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*School of Occupational Therapy*

Enhancing Participation in Spirituality for Individuals with Disabilities and their Families

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A capstone project submitted in partial fulfillment for the requirements of the Doctor of Occupational Therapy degree from the University of Indianapolis, School of Occupational Therapy.

Under the direction of the faculty capstone advisor:

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# A Capstone Project Entitled

Enhancing Participation in Spirituality for Individuals with Disabilities and their Families

Submitted to the School of Occupational Therapy at University of Indianapolis in partial fulfillment for the requirements of the Doctor of Occupational Therapy degree.

By

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### Abstract

Caregivers and parents of children with disabilities face barriers to participation in spiritual settings and community events. Families accepted into church environments have been shown to have increased participation and quality of life. Through informal interviews with staff and family members within the congregation of Emmanuel Church analysis was compiled revealing a pressing need for an environment where families of children with a disability have an opportunity to experience spiritual growth, connection, and relief. To address these needs a “Parents’ Night Out” event was created with specific activities and environments for parents of children with disabilities. The purpose of the event is to include an adapted environment and learning atmosphere based on the specific needs of the children and families to promote social, as well as, community participation and inclusion in spirituality. These events included adapted worship settings, flexible activities and one-on-one buddies to allow parents an evening to experience connection, relief, and spiritual development. Church staff were trained in the execution of the event and given examples and resources to create future events. Additional data is needed to draw conclusions regarding the statistical significance and community impact respite nights at churches can have for individuals with disabilities and their families.

## **Literature Review**

### **Participation Barriers**

Caregivers and parents of children who have disabilities face constant challenges. Kirby, White, and Baranek (2015) discovered children with ASD who have hyperresponsive and hyporesponsive behaviors added increased strain on caregivers. A research study focused on a community outing for children with disabilities and their families identified finances, excessive sensory stimuli in the environment and negative feelings towards children's unpredictable behaviors as main reasons why families are discouraged to participate in community events (Lussenhop et al., 2016).

Multiple researchers indicated families with children who have disabilities face participation barriers (Schaaf et al., 2015) and limitations compared to typically developing children and their families resulting in decreased quality of life (Askari et al., 2015; Silverman & Tyszka, 2017; Little et al., 2015). Askari et al. (2015), identified restrictions impacting community participation as both physical and social restrictions. These restrictions can prevent children with sensory processing needs and autism spectrum disorder (ASD) from interacting within the community resulting in impacts on their development and well-being (Silverman & Tyska, 2017). Additionally, researchers suggested there was a connection between participation and well-being for families of children with ASD and sensory processing differences (Silverman & Tyszka, 2017).

### **Participation in Spiritual Communities**

Families who were accepted into the church community found increased quality of life and enhanced spiritual lives (Poston & Turnbull, 2004; Speraw, 2006). Engaging in a church community provided connectedness, personal and spiritual growth, and an opportunity to serve

others (Maley, Pagana, Velenger, & Humbert, 2016). These researchers emphasized the importance of providing a spiritual connection for children with disabilities and their families to enhance their overall quality of life.

While research shows spirituality can be a solution to the caregiver strain, research also identified potential barriers to participation in spiritual communities (Speraw, 2006; Poston & Turnbull, 2004). Speraw (2006), researched spiritual experiences for caregivers who have children with disabilities and discovered members of faith communities either devalue or overlook the spiritual lives of individuals with disabilities resulting in a “crisis of faith”. Researchers found families felt their children with disabilities were not accepted and the churches did not have the supports in place to care for their child making them reluctant to attend (Poston & Turnbull, 2004).

### **Environmental Impacts**

Silverman & Tyszka (2017), studied families with children who have disabilities who had exclusive access to a community event. The families determined a smaller population of people present decreased sensory stimuli resulting in an important part of their success when in the community (Silverman & Tyszka, 2017). Researchers concluded with the need to reduce barriers and adapt the sensory environment. This can lead to greater participation among children with disabilities and their families (Silverman & Tyszka, 2017). Creating an adaptive sensory environment during a community event that is specific to families with children who have disabilities can enhance their participation leading to overall quality of life.

### **Model and Frame of Reference**

The Kawa Model will guide the program development through interconnectedness of the environment, and persons in the frame of life experiences and focuses on enabling the life flow

by enhancing harmony (Iwama, Thomson, & MacDonald, 2009). During my program development, I will be promoting spiritual participation for children with disabilities and their families which will positively impact their life through improved social and community participation. Gutterman (1990) states “spirituality and occupational therapy interconnect when we define spirit as the life force within us that tells us who we really are”. The Kawa model emphasizes social constructivism which is created through groups of people and connectedness includes “nature, others, and deity” (Iwama, Thomson, & MacDonald, 2009). Utilizing this model will allow me to build rapport with families to better understand their needs (Janus, 2017). Through the program at Emmanuel Church an emphasis will be placed on social participation and community engagement, while building stronger emotional connections with God. When an individual’s life is flowing smoothly they make spaces to move, live, reconnect with loved ones, and maximize life’s flow (Lim & Iwama, 2011).

The sensory integration frame of reference (SI FOR) is focused on organizing sensory information in the CNS and its use in guiding the adaptive motor behaviors that make up one’s occupational performance (Cole & Tufano, 2008). Many children with disabilities have a difficult time organizing sensory information, which can result in them acting out with unwanted behaviors. Utilizing sensory integration allows the children to act or respond to situations in a purposeful manner (Cole & Tufano, 2008). Common signs and symptoms that may present with sensory processing disorder are hyperactivity or distractibility, behavior problems, speech and language delays, muscle tone and coordination problems, and learning difficulties (Cole & Tufano, 2008). Incorporating the SI FOR into the program development allows the children with disabilities and their families to participate in an adapted and controlled environment. Limiting the overload of sensory experiences in the room and providing adaptations as needed will

increase a child's participation resulting in the family being able to attend and participate for an extended period of time.

### **Program Development**

By adapting the context and environment the children will have increased opportunities to grow and learn about their own spirituality and relationship with God, thus limiting hindering factors and barriers. Spirituality is defined as a client factor within the Occupational Therapy Practice Framework: Domain and Process (American Journal of Occupational Therapy [AOTA], 2014). AOTA (2014), states spirituality is within the client and impacts their performance within their daily occupations. The families that were welcomed in the church community reported feeling sustaining support and strengthened faith (Speraw, 2006). Adapting the equipment within the environment will also limit physical and behavioral barriers related to sensory processing disorder. The families will be able to engage socially with other community members and within their own family dynamic. The purpose of the event is to include an adapted environment and learning atmosphere based on the specific needs of the children and families to promote social, as well as, community participation and inclusion in spirituality.

### **Screening and Evaluation**

#### **Needs Assessment**

Needs assessments are important to identify problems and gaps in care and assist populations with ways to problem solve (Bonnell & Smith, 2018). Bonnell & Smith (2018), recommend completing a needs assessment through a variety of approaches including, a literature review, descriptive assessments, and SWOT analyses.

## **Literature Review**

The literature review revealed a pressing need for families to have community support in order to have the quality of life generated from participation in spirituality. Interconnection with others is important in experiencing spiritual wellness (Tan, Wilson, Olver, Barton, 2011). Additionally, positive family experiences enhance the well-being of individuals within the family (Silverman & Tyszka, 2017). However, there are barriers preventing participation in and provision of community programs including: cost, level of sensory stimuli in the environment, and negative attitudes toward the unpredictability of their child's behavior (Langa et al., 2013; Lussenhop et al., 2016). Community-based programs have value for families and can positively affect participation and well-being (Silverman & Tyszka, 2017). These findings conclude that adapted community events utilizing a reduced pragmatic barrier and modified sensory environment increase participation (Silverman & Tyszka, 2017).

## **SWOT Analysis**

Through informal interviews with staff and family members within the congregation a SWOT Analysis was compiled. Table 1 in the Appendix details the conclusions of this analysis.

## **Survey**

A pre and post survey (Appendix Figure 1) will be emailed to participants registering for the community event. This survey will utilize a Likert scale to assess how registered participants currently feel in areas of social participation, community participation, and inclusion in spirituality. After the event, the same survey will be emailed again. Results will be compared to assess the ability of this event to meet the needs of parents and caregivers.

**Community setting vs. school-based OT**

Researchers have discovered spirituality lends meaning and purpose to life and increases levels of motivation (Howard & Howard, 1997). Participants in a study by Poston & Turnbull (2004) indicated they relied on God to help remove barriers and to show them the direction they should take. This type of meaning and motivation enhances the overall family quality of life. In one study researchers define family quality of life as, conditions where the family's needs are met, family members enjoy their life together as a family, and family members have the chance to do things that are important to them (Poston and colleges, 2003).

While school-based OT attempts to include parents/caregivers through the individual education plan meetings, and attempts to improve quality of life by reducing barriers to participation with others, they are limited in their ability to support a cohesive family unit. School-based therapists reported far less communication with parents and that it was very rare to communicate with parents despite the attempts to connect (Fingerhut, et al. 2013). The goal of this program is to provide adapted environments for individuals with disabilities to enhance their spiritual, community, and social participation. Strength from faith enables family members to meet the challenges they face in everyday life (Poston & Turnbull, 2004).

**Implementation Phase****Program Development**

Completion of the needs assessment revealed parent participants of Emmanuel Church desired a time for connection with other families who have a child with disabilities, time where their children have exposure to positive role models, and time to experience caregiver relief. Silverman & Tyzka (2017), determined community-based activities are valuable and can positively impact participation and well-being. A community respite program was developed for

families who attend Emmanuel Church who have a child with disabilities. The respite program at Emmanuel is called Parents' Night Out. Prior to attending the program, parents completed a pre-survey which can be reviewed in Table 2.

Table 2

*Emmanuel Church Parents' Pretest Survey*

	Very Likely	Likely	Neutral	Unlikely	Very Unlikely
How likely are you to attend community events as a family?	2	2		1	
How likely is it that you regularly (2-3 x/week) interact with friends and family members?	3	2			
How likely is it that your child regularly (2-3 x/week) interact with friends and family members?	3	2			
How likely is it that you feel fully engaged in the church events you attend?	2	3			
How likely is it that you experience spiritual growth when interacting in church events?	2	3			
How likely is it that you feel connections to other church members when interacting in church events?	1	3	1		
How likely is it that you feel connection and support from friends and family in your life?	2	3			
How likely are you to opt out of events at Emmanuel due to excessive sensory stimuli in the environment?		1	1	2	1

How likely is it that you attend a community event with environmental adaptations provided for your child's needs?	1	2	1		1
How likely is it that you feel comfortable leaving your child in someone else's care?	1	2	1	1	

The event began with an introduction explaining the importance of occupational therapy and the many roles in which occupational therapists are involved in community settings. After the introduction, a time of spiritual worship took place. The worship time allowed parents' an opportunity to experience live music in a supported setting. One example of the support provided was education of the musicians on adapting their music to be conscientious of noise level throughout the worship session. Volunteers (ie. buddies) were assigned to families to help regulate and entertain the child if they became distracted or restless. After the worship session, parents were able to leave. Many parents opted to use this time to have a date with their spouse, one-on-one dates with their other children, or some participated in self-care activities including getting a haircut or shopping.

The music, activities, and movie were given a water theme to match the summer season. After parents left the children engaged in three activities which incorporated gross, fine and sensory motor components. The children ended the night enjoying a movie located in the adapted environment. The adapted environment provided adaptations to seating, lighting, and noise levels.

### **Continuing Education**

Throughout the last year I have completed a sensory integration certification from the University of Southern California. The certification process required completion of five courses

to receive the certifications. The courses included: Theoretical Foundations of Sensory Integration, Sensory Integration Evaluation and Clinical Reasoning, Sensory Integration Treatment, Sensory Integration for Individuals on the Autism Spectrum, and Sensory Integration in School-Based Settings. Completion of these courses required listening to recorded lectures with corresponding PowerPoint slides, fulfilling assignments, and passing a final exam after each course. The courses emphasized the importance of client-centered care and the importance of the child facilitating the level of sensory integration they are receiving from the environmental stimuli. Throughout the courses, I learned a variety of interventions targeting specific sensory systems and ideas on implementation of environmental adaptations for increased participation for individuals which greatly helped me in the development of my Parents' Night Out event at Emmanuel Church.

### **Leadership**

Beginning a new program requires many aspects of leadership. The leadership skill most influential in the success of my program included pro-active communication with staff, participants and volunteers. Specific communication took place regarding the timeline I developed for the event, which was essential for the implementation phase to run smoothly. This began with early contact with parents to request registration and information about their children. Registration allowed each buddy to have the necessary supplies and education to maximize participation for the children attending. Additionally, all special needs, allergies, and medications were communicated to the medical staff and the one-on-one buddies prior to the event allowing for a safe environment.

Throughout the process organization was key to a successful event. Having a schedule clearly and concisely laid out for everyone limited confusion. Creating and implementing the

registration process was essential and required follow up with families regarding registration information. It was also important to have documentation from families regarding medication and medical treatment for their child in a safe, but accessible place. Coordinating volunteers and discussing expectations and availability with those serving as buddies, the facilities team, activity leaders, medical staff, and worship team took a great deal of time, effort and communication.

### **Staff Development**

The needs of attendees and families are not uniform, and a safe, adaptable environment is necessary for participation. The event necessitated staff education to promote an engaging, safe, and sustainable program. Prior to, and throughout the event, communication occurred with the staff regarding the importance of planning and implementing activities that can be easily graded for a variety of ages and abilities. During the event, I served as a lead collaborator to use my occupational therapy education and further training in sensory integration to assist activity leaders and buddies to make the activities adaptable for each participant. One way this was achieved was by using the “just-right” challenge to grade the activities up or down based on the child’s functional capabilities. A specific example includes one of the activities where the child had to throw a ball through a target, which consisted of multiple hoops taped together. The children who had greater functional abilities were able to challenge themselves by closing their eyes, throwing it one handed, throwing the ball from a greater distance or selecting their target hoop prior to releasing the throw. Children who had a difficult time completing the activity would throw the ball with two hands for greater strength or throw the ball through the hoop that was at a lower height.

In addition to educating the staff on the importance of flexible activities and adapted environments, it was important that I advocate for this event. My advocacy included: educating

staff on the common barriers to participation in community events, requesting budget allocations, adapting the worship session, discussing the importance of spiritual growth as a family, implementing environmental adaptations, and creating a contact list of volunteers.

### **Discontinuation and Outcomes**

Researchers indicated families with children who have disabilities encounter participation barriers (Schaaf et al., 2015) and limitations compared to typically developing children and their families, which resulted in decreased quality of life (Askari et al., 2015; Silverman & Tyszka, 2017; Little et al., 2015). An important part of the doctoral capstone experience was program development through adapting the environment to enable caregivers to feel their children were safe and included, consequently allowing parents the opportunity to experience caregiver relief and participate in community events. The results provided a small sample set, however, parents did report higher levels of comfortability leaving their children in an environment with adaptations. One parent also commented, they felt the opportunity to meet, observe, and interact with their child's one-on-one buddy during the worship session put them more at ease when leaving their children for an extended period of time.

Researchers indicated families desire a smaller population of people present to decrease the level of sensory stimuli resulting in enhanced participation when in the community and have concluded there is a need to reduce barriers and adapt the sensory environment (Silverman & Tyszka, 2017). This results in higher levels of participation among children with disabilities and their families (Silverman & Tyszka, 2017). The results of the post survey, as shown in Table 3, show parents became more likely to attend a community event of smaller size in an adapted environment. One respondent indicated they were very unlikely to participate in community events, and in the post-survey this response changed to likely. Additional research is needed to

determine specific factors impacting participation and spiritual growth and connectedness within the church. Spiritual development is an important factor relating to overall quality of life for a family unit. Future studies would benefit from a larger sample size and longer time period of data collection.

Table 3

*Pre and Post Survey Comparison*

n = 2	Pre					Post				
Questions	Very Likely	Likely	Neutral	Unlikely	Very Unlikely	Very Likely	Likely	Neutral	Unlikely	Very Unlikely
How likely are you to attend community events as a family?	1			1		1	1			
How likely is it that you regularly (2-3 x/week) interact with friends and family members?	1	1					2			
How likely is it that your child regularly (2-3 x/week) interact with friends and family members?	1	1					2			
How likely is it that you feel fully engaged in the church events you attend?		2				1	1			

How likely is it that you experience spiritual growth when interacting in church events?	1	1				1		1		
How likely is it that you feel connections to other church members when interacting in church events?		2				1	1			
How likely is it that you feel connection and support from friends and family in your life?		2					1		1	
How likely are you to opt out of events at Emmanuel due to excessive sensory stimuli in the environment?		1	1				1	1		
How likely is it that you attend a community event with environmental adaptations provided for your child's needs?		1			1	1	1			
How likely is it that you feel comfortable		1		1			1	1		

leaving your child in someone else's care?										
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While the pre-survey had six completed results for all participants, the post-survey, despite multiple follow up attempts, resulted in two responses. The summary table includes the results of the two respondents who completed both pre and post survey. While the sample size is small, results show respondents on average were more likely to feel comfortable leaving their child in the care of a volunteer after the event. Additionally, respondents stated they are more likely to attend events with environmental adaptations.

Limitations to the results of the program implementation include the sample size, and the possibility of time between surveys to allow outside factors to alter the participants response. Future programs should include more participants and a longer period of time to control variables, as the results of this initial program implementation does not provide conclusive evidence for the importance, or unimportance, of continued, church-sponsored respite events.

### **Response to Society's Needs**

During my doctoral capstone experience, I had the opportunity to fulfill the requirements for a sensory integration certificate. This continuing education opportunity supplied important knowledge for my program implementation and professional development. I successfully passed five sensory integration courses to receive this certificate.

Sensory integration is defined as “the neurological process that organizes sensations from one's body and from the environment and makes it possible to use the body effectively in the environment (Ayes, 9172). Children who have difficulty with sensory integration may experience challenges with childhood occupations including play, chores, self-care, school participation (Ayes, 1971). Children may also experience delayed development in fine and gross

motor skills, emotional regulation, and appropriate behavior (Ayes, 1971). Approximately 1 in every 68 children have autism spectrum disorder (2% of the population), which is typically accompanied by sensory integration difficulties (CDC, 2014). Over half the individuals attending the Parents' Night Out event had sensory processing difficulties. Therefore, as part of this certification I chose to complete a specialized course in the application of sensory integration into school-based settings and sensory integration for individuals on the autism spectrum. These courses allowed me to provide environmental adaptations in a structured environment that was safe, and included enjoyable activities for participants engaging in the Parents' Night Out events.

In addition to the education integrated into my program development, I have also received education impacting my future contributions to the field of Occupational Therapy. My sensory certification gives me key insight into better understanding performance skills and patterns that impact individual's daily occupations due to sensory integration difficulties. This insight will prove useful in future employment opportunities as sensory integration is rapidly developing as a unique and essential part of OT treatment in many settings.

### **Program Sustainability**

This program has proved to be sustainable as all necessary resources have been provided to the church to continue implementing for another 12 months. Throughout this doctoral capstone experience staff at Emmanuel received education on the importance of Occupational Therapy and adapted environments for children with disabilities. This input was delivered through formal and informal discussions, observation, resources, and handouts. The staff has shown priority for these types of inclusive environments and have already started the process of setting a date for the next Parents' Night Out event.

Prior to the event, I had time to prepare the volunteers and emphasize to them the importance of social participation, community involvement, and caregiver relief. During the program and prior to the worship session there was a brief time for me to share the importance of Occupational Therapy and educate attendees on the desire for this program.

In addition to the implementation of the first event as a model for future events, resources were provided to the staff to allow for continued development. Themed Parents' Night Out events including one fine motor, gross motor, and sensory activity have been compiled in an electronic format and in a physical binder. The full schedule of each evening including: theme, a memory verse with motions, worship set list, activities, and instructions for the activities, have been delivered to the staff for simple implementation. Additionally, a contact list for volunteers and a sample cost of the event provides the staff with the education and resources needed to carry out future community events like this one in a safe and inclusive environment.

### **Overall Learning**

The most pivotal area of growth in this Doctoral Capstone Experience has been in leadership. The opportunity to pioneer a program in an environment where my knowledge set is unique and highly valued strengthened my confidence and provided an unparalleled opportunity for growth. To meet the program goals successfully I had to coordinate registration for the families coming to the event and assemble a team of volunteers. I had over 18 volunteers attend the event including worship leaders, medical staff, security and facilities staff, activity leaders and one-on-one buddies.

The growth I experienced was not entirely due to the success and ease of this event. There were roadblocks and setbacks such as volunteer cancellations within 24 hours of the event. The event itself is dependent on the ratio of volunteers to attendees this provided a stressful

challenge that I was able to overcome. Additionally, I had to brainstorm creative ways to stay within the budget and coordinate budget allocations with staff members. I now realize working within constraints and advocating for occupational therapy will be key to continued professional success.

Pro-active communication with staff, participants and volunteers regarding the timeline I developed for this event allowed the evening to run smoothly. The pre-registration was beneficial for budgeting and providing activity leaders with the necessary supplies for each child attending. Additionally, all special needs, allergies, and medications were communicated to the medical staff and the one-on-one buddies prior to the event, creating a safe environment for the participants.

The pressing need for providing a safe and adapted environment in spiritual settings was an eye-opening aspect of the literature review and a unique challenge in the implementation phase. Because the needs of attendees and families are not uniform, program development necessitates flexibility. Planning activities that can be easily graded for a variety of ages and abilities required forethought. During the event, I was able to collaborate with activity leaders and buddies to appropriately adapt activities when challenges were presented. This required clinical reasoning and fast-paced problem-solving.

Reflecting on the event and the leadership skills required for the program development and implementation of the event, the highlighted areas of importance were organization and effective communication skills. Collaborating on the budget, facilities, environmental adaptations, and coordinating volunteers was an influential experience. In each of these areas, I had an opportunity to see the impact and importance occupational therapy plays in community members quality of life.

## References

- American Occupational Therapy Association. (2014). Occupational therapy practice framework: Domain and process. *American Journal of Occupational Therapy*, pp. S1–S48.
- Askari, S., Anaby, D., Bergthorson, M., Maijnemer, A., Elsabbagh, M., & Zwaigenbaum, L. (2015). Participation of children and youth with autism spectrum disorder: A scoping review. *Review Journal of Autism and Developmental Disorders*, 2, 103–114.
- Ayres, A.J. (1971). Characteristics of types of sensory integrative dysfunction. *American Journal of Occupational Therapy*, 25 (7), 329-334.
- Ayres, A.J. (1972b). *Sensory integration and learning disorders*. Los Angeles: Western Psychological Services.
- Centers for Disease Control and Prevention (CDC). (2014). CDC estimates 1 in 68 children has been identified with autism spectrum disorder. *CDC Newsroom Releases*. Retrieved from: <https://www.cdc.gov/media/releases/2014/p0327-autism-spectrumdisorder.html>
- Cole, M., & Tufano, R. (2008). *Applied theories in occupational therapy: A practical approach*. Thorofare, N.J.: SLACK Inc.
- Fingerhut, P., Piro, J., Sutton, A., Campbell, R., Lewis, C., Lawji, D., & Martinez, N. (2013). Family-centered principles implemented in home-based, clinic-based, and school-based pediatric settings. *American Journal of Occupational Therapy*, 67, 228–235.
- Gutterman, L. (1990). A day treatment program for persons with AIDS. *American Journal of Occupational Therapy*, 44, 234–237.

- Howard, B. S., & Howard, J. R. (1997). Occupation as spiritual activity. *The American Journal of Occupational Therapy, 51*(3), 181–185.
- Iwama, M., Thomson, N., & MacDonald, R. (2009). The Kawa model: The power of culturally responsive occupational therapy. *Disability and Rehabilitation, 31*(14), 1125–1135.
- Janus, E. (2017). The Kawa Model in occupational therapy and its application in the rehabilitation of mentally challenged patient. *Advances in Rehabilitation, 31*(1), 27–36.
- Kirby, A. V., White, T. J., & Baranek, G. T. (2015). Caregiver strain and sensory features in children with autism spectrum disorder and other developmental disabilities. *American Journal on Intellectual and Developmental Disabilities, 120*, 32–45.
- Langa, L. A., Monaco, P., Subramaniam, M., Jaeger, P., Shanahan, K., & Ziebarth, B. (2013). Improving the museum experiences of children with autism spectrum disorders and their families: An exploratory examination of their motivations and needs using web-based resources to meet them. *Curator: The Museum Journal, 56*, 323–335.
- Lim, H., & Iwama, M. K. (2011). Emerging models- An Asian perspective: The Kawa (River) Model. *Foundations for Practice in Occupational Therapy, 117–135*.
- Little, L. M., Ausderau, K., Sideris, J., & Baranek, G. T. (2015). Activity participation and sensory features among children with autism spectrum disorders. *Journal of Autism and Developmental Disorders, 45*, 2981–2990.
- Lussenhop, A., Mesiti, L. A., Cohn, E. S., Orsmond, G. I., Goss, J., Reich, C., ... Lindgren-Streicher, A. (2016). Social participation of families with children with autism spectrum disorder in a science museum. *Museums & Social Issues, 11*(2), 122–137.

- Maley, C. M., Pagana, N. K., Velenger, C. A., & Humbert, T. K. (2016). Dealing with major life events and transitions: A systematic literature review on and occupational analysis of spirituality. *American Journal of Occupational Therapy, 70*(4).
- Poston, D. J., & Turnbull, A. P. (2004). Role of spirituality and religion in family quality of life for families of children with disabilities. *Education and Training in Developmental Disabilities, 95*–108.
- Schaaf, R. C., Cohn, E. S., Burke, J., Dumont, R., Miller, A., & Mailloux, Z. (2015). Linking sensory factors to participation: Establishing intervention goals with parents for children with autism spectrum disorder. *American Journal of Occupational Therapy, 69*.
- Silverman, F., & Tyszka, A. C. (n.d.). Supporting participation for children with sensory processing needs and their families: community-based action research. *American Journal of Occupational Therapy, 71*(4).
- Speraw, S. (2006). Spiritual experiences of parents and caregivers who have children with disabilities or special needs. *Issues in Mental Health Nursing, 27*(2), 213–230.
- Tan, H. M., Wilson, A., Olver, I., & Barton, C. (2011). The experience of palliative patients and their families of a family meeting utilized as an instrument for spiritual and psychosocial care: A qualitative study. *BMC Palliative Care, 10*(1), 7.

## Appendices

Table 1. SWOT Analysis

Strengths	<ul style="list-style-type: none"> <li>• Growth of Supportive Services Ministry</li> <li>• Support room for intensive needs</li> <li>• Partnering with parents</li> <li>• Support at all three campuses</li> <li>• Open to parents' concerns</li> <li>• Attentive to individuals needs</li> <li>• Educating others on child's needs</li> </ul>
Weaknesses	<ul style="list-style-type: none"> <li>• Support group for parents and siblings</li> <li>• Mentors for children</li> <li>• Support room open infrequently (Not open at Mom's time out, worship night, small group nights)</li> </ul>
Opportunities	<ul style="list-style-type: none"> <li>• Better understanding of Autism</li> <li>• Connection with others that live daily life with a child with disabilities</li> <li>• Best environment for each individual</li> <li>• Adaptations in typical environment through small groups and buddies</li> <li>• Partnering with parents to provide a space for connection</li> <li>• Volunteers at smaller site locations</li> <li>• Family connections</li> <li>• Respite events (need and desire)</li> <li>• Great community partnerships and staff members with personal experiences speaking into the program</li> <li>• Room for growth to allow more families to feel comfortable leaving their children in the support room</li> </ul>
Threats	<ul style="list-style-type: none"> <li>• Without a mentor program through the church children are receiving input from individuals outside of church</li> <li>• Budgeting</li> <li>• Other churches are providing respite events</li> <li>• Sustainability of program</li> </ul>

<b>Question 1:</b>	How likely are you to attend community events?	<input type="checkbox"/>				
		Very Unlikely	Unlikely	Neutral	Likely	Very Likely
<b>Question 2:</b>	How likely is it that you regularly interact with friends and family members?	<input type="checkbox"/>				
		Very Unlikely	Unlikely	Neutral	Likely	Very Likely
<b>Question 3:</b>	How likely is it that your child regularly interacts with friends or family members?	<input type="checkbox"/>				
		Very Unlikely	Unlikely	Neutral	Likely	Very Likely
<b>Question 4:</b>	How likely is it that you feel fully engaged in the church events you attend?	<input type="checkbox"/>				
		Very Unlikely	Unlikely	Neutral	Likely	Very Likely
<b>Question 5:</b>	How likely is it that you experience spiritual growth when interacting in church events?					

		<input type="checkbox"/>				
		Very Unlikely	Unlikely	Neutral	Likely	Very Likely
<b>Question 6:</b>	How likely is it that you feel connections to church members or family members when interacting in church events?	<input type="checkbox"/>				
		Very Unlikely	Unlikely	Neutral	Likely	Very Likely
<b>Question 7:</b>	How likely is it that you feel connection and support from friends in your life?	<input type="checkbox"/>				
		Very Unlikely	Unlikely	Neutral	Likely	Very Likely
<b>Question 8:</b>	How likely are you to opt out of events at Emmanuel due to excessive sensory stimuli in the environment?	<input type="checkbox"/>				
		Very Unlikely	Unlikely	Neutral	Likely	Very Likely
<b>Question 9:</b>	How likely is it that you attend a community event with environmental adaptations provided for your child's needs?	<input type="checkbox"/>				
		Very Unlikely	Unlikely	Neutral	Likely	Very Likely

<b>Question 10:</b>	How likely is it that you feel comfortable leaving your child in someone else's care?	<input type="checkbox"/>				
		Very Unlikely	Unlikely	Neutral	Likely	Very Likely

*Figure 1.* Survey Questionnaire