot be easily cured with a single intervention. The cycle between stress and homelessness must be analyzed from a behavioral health approach to address underlying factors that aggravate stressors and onsets the pattern.

### **Behavior Change Theories**

According to Didenko and Pankratz (2007), poor stress coping behaviors among the homeless population are often a consequence of being homeless. Abraham Maslow developed a psychological theory, Maslow's hierarchy of needs, that posits that humans must meet their most basic needs (physiological, safety, love/belonging) before they can develop their self-esteem, and self-actualization. If a person is struggling to meet fundamental physiological needs, all other needs become irrelevant and pushed to the background (Best et. al., 2008). This theory correlates with the transtheoretical model's stages of change in which behavior change can only occur if an individual is ready to take action (Barley, 2016). In the case of homeless populations, if physiological needs such as food and shelter are not met, then an individual is not ready for changing their behavior and cannot incorporate stress reduction into their lives (Best et. al., 2008).

### **Intervention for the Target Population**

To effectively reduce stress in those who have been homeless, the target population must be narrowed to individuals who are on track of eliminating homelessness from their lives. This target population is comprised of individuals who are in the process of recovery and currently have housing but are in danger of recidivism (stepping back into former bad habits) that can lead back to homelessness. These individuals are ideal candidates for stress reduction training and activities because they are not plagued by physiological needs but are in need of strategies to manage behaviors and stress that have the potential to disrupt their recovery from homelessness.

### **Evidence-Based Interventions**

In life, stressors are often uncontrollable. However, what people do have control over is how they react to stressors. There are a number of interventions aimed at reducing stress, but one of the most prevalent techniques is mindfulness (Larsen, 2016). Mindfulness encompasses a task-oriented coping style because the technique helps people learn how to accept the issues and not avoid them. In mindfulness, people are taught to be aware of everything in that moment: thoughts, feelings, body, and the environment. In those moments, people are encouraged not to judge whether their thoughts and feelings are right or wrong but to simply be aware of them. By utilizing mindfulness, people are able to have an understanding of how their thoughts and feelings affect the rest of their being. Instead of increasing anxiety about past events or future speculations, mindfulness teaches people to be in the present (Larsen, 2016).

**Target population needs.** Despite the effectiveness of mindfulness for stress reduction, most mindfulness-focused, evidence-based interventions (EBIs) are not suitable for the chronically homeless. Since people who have suffered from chronic homelessness have very low or no income, utilizing EBIs becomes more challenging. For example, in a study done at UCSF (2017) the costs of implementing stress reduction interventions cost approximately \$400 per individual for each round of the intervention. Despite the benefits these programs can offer, implementing them with homeless people can be economically challenging.

In addition to economic barriers, EBIs are not often implemented over long courses of time, typically eight weekly sessions (Galla et. al., 2015), and participants are expected to attend all sessions. However, research with homeless populations is very difficult to conduct due to the high mobility and attrition rates of participants. Even those who are recovering from

homelessness are difficult to do longitudinal research with because they are not used to having consistency or set schedules in their lives (Parker & Dykema, 2013).

In order to create a stress reduction intervention to meet the needs of this population, the intervention must be able to provide benefits in a single session. The intervention should also utilize community relationships that can foster and increase engagement. Engagement can also be increased if the program utilizes interactive methods that are feasible, innovative and spark interest. At present, such an intervention does not exist. However, the following EBIs contain elements that may be beneficial to the construction of a program that can cater the needs of the target population while reducing stress.

**Mindfulness-based stress reduction.** Mindfulness-based stress reduction (MBSR) focuses on utilizing mindfulness training to replace maladaptive, largely reactive responses to stressors. The key in MBSR is to engage a client to be aware of present moment experiences to develop better conscious responses to stressors and gain better management over emotions (Galla et. al., 2015). MBSR uses a combination of mindfulness strategies such as meditation, body awareness, and yoga. In a community setting, increased usage of MBSR techniques such as self-reported mindfulness and self-compassion has been demonstrated to have a negative correlation with perceived stress (Galla et. al., 2015). Research from Bakhshani et. al. (2016) demonstrates that MBSR has a significant effect in stress reduction with recipients having a 20% reduction in perceived stress after the MBSR intervention. Decreasing perceived stress is an important factor for stress reduction and is a necessity to help people susceptible to high stress, such as the target population, improve their quality of life.

**Solution-focused brief therapy.** Solution-focused brief therapy (SFBT) is a therapeutic approach that engages client self-awareness and encourages the client to accept that they are the

best resource for change and have the ability to create their own solutions (Ratner et. al., 2012). In SFBT, clients are encouraged to explore how they would like their lives to be and how they have the ability to achieve that goal. The provider pushes clients to remember past methods that have been successful in overcoming their problems. By dissecting feelings, thoughts, motivations and circumstances from these successes, clients are able to realize that they already have tools from the past that can help them attain future goals (Ratner et. al., 2012). Although this intervention is typically implemented over a period of time through multiple provider-patient interactions, the foundational elements of SFBT can be utilized to encourage task-oriented stress coping styles among the chronically homeless population (McManus & Thompson, 2008). Since people with chronic homelessness are liable to feel that they have no control in their lives, SFBT may be a good method to alter the target population's perceived control (McManus & Thompson, 2008). By utilizing SFBT to change their grim outlook on the future to one of more hope, chronically homeless individuals may be closer to overcoming their circumstances through newly restored confidence and dignity.

**Mindfulness-based art therapy.** Research demonstrates that art therapy calms pain- and anxiety-related symptoms (Coholic et. al., 2009). Participating in activities such as painting, sculpting and drawing releases anxiety and stress due to the engagement in deep, personal expression. Mindfulness-based art therapy (MBAT) uses expression engagement to engage clients in a similar process to SFBT (Coholic et. al., 2009). MBAT is implemented with an introduction to mindfulness, its importance in health, and an introduction to mindfulness breathing. As sessions move forward, clients are introduced to various art techniques and are tasked with utilizing art to express their emotions such as expressing what they see as pleasant and what they see as unpleasant. Another activity done in MBAT is deconstructing images from

magazines, photos, or paper and reconstructing images to emphasize how even if their lives are not how they used to be, the broken pieces can be used to create a new story. These various techniques and exercises help participants express their anxieties, fears, hopes and dreams while encouraging new ways of achieving a better quality of life (Coholic et. al., 2009). Although MBAT is an 8-week intervention involving various art techniques for each session, the fundamental goal of expression for stress reduction is utilized in each session. Since participants can benefit from single visits or multiple visits, this intervention is feasible for implementation in homeless populations that have high attrition rates.

**Chronic disease self-management.** Although having tools to start stress reducing behaviors is necessary, maintaining the behavior change is just as important as starting it. Maintenance is hard for those with chronic conditions because flares can easily cause a person to relapse and dive back into unhealthy behaviors. Kate Lorig's chronic disease self-management program is an intervention designed for those with chronic conditions to live better quality lives while accepting the conditions of their ailments (Lorig et. al., 1999). The program is conducted over several weeks and introduces various themes necessary for an individual's path towards self-management such as changing perspectives, making goals, rewarding accomplishments, knowing who you are, dealing with emotions, and collaborating with others (Lorig et. al., 1999). This path for self-management is necessary for those who are recovering from homelessness in order to build better lifestyles that can ultimately incorporate stress-reducing behaviors as habits in their lives.

### **The Project: A New Intervention**

Although many interventions have qualities that can be useful for addressing and maintaining stress-reduction behaviors, these interventions are not sufficient on their own due to

the feasibility of implementation among the target population. Primary research with the target population showed an interest for a class that integrated the benefits of both mindfulness and art. The idea was further researched and elements MBAT, from Kate Lorig's chronic disease self-management, MBSR, and SFBT were adapted to fit the needs of the target population and integrated to create an intervention of high access, low barrier, and engaging qualities. This new intervention, *The Inspiring Mindfulness And Giving Innovative Novel Empowerment (IMAGINE) Project*, focused on addressing stress management for individuals at high risk of homelessness by teaching tools that can promote better stress-coping behaviors to increase self-management.

### **Fieldwork Agency**

The project was implemented at Enterprise Resource Center (Enterprise) in Marin County. Enterprise serves as a resource location for individuals of the Marin community who have experienced issues with homelessness and substance abuse. Participants can enjoy recreational activities, obtain peer counseling, and gain access to resources such as computers. As most housing shelters are only open during the evening, Enterprise serves as a safe space for individuals to socialize throughout the day. The Enterprise clients come from a wide range of racial and ethnic groups, ages, and disabilities. A unique aspect of Enterprise is that the organization strongly advocates for peer support. Many of the team leaders and counselors are people who have also experienced similar issues to their clients. The organization encourages growth as a community through its peer leadership and emphasis on group classes for healing and self-management. These unique community aspects help the populations feel safe and supported, which are conditions necessary towards self-management. Enterprise is an ideal location to address stress reduction in the target population, because a majority of Enterprise's clients have physiological needs met and are in stages of building self-management skills.

Additionally, clients at Enterprise are very knowledgeable of what creates and reduces stressors in their population.

### **Aims and Goals**

The focus of this study was to discover what stress reduction techniques can be engaging and effective for populations suffering or recovering from homelessness. A needs assessment was conducted to determine what factors contribute to stress and what interventions can be engaging for the target population. Findings from the needs assessment were incorporated into the formation and evaluation of *The IMAGINE Project* pilot implementation that was conducted between June 2017 and July 2017 at Enterprise.

### **Needs Assessment**

#### **Methods**

**Primary research.** Key Informant interviews, interviews with Enterprise clients, and client shadowing were performed to gather insight on the population's needs and preferences. Stakeholder meetings and community conferences were attended to determine what interventions were feasible in the county of Marin.

*Key informant meetings.* Key informant interviews were conducted with representatives from agencies that regularly work with the target population such as Enterprise Resource Center, Opportunity Village Marin, and Healing Well. Representatives were formally contacted and meetings were conducted on a one-to-one basis. Notes were taken during these meetings and were later analyzed to determine key findings.

*Population interviews.* Due to the sensitive and reserved nature of the target population, interviews with these individuals were conducted informally. Great caution was taken to navigate the interviews as casual conversation. The interviewer refrained from taking notes and



was mindful of using familiar language. Observation notes were written after the interview experiences and were further analyzed to determine trends.

*Client shadowing.* Frequent visits to the target population's environments were made during the months of February, March and April. These visits involved checking in on the population's current living state and accompanying individuals to do errands such as medical visits, social work visits, and picking up essentials. After these visits, observations about the client's physical, mental, social, and medical challenges were recorded and analyzed.

*Stakeholder meetings.* Meetings were held with leaders from organizations that could be effected by the pilot intervention such as Enterprise Resource Center, Opportunity Village Marin, and Marin Link. These meetings involved running over logistical information such as funding, client reports, and resource allocation. Notes were written to assess what stakeholder needs and expectations were in addition to what was feasible within the given scope of time and resources.

*Community conferences.* Meticulous notes were taken during community conferences and workshops to gain insight on the importance of helping the target population and the impact of homelessness on health and wellbeing. Additionally, these conferences provided opportunities for learning about what other initiatives and programs were already underway.

**Secondary research.** Research on current evidence-based interventions (EBIs) for stress reduction was done throughout the needs assessment. EBIs that were relevant to the question and aims of this study were further analyzed to determine if their methodology could be effective in this specific target population. Findings were discussed with preceptors and fieldwork faculty to assess the potential of implementation.

*Data analysis.* A fish bone diagram (Figure 1) was created to assess what contributes to stress in the target population. After observing what factors were associated with stress, stress reduction EBIs were reviewed and potential effective aspects from each EBI were further analyzed.

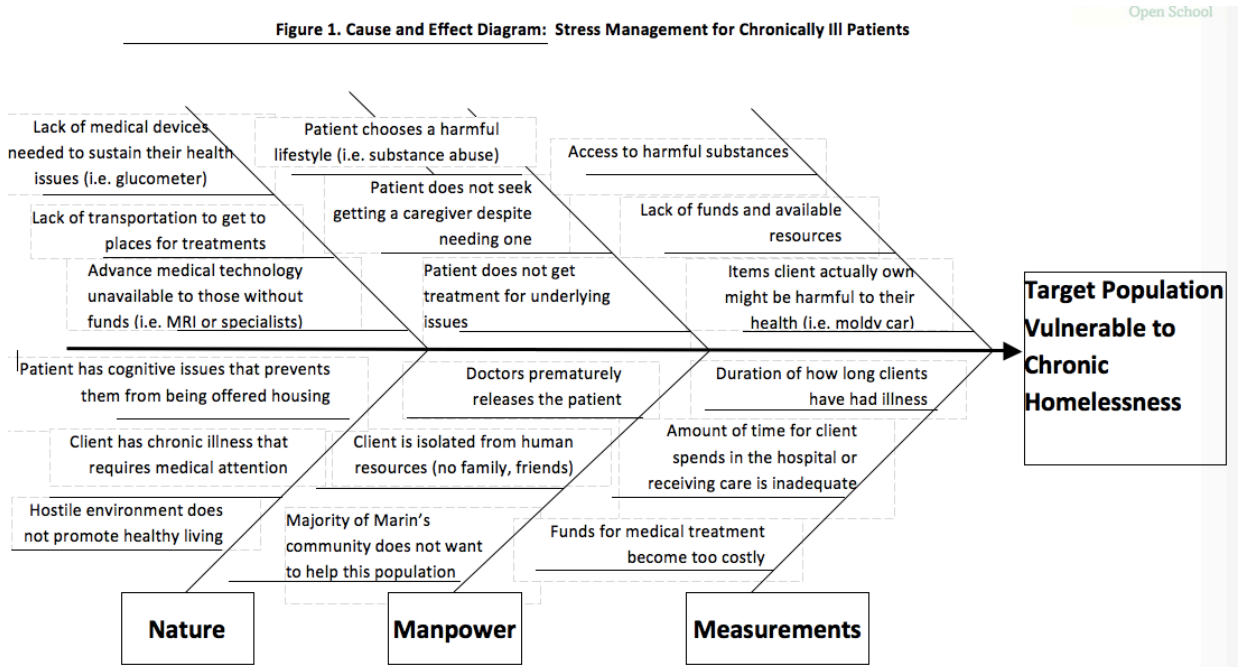


Figure 1. Fishbone diagram of what contributes to stress in the target population

A tree diagram (Figure 2) was created to connect population needs, stakeholder needs, and what interventions have potential to be effective for stress reduction among the target population. Preceptors and fieldwork faculty assessed the data analysis methods and provided feedback for forming the pilot intervention.

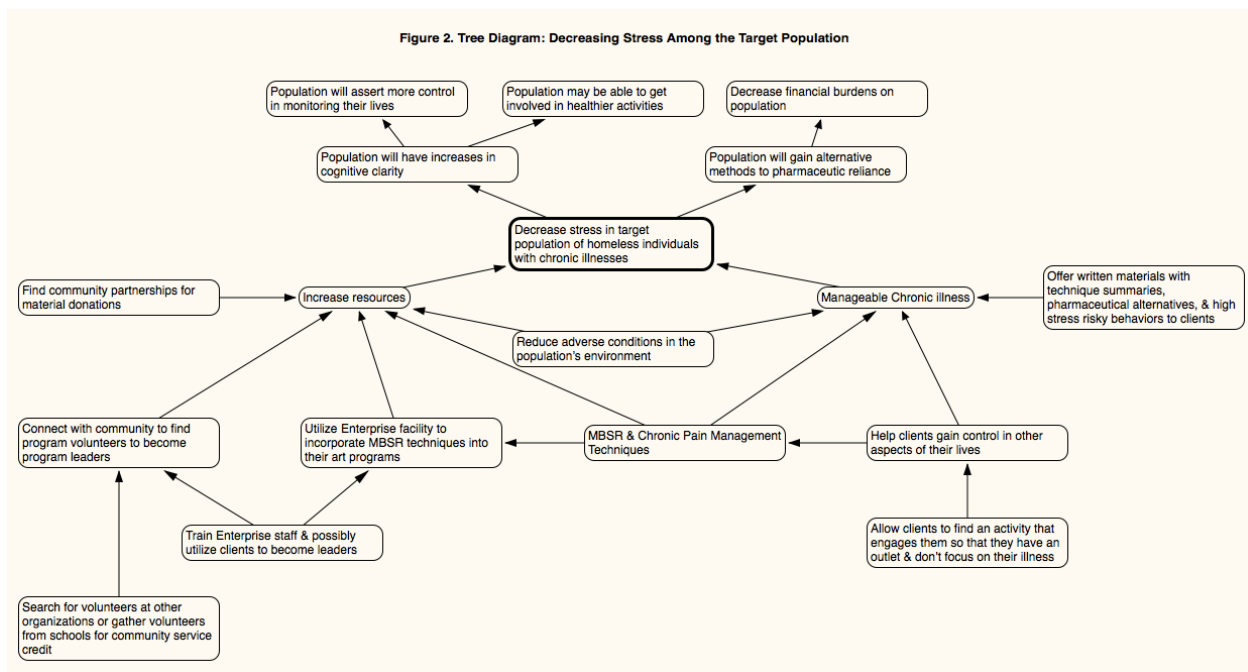


Figure 2. Tree diagram of how to reduce stress in the target population

**Limitations.** Collecting data from the target population was difficult due to the population's reservations about being formally observed. Observations had to be recorded from memory, and some information could have been misinterpreted or recorded incorrectly. Another drawback of the needs assessment was the limited time spent observing the target population. Although the needs assessment was conducted between January and May, encounters with the population only happened once a week. Furthermore, the data was only collected from a fraction of the target population and was not a full representative sample. Due to the data collection methods used, the data that were gathered likely only applied to individuals who are high functioning among the homeless population.

## Findings

**Population needs.** A qualitative data analysis of the needs assessment revealed multiple issues contributing stress in the target population. Table 1 categorizes these issues in association with themes from Maslow's hierarchy of needs.

Table 1	
<i>What contributes to stress in homeless populations?</i>	
<u>Maslow's Hierarchy of Needs</u>	<u>Issues That Contribute to Stress</u>
Physiological	<ul style="list-style-type: none"> <li>• Pre-existing co-morbidities</li> <li>• High levels of stress and trauma</li> <li>• Lack of resources</li> </ul>
Safety	<ul style="list-style-type: none"> <li>• Fearing the unknown</li> </ul>
Love/Belonging	<ul style="list-style-type: none"> <li>• Distrust</li> <li>• Isolation</li> <li>• Society disconnect</li> </ul>
Esteem	<ul style="list-style-type: none"> <li>• Lack of confidence</li> </ul>
Self-Actualization	<ul style="list-style-type: none"> <li>• Lack of purpose</li> </ul>

*Physiological.* A primary concern among the population is that stress reduction cannot be addressed without a reduction in physiological problems, the most relevant issue being housing. Additionally, being homeless also subjects the population to higher levels of trauma and stress, which can exacerbate physiological and mental problems. Without proper environments and resources to heal, symptoms from existing co-morbidities continue to be problematic and stressful to the homeless.

*Safety.* Although everyone fears the unknown, this fear manifests uniquely in the population due to unstable sources of shelter, food, and income. Due to their circumstances, this population is under chronic stresses from not having enough to eat and being unable to protect themselves from the environment or hostile people.

*Love/belonging.* Despite limited resources available for the population, the population has high mistrust in community assets. Although most of the target population has living family members and friends, personal differences may keep the population isolated from traditional

support networks. However, despite the hostility the population faces, many still yearn for social connections and are stressed by their struggles integrating into society.

*Esteem.* Past trauma decreases the population's confidence in achieving a better life and creates a skeptical outlook on interventions and change. One man expressed concern of trying to find value in life when his circumstances hamper his quality of life. When an individual's hope in life is destroyed, suffering from the same ailments day to day becomes the stressor.

*Self-actualization.* When the population becomes more physiologically stable and can better manage their issues, they start facing another dilemma: what do they do now? Most homeless facilities only provide shelter and food during the evening, daytime schedules are unknown. A lot of the population expresses desires to work, engage in hobbies, and gain better control of their lives. However, their current circumstances plague their efforts and they become stressed from being unable to achieve their goals.

**Intervention.** Research demonstrated that the population is difficult to conduct interventions with due to high mobility, attrition, and sensitivity. Recommended interventions included having an engaging, culturally sensitive program that incorporated high access, low barrier, and harm reduction approaches.

### **Pilot Intervention**

#### **Development**

The results from this needs assessment demonstrate that current stress reduction, evidence-based interventions are incompatible with the target population because they are costly and must be conducted over long periods of time. The creation of *The IMAGINE Project* sparked from an interview with a target population member who envisioned a class that integrated both mindfulness and art. This idea led to secondary research focused on various stress reduction

EBIs that could be adapted to fit the needs of the target population. The TTM's stages of change model was also considered while choosing EBIs to promote positive behavior change for clients in various stages of change.

Themes from Kate Lorig's chronic self-management program were borrowed to create a structured weekly program that guided participants in how they could integrate stress reduction techniques into their self-management efforts:

1. **Changing perspective.** Ignite the thought that it is possible to live a different, improved lifestyle.
2. **Making goals.** Creating reasons to keep living and encourage improvement.
3. **Count your accomplishments:** taking time to acknowledge when you accomplish great things to remind yourself that achieving is possible.
4. **Who are you?** Accepting your past and present so that you can build towards your future.
5. **Emotions.** Learning to accept all your emotions, good and bad, and use them as tools for learning about yourself.
6. **Collaboration.** Learning that support is important to incorporate and maintain change in your life.

*The IMAGINE Project* also centered on mindfulness techniques, which have been proven to reduce stress and improve quality of life. To improve self-esteem in the population, elements from SFBT such as "Miracle Questions" were adapted into "*IMAGINE* Questions" to inspire the population in rebuilding confidence and setting future goals. Finally, the foundations of art therapy, such as expression and creativity, were used to provide rapid benefits and high engagement.

Table 2 below summarizes the purposes of each EBI.

Table 2			
<i>Evidence Based Interventions</i>			
<u>EBI</u>	<u>Adapted Element</u>	<u>Reasoning</u>	<u>Stage of Change</u>
Kate Lorig’s Chronic Self-Management Program	Themes for self-management	Build clients skills in becoming self-sufficient in managing stress even after the intervention.	<u>Maintenance</u> : Provide clients tools they need to maintain stress-reducing behaviors.
Mindfulness-Based Stress Reduction	Stress reduction techniques	Research proves mindfulness is effective in stress reduction and improving quality of life.	<u>Preparation</u> : Give client the tools for stress reduction.
Solution-Focused Brief Therapy	Miracle Questions	Inspire the population to gain control in their lives.	<u>Contemplation</u> : Help encourage client to embrace stress reduction.
Mindfulness-Based Art Therapy	Foundation of using art as a cathartic medium.	Provides rapid results. Can be enjoyed by individuals with variable abilities.	<u>Action</u> : Show clients the positive possibilities of incorporating stress reduction.

**Logistics**

Target population characteristics and interests were considered in the creation of intervention materials. Needs assessment data revealed that an intervention would need the following qualities:

**Plain language.** Easily understandable material is necessary to create a low barrier resource for the population. For example, a plain term such as “pee” is easier to understand than a medical term such as “urination”.

**Sensitive materials.** Due to the amount of trauma the population faces, it is essential that interventions not use strategies that trigger traumatic memories.

**Rapid outcomes.** An intervention that can provide immediate results is necessary due to the population's tendency to be transient and have high attrition rates from established programs.

**Low barrier.** A cost effective intervention is essential since the population has little to no income. Agencies serving this population are often under-staffed or rely on volunteers.

**Qualitative measurements.** The population is more likely to provide genuine results through conversation because they do not like to feel like research subjects, which would alienate them further.

## **Methods**

**Recruitment.** Participants were recruited from Enterprise Marin and Opportunity Village Marin populations. Flyers were created and passed out a week before the first class was held. After the first two classes, flyers were also distributed a half an hour before each class time. Prior to each class, participants were informed of the project's processes and goals. Participants were also informed that all participation was optional and participation was taken as a form of consent.

**IMAGINE project.** A series of six classes, known as *The IMAGINE Project*, were provided at Enterprise Resource Center during June 2017 to July 2017. Each class was held for 1.5 hours. Each class had a consistent structure consisting of mindfulness, art therapy, and discussion (Appendix A). Classes were led by the project manager who started classes with a mindfulness exercise (Appendix B); proposed the *IMAGINE* question for each session (Appendix C); instructed the session's art activity (Appendix D); and ended each class with reflection discussion (Appendix E). After each class, participants were given a goal to aim for



each week (Appendix F). During the course of the pilot, mindfulness prompts were changed to short mindfulness Youtube videos for better leader-class engagement.

**Formative Evaluation.** To develop *The IMAGINE Project*, formative evaluation was conducted after each class during the pilot phase. The assessment followed traditional Plan-Do-Study-Act (PDSA) cycles (Appendix G). Questions in the formative evaluation involved evaluating the length of class sessions; clarity of instructions; ease of implementation; and how engaging each segment was. After each PDSA cycle, adjustments were planned for each segment to tryout for the next session. At the end of the pilot implementation, PDSA cycle feedback was used to assess the ideal details for the project.

#### **Quantitative data.**

*Data collection.* Participants were asked if they would like to voluntarily provide a body temperature before and after the last class. However, participants did not want to engage in the measurement activity and temperature data was not gathered.

#### **Qualitative data.**

*Collection and analysis.* Due to the sensitive nature of the population, qualitative data was not documented in front of the participants to ensure that research-type protocols would not influence how participants responded. Instead, qualitative data was documented immediately after class was released. Qualitative data was based on participant observations during class with observations primarily focused on participant reactions, interactions, and discussion during the reflections. After documenting observations, the project manager took a quality improvement approach to analyzing the strengths and weaknesses of each element of the class (Appendix F). Each week a plan was created for actions and improvements that could be implemented for the next class to increase *The IMAGINE Project's* effectiveness.

## Findings

A pilot of *The IMAGINE Project* was implemented to assess the following questions for program development:

1. Who is coming to the class?
2. Was each element of the class effective?
3. How long should each class element be?
4. Did the class engage the population?

**Who is coming to the class?** Over the course of six weeks, a total of six unique participants attended the class with an average of 2.5 participants per class. Another important finding was that every unique individual, except for new individual who only attended the last class, came to at least two class sessions. Table 3 below represents a summary of participants who attended the class.

<u>Week</u>	<u>Number of Total Participants</u>	<u>Number of New Participants</u>	<u>Number of Female Participants</u>	<u>Number of Male Participants</u>
1	3	3	1	2
2	4	1	2	2
3	2	0	1	1
4	3	1	2	1
5	1	0	0	1
6	3	1	2	1

**Was each element of the class effective?** Each element of the class was analyzed to determine effectiveness and engagement.

*Mindfulness.* All the participants enjoyed the mindfulness activity and believed it was a great way to begin class. We used various types of quick 3-4 minute mindfulness videos such as

“muscle tension-relaxation”, “guided imagery”, and “mindfulness breathing”. Overall, participants preferred the “muscle tension-relaxation” exercise because they could easily perform the exercise outside of class. The drawbacks of beginning the class with mindfulness were that late participants were a distraction that caused participants to not fully gain the benefits of the exercise.

*IMAGINE question.* The *IMAGINE* questions were received well among the participants. Participants enjoyed the creativity of the questions and one participant commented on how they reflected on the question all week. However, it is important to note that some of the questions required the leader to provide examples for participants to formulate their own answers.

*Art activity.* Art activities were fun and engaging for participants. Art activities were also opportunities for participants to converse and connect with one another. However, periods of silence during the art activities prompted the need to incorporate background music during art activities. Additionally, there was confusion about the level of art the class introduce and how much art skills were needed from participants.

*Reflection.* Willingness to participate in reflections was highly variable among participants. Some individuals loved having the opportunity to talk about their work, whereas others were more hesitant to reveal what they created. Ultimately, clients suggested to only share their artwork, but keep personal reflections to themselves.

*Future inspiration.* In the beginning, it was hard to find good moments to incorporate fitting this element into the class. However, by the fourth class it was established that a good medium for this component was through take-home cards, which the clients enjoyed. Table 4 below compares the positive and negative outcomes for the pilot intervention.

Table 4		
<i>Analysis of IMAGINE Project Elements</i>		
<u>Element</u>	<u>Positives</u>	<u>Negatives</u>
Mindfulness	<ul style="list-style-type: none"> <li>• Opportunity to center oneself prior to the art activity</li> <li>• Relaxing</li> <li>• Revitalizing</li> </ul>	<ul style="list-style-type: none"> <li>• Hard for late to people to trickle in when this segment is the beginning of class.</li> </ul>
IMAGINE Question	<ul style="list-style-type: none"> <li>• Engages critical thinking</li> </ul>	<ul style="list-style-type: none"> <li>• Difficult to understand without further explanation and examples</li> </ul>
Art Activity	<ul style="list-style-type: none"> <li>• Engaging</li> <li>• Opportunity for social engagement</li> </ul>	<ul style="list-style-type: none"> <li>• Silence during activities prompted reflections to start earlier</li> <li>• Confusion about art component</li> </ul>
Reflection	<ul style="list-style-type: none"> <li>• Participants loved sharing their opinions on everyone else's artwork</li> </ul>	<ul style="list-style-type: none"> <li>• Participants were sometimes reluctant to share their own artwork</li> </ul>
Future Inspirations	<ul style="list-style-type: none"> <li>• Loved having tasks to take home</li> </ul>	<ul style="list-style-type: none"> <li>• Hard to figure out timing for this segment</li> </ul>

**How long should each class element be?** Table 5 below represents the number of minutes of each activity for each class. Participants enjoyed the mindfulness activity and felt a short 4-minute activity was sufficient for the class. *IMAGINE* questions required at least two minutes to incorporate time to read the question, provide examples, and reflect. As weeks progressed, average class times became shorter due to art activities being shorter than

anticipated. The reflection portion was considerably shortened mid-implementation to respect privacy for participants. Although the reflection prompts were spoken, participants only showed their work to the class instead of sharing their personal reflections. Future inspirations were not conducted during the first weeks because it felt right to end classes with the reflection segments. To incorporate future inspirations without disrupting the flow of class, cards were made to include the future inspiration prompts. After each class, participants were given cards and told to reflect on the card prompts for the next week as they left.

<u>Week</u>	<u>Mindfulness</u>	<u>IMAGINE Question</u>	<u>Art Activity</u>	<u>Reflection</u>	<u>Future Inspiration</u>
1	4	2	40	20	0
2	5	3	30	15	0
3	3	1	20	10	3
4	4	2	30	5	2
5	4	2	30	5	1
6	4	2	30	5	1
Suggested Time	4	2	30	5	1

**Did the class engage the population?** Nearly all clients who participated in *The IMAGINE Project* attended at least two classes. Most of the participants enjoyed the class and commented on its' novelty, stimulation, and relaxation properties. Those who did not return to the class had misunderstandings about the art aspect of the class: one felt the class did not provide enough art education and the other did not feel like they had enough artistic skill to participate. However, all participants liked the short mindfulness activities and enjoyed the sensation of relaxation afterwards. Participants agreed that the muscle relaxation mindfulness exercise was the easiest to follow and implement on their own personal time. The *IMAGINE*

questions were also well received and were considered a very interesting aspect of the program. However, using the questions as prompts for the artwork did not always go as planned, because there were times when participants created artwork completely unrelated to the *IMAGINE* questions. Most participants enjoyed showing their individual work and commenting on the talent of other people's artwork. However, sharing their reasoning on what was represented in their artwork was not well received, which is why the reflection portion of the project shifted towards just sharing the artwork. Table 6 below summarizes quotes from clients that represent how well they received *The IMAGINE Project*.

Table 6	
<i>Quotes From Client Feedback</i>	
<u>Positive Feedback</u>	<u>Negative Feedback</u>
<ul style="list-style-type: none"> <li>• I liked the class because it gave me something to do.</li> <li>• I come back because it's a good class.</li> <li>• This class is very interesting.</li> <li>• I actually feel relaxed after this class.</li> <li>• I'm not an artist, but I like doing the activities.</li> </ul>	<ul style="list-style-type: none"> <li>• I was expecting an actual art class.</li> <li>• It's a good class, but I am just not into art. I'm not artistic.</li> <li>• Why I did this is a little too personal to share</li> </ul>

### Summary of observations

In summary, it was observed that clients who attended *The IMAGINE Project* enjoyed the program. Most clients easily engaged in the art activities and found them fun and relaxing. The only negative responses were with participants who felt reserved about sharing their artwork or misinterpreted the class's purpose. In response to the client's needs and the course of the program, the following key points were incorporated into the program's final structure:

- Reflection time was changed to only consist of sharing artwork; sharing the reasoning behind the artwork became a voluntary activity

- Mindfulness muscle relaxation for four minutes was the most well received mindfulness activity to begin the class
- Music should be played during the art activity
- Audio tracks for mindfulness exercises are effective for the mindfulness component
- Art activities only take about twenty minutes for individuals to complete
- Future inspirations are effective as take home cards

## **Discussion**

### **Needs Assessment**

The needs assessment identified three prevalent issues about stress in the target population: high stress levels correlate with trauma; cognitive health cannot be approached until physical health is addressed; and implementing interventions with the population is difficult.

**Trauma induces high stress levels.** Many people in the homeless population have high stress levels that result from past traumatic experiences. As a result, traumatic history often correlated with mistrust in self-sufficiency and mistrust in others. The anxiety that trauma induces is frequently the reason why the population can be wary of interventions. Due to their history, the idea of investing in anything out of their control induces a significant amount of stress, which presents a significant issue in the population.

**Physical needs are a priority.** In line with Maslow's Hierarchy of Needs, helping this population reduce behavioral habits of stress is not possible without reducing physical stressors. Meeting physical needs such as housing and food security are necessary to promote health and wellness. Once these needs are addressed, helping the population reduce stressful habits is the next step towards self-management.

**Difficulty implementing interventions.** Interventions are difficult to implement with this population because they are highly mobile; prone to high attrition rates; and their traumatic experiences create a need for highly sensitive material. In addition to these aspects, interventions created must be engaging for the population to invest their time. In summary, an intervention that is engaging and can present benefits in a single session is ideal for the target population.

### **Pilot Intervention**

Implementation of the pilot intervention provided opportunities to learn how to modify *The IMAGINE Project* to meet the identified needs of the target population. Difficulties in implementation predominantly settled on capturing the population's interest and the vulnerability of artwork exposure. However, participants who were fully involved enjoyed the project's aspects and goals.

**Conflict of interests.** Advertising and conduction of *The IMAGINE Project* may have been misleading to individuals. In relation to participants joining because of their interest in art, the art aspect could have deterred potential participants. One participant stopped attendance because they were not interested in the art component. In contrast, another participant thought the class should incorporate higher quality art equipment. Defining the required level of participant art experience should be considered for future implementation.

**Art exposure.** By mid-implementation, it became clear that reflecting on the artwork created anxiety in a few participants. As artwork is a reflection of the artist, participants were wary of being criticized for their art. One participant did not want to feel the pressure of exposing themselves in their artwork, so they purposely did the art activities without relating to the *IMAGINE* question. Another participant followed instructions, but felt anxiety about being judged for the quality of their artwork. Due to these incidents, the reflection portion was changed



to be optional and strict adherence to the prompts abolished. Instead, participants were free to interpret the *IMAGINE* question into their art activity within their desired comfort levels.

**Engagement.** Participants who fully engaged in the activity were intrigued by the *IMAGINE* questions and enjoyed being able to express their life through art. Through conversation, it was learned that even exposure to the *IMAGINE* question was enough to engage clients into thinking about their lives and behavior change. Opening the class with short mindfulness activities was well received and clients expressed gratitude for the opportunity to pause their lives to think about themselves. Although there was some apprehension with the reflection component, other participants were excited and willing to share their work. Gaining social acceptance and trust were driving forces in the project, so being open and responsive to participant suggestions was a necessity.

### **Limitations**

#### **Population**

The target population was limited to participants in one community-based program in Marin County, California and may present different needs from other county's homeless populations. Additionally, participants who were interviewed during the needs assessment and participants who attended pilot classes are only a fraction of the homeless population in Marin County. These conditions make generalizing the needs assessment outcomes of this pilot difficult.

In general, the target population is regarded as very vulnerable and interventions are difficult to implement due to high mobility and high attrition rates. Finding a balance in engaging the population, providing effective tools, and not overstepping personal boundaries was a constant challenge for both the needs assessment and pilot implementation.

**Participation**

An ongoing limitation for this project was that participation was very limited. Only a few participants attended each class, which made it hard to evaluate whether or not the intervention was engaging. A factor that may have contributed to low participation was that the class was only implemented on Tuesday mornings – a day known to have few visitors at Enterprise Resource Center. Additionally, *The IMAGINE Project*'s original timeframe was intended to gain participants from another class. However, the class was cancelled during the duration of *The IMAGINE Project* and less participants were available for recruitment.

**Data Collection**

*The IMAGINE Project* was designed to incorporate elements from a variety of evidence-based interventions. Therefore the results of this preliminary work cannot be compared directly to the results of the other models. In addition, data for evaluating the pilot was limited to a total of six sessions. Much of the data collected was subjective (e.g., observations about levels of participant engagement) and thus may not be fully reliable.

**Future Implications****Sustainability**

If *The IMAGINE Project* is able to gather more participants, the subsequent challenge will be sustainability due to limited funding and lack of leadership. As art supplies are costly, an investment in initial materials must be made prior to program implementation. However, as Marin County is very invested in art culture, this aspect of the program has potential to be funded through the county. Finding leadership also contributes to the problem because a leader must guide participants through the flow of the class.

A manual was created for the pilot to promote sustainability and provide guidance for future leaders of the class. The manual contains information on creation background, class structures, themes, activities, prompts, and troubleshooting. The vision of the manual was to reduce specialized training and facilitate peer leadership. Expanding and developing the manual is highly encouraged to promote sustaining *The IMAGINE Project* with the growing needs of the population.

### **Evaluating Stress**

Once the program is fully established, it may be possible to evaluate the program's potential to reduce stress levels through more controlled methods. Nevertheless, due to the population's nature, informal pre- and post- class interviews are recommended for qualitative data collection. Any questions asked should be screened for sensitivity and understandability for the target population. Quantitative data collection may be possible from monitoring temperature levels before and after each class. However, caution should be advised for taking temperatures because clients had negative reactions towards temperature readings during the pilot and did not want to provide temperature data.

### **Implementation in Other Settings**

There is potential to adapt the program to fit the needs of targeted individuals who are unable to attend a common location such as Enterprise Resource Center. With the instruction manual and art supplies, leaders can bring *The IMAGINE Project* to an individual's location.

### **Advertising and Implementation**

Advertising prior to class implementation is a necessity for recruitment. Advertisement should consider stressing that *The IMAGINE Project* is not specifically an art class and does not require artistic skills nor will participants be judged on their skill levels. Class scheduling should

also be given careful consideration during future implementation; moving classes to a day with a high number of visitors may bring better participation results.

### **Sensitivity Awareness**

Analyzing participant work should be avoided to reduce participant hesitancy and increase engagement. For future implementations, changing the reflection aspect may provide a safer space for participants to interact. Simply thinking about the *IMAGINE* questions is enough to engage clients to think critically about their situations and participants should only present their work if they feel compelled to.

### **Advice for Future IMAGINE Leaders**

Leaders should be open to the fact that individual needs in the target population vary greatly. Having open minds and being able to read participant engagement are important skills to consider when implementing the project since each class creates different settings. *The IMAGINE Project* is not meant to be rigid, but to provide a guide for allowing participants to reduce stress by expressing themselves and engaging in a thought process about how stress manifests in their lives and how they have the tools to combat it.

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## Appendix A

### CLASS STRUCTURE

Each cycle of the IMAGINE program consists of six different classes. Every class presents a theme that was adapted from Kate Lorig's steps towards healthy self-management from her book *Living a Healthy Life with Chronic Conditions*. Although it is not required, ideally a participant will attend all six classes according to order of themes: changing your perspective; making goals; rewarding yourself; understanding who you are; dealing with emotions; and connecting with others. Each class also consists of five activities: mindfulness segment, IMAGINE question, art activity, reflection prompts and future inspiration.

#### Mindfulness Segment

During this time, leaders should aid participants in becoming aware of and accepting their present circumstances. This segment is meant to move participants towards a relaxed and creative state of mind.

#### IMAGINE Question

The IMAGINE question was adapted from the "miracle question" in Solution-Focused Brief Therapy interventions. The IMAGINE question provides an opportunity for participants to imagine their lives outside of their present situations. Leaders should present this question in a theoretical manner and encourage participants to think. Leaders should write the question on a whiteboard or other medium so that participants can reference the idea as the class continues.

#### Art Activities

After presenting the focus of the class, the leader will provide instructions of the art activity, hand out materials, and prompt participants for engagement. As the class continues to work on their art, leaders are encouraged to engage non-judgmental conversations with the participants about their artwork.

#### Reflection Prompts

When time for the reflection activity draws closer, leaders must let participants be aware of the time limit so that they can finish their artwork in time. The leader can lead the reflection as a collective class or divide the class into pairs or groups. A reflection question about the experience will be prompted prior to discussions. Towards the end of the class, the leader will prompt participants to share their experiences. Drawing from collective, conversational data, the leader will summarize common themes among participant experience.

#### Future Inspiration

At the end of each class, the leader will encourage participants to act on what they have learned in the next week. A brief description of the following week should also be announced to encourage participants to come back. To avoid boredom for frequent participants, the program structure has been developed into three cycles. Themes, miracle questions and reflection prompts will be consistent among all cycles, but the art activities will vary.

## Appendix B

### MINDFULNESS SEGMENTS

Every class will begin with mindfulness to help center participant minds. Mindfulness can be practiced in many ways. Some exercises work more effectively than others. As a leader, it is your duty to seek out what exercises work most effectively with your group of participants. You may ask participants for feedback on their preferences prior to starting.

#### BASICS

Here is a short guide of instructions in how to begin this part of the activity:

1. Ask participants to close their eyes
2. Ask participants to get into a comfortable position
3. Ask participants to take a few deep breaths
4. Ask participants to do a simple check-in of their emotional state, thoughts, and what they're feeling in their bodies. Remind them to just notice what is happening, without judgment or expectation.

Rapid mindfulness techniques for short periods of time:

- Abdominal Breathing
- Cook's Hookup
- Quick Tensing and Relaxing (Muscle Relaxation)
- Creating a Symbol of Relaxation

### Appendix C

#### IMAGINE QUESTIONS

IMAGINE questions are an adapted version of “miracle questions”, the central component to solution-focused therapy. They are meant to guide the participant in “what if” scenarios so that they could envision the life they seek for themselves. In addition to envisioning an idealistic future, IMAGINE questions are meant to start conversation of what they could do to reach that goal.

Here is a list of the IMAGINE questions corresponding to each week’s theme:

WEEK	THEME	IMAGINE QUESTION
Week 1	Changing Perspective	Imagine a miracle happened overnight and you woke up with all your worries gone. What would you do?
Week 2	Making Goals	Imagine you found a time machine and you took a trip to your past, present and future. How does each of these trips look like?
Week 3	Count Your Accomplishments	Imagine going to the theater and on the screen plays a moment of your life when you felt proud of yourself. What scene is playing and why?
Week 4	Who Are You?	Imagine walking through a door and on the other side was a fantasy realm. You look at yourself and realize you've changed into [insert art activity: i.e., warrior, animal]. What makes you strong?
Week 5	Emotions	Imagine looking at a magical mirror and next to your reflection stands someone who has positively impacted your life. What would you say to them?
Week 6	Collaboration	Imagine a fairy gave you a visit and turned you into the best version of yourself. What makes this your best version? What's holding you back?

During each class, a leader should place the question somewhere visible for participants to reference.

## Appendix D

### ART ACTIVITIES

Each art activity is designed to stimulate cognitive development for participants. There will be three cycles of art activities to prevent boredom from returning participants. As participants start their creations, leader should be mindful of safety and time management. Below is an example of cycle 1.

WEEK	THEME	ART ACTIVITY PROMPT	MATERIALS
Week 1	Changing Perspective	<p><b>Collage a Painting</b></p> <p><u>Instructions:</u> <i>Draw a painting; Tear the painting; Make something new with the pieces</i></p>	Magazines Scissors Tape Construction Paper (x2)
Week 2	Making Goals	<p><b>Past, present, future self portrait</b></p> <p><u>Instructions:</u> Create art that reflects where you've been, who you are today, &amp; how you see yourself in the future</p>	Paint Paint Brushes Paint Pallets Water Paint Canvas
Week 3	Count Your Accomplishments	<p><b>Gratitude Collage</b></p> <p><u>Instructions:</u> Create a collage of things you are grateful for in your life</p>	Construction paper Scissors Tape
Week 4	Who Are You?	<p><b>Fingerprint Art:</b> use your fingerprints to make art that makes you unique</p> <p><b>Draw yourself as a warrior</b></p> <p><u>Instructions:</u> Think of yourself as a strong, capable person by creating fingerprint art that represents you as an animal</p>	Thick white paper Fingerprint ink pads Moist towels
Week 5	Emotions	<p><b>Design a postcard</b></p> <p><u>Instructions:</u> Is there someone you're still angry or upset with in your life? Create a postcard that expresses this, but you don't have to ever send it.</p>	3.5"x5" white carstock Magazines Markers Tape Scissors
Week 6	Collaboration	<p><b>Art of Worries</b></p> <p><u>Instructions:</u> Write anxieties on index cards</p> <p><b>Collaborative Art:</b> Build a structure from your cards</p> <p><b>Ephemeral Art</b></p> <p><u>Instructions:</u> Learn to let go by destroying the structure together</p>	Index cards Pens or Pencils Tape

## Appendix E

### REFLECTION PROMPTS

After each art activity, the group will close with reflection. Depending on the class size, reflections can be in groups, pairs, or a whole class.

During this time participants are encouraged to share their thoughts about what they experienced during class. As participants start to engage, the leader can write recurring themes on the board.

<b>WEEK</b>	<b>THEME</b>	<b>REFLECTION PROMPT</b>
Week 1	Changing Perspective	Where do you find strength or hope in this picture?
Week 2	Making Goals	How does this picture relate to you now?
Week 3	Count Your Accomplishments	What thoughts immediately come to mind as you look at your creation?
Week 4	Who Are You?	Where is the loudest part of your creation? What speaks to you the most?
Week 5	Emotions	How does this creation relate to you now?
Week 6	Collaboration	What surprised you the most?

## Appendix F

### FUTURE INSPIRATION

After class reflection, the leader should close with the following reflection prompts for participants to think about in the following week.

WEEK	THEME	FUTURE FOCUS
Week 1	Changing Perspective	In the next week, try changing your perspective about something negative into something positive at least two times.
Week 2	Making Goals	You have a lot of tools in your arsenal. What can you do in the next week to move towards who you want to become?
Week 3	Count Your Accomplishments	Sometimes we only count the negative things in our lives, but we forget that positive things exist. As your week goes by, think of two positive things for every negative thought you have.
Week 4	Who Are You?	What are characteristics that you found out about yourself? How can you work on making those characteristics shine this week?
Week 5	Emotions	How can you channel what you learned into something positive in your life this week?
Week 6	Collaboration	Part of life is to walk through it with others. What can you do in the next week to connect with others?

After each class, the leader should announce the next class's theme to give participants something to look forward to.

**FUTURE INSPIRATION CARDS**

Future inspiration prompts can be formatted as cards for clients to take with them. Below are examples of Future Inspiration card:

**The IMAGINE Project**

In the next week, try changing your perspective about something negative into something positive at least two times.

**The IMAGINE Project**

You have a lot of tools in your arsenal.

What can you do in the next week to move towards who you want to become?

**The IMAGINE Project**

Sometimes we only count the negative things in our lives, but we forget that positive things exist.

As your week goes by, think of two positive things for every negative thought you have.

**The IMAGINE Project**

What are characteristics that you found out about yourself?

How can you work on making those characteristics shine this week?

**The IMAGINE Project**

How can you channel what you learned into something positive in your life this week?

**The IMAGINE Project**

Part of life is to walk through it with others.

What can you do in the next week to connect with others?

## Appendix G

### FORMATIVE EVALUATION

In order to understand how well this class is structured, leaders will evaluate each class activity. This information will be useful for future class implementations and solidify content for the future pilot intervention.

Listed are formative questions the leader will consider:

#### **Mindfulness Segment**

1. Do participants want more or less mindfulness time?
2. Do participants feel relaxed prior to the art activity?
3. Were the rapid mindfulness activities easy to teach?

#### **IMAGINE Question**

1. Was the IMAGINE question understandable?
2. Did the participants find the IMAGINE question engaging?
3. Could participants connect the IMAGINE question to the art activity?

#### **Art Activity**

1. Was the art activity engaging?
2. Were instructions for the art activity clear?
3. Was there enough time for the art activity?
4. Should leader do project too?

#### **Reflection Prompts**

1. Did the prompts make participants uncomfortable?
2. Did the participants feel the group size for reflection was adequate?
3. Was there enough time for reflection?

#### **Future Inspiration**

1. Were the future inspiration prompts understandable?
2. Were the future inspiration prompts useful?
3. Were the future inspiration prompts engaging?