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School of Occupational Therapy

Young Adults with Disabilities Work and Social Skills Program Development at Kids Abilities:
A Doctoral Capstone Experience

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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
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Under the direction of the faculty capstone advisor:

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A Capstone Project Entitled

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Abstract

Young adults with disabilities are more likely to be unemployed compared to individuals without a disability due to the limited amount of employment opportunities for these individuals. The effect of this epidemic impacts these young adults' occupational performance and social skills necessary to sustain employment. Young adults with disabilities are isolated from social interaction with peers and not given the same opportunities to build work-related skills required to sustain a career. The purpose of this Doctoral Capstone Experience (DCE) was to create a program that incorporated aspects of work-related skills and social skills with peers in a group setting to maximize effectiveness in the clients' ability to perform desired occupations. Interventions in the group sessions focused on offering adaptive solutions to increase the client's occupational performance, engage in newly developed occupations and roles that required social interaction with peers, and work-related skills. Home décor items were created during each intervention session with the group and required social interaction to complete the desired items. Each item that was created within the group was sold at a boutique that sells items made by individuals with disabilities. Each group member demonstrated an observable increase in sustained attention, willingness to complete the work-related skills, and an increase in communication with peers during the implementation sessions.

Introduction

Employment in our society today defines success as an adult. Employment allows individuals to be self-sufficient and expands one's self-esteem and personal satisfaction (Symanski, Enright Hershenson, & Ettinger, 2003). Overall unemployment rates for individuals with disabilities goes largely unrecognized and continues to fall behind those without disabilities (Lindstorm, Doren, & Miesch, 2011). The reality of employment for young adults with a disability is that employment is limited in the number of opportunities. A relatively small portion of adults with severe intellectual disabilities, autism, or multiple disabilities are exposed to paid work experiences. When and if these work experiences do occur, the individuals with disabilities work for low wages, are provided only a few weekly hours, and take place in segregated settings with little social interaction (Carter, Austin, & Trainer, 2012).

Background Information

Kids Abilities Indiana, is a pediatric outpatient therapy clinic that specializes in occupational, physical, and speech and language therapies. At Kids Abilities, the therapists believe that therapy should change the life of the child and their family. Therapy should challenge the child's abilities, encourage his or her progress, and celebrate all of their achievements" (Kids Abilities Pediatric Therapy, 2017). At Kids Abilities, the therapists focus on understanding the child as a whole and thoughtfully coordinate care with the parents and other disciplines treating the same client. The environment at Kids Abilities is geared toward the child's growth and individual learning needs.

A primary concern at Kids Abilities is that many of their clients are becoming young adults and are starting to graduate from high school. These young adults will not be attending college and are not entering the workforce after high school due to their disability or diagnosis.

As a result, the caregivers of these young adults are having to find an alternative plan of care for their young adults since their young adult is no longer attending school during the day time hours. When receiving school-based therapy, all goals must be driven by school needs; therefore, these young adults may not be receiving the education on work and social skills needed when graduating high school. Occupational therapy practitioners can use their expertise to address social communication and quality work skills within young adults with disabilities. They also support the development of characteristics that are needed to increase independence within the workplace and other instrumental activities of daily living (IADL). This occupational therapy Doctoral Capstone Experience (DCE) project aims to bridge the gap between school, work, and social skills independence.

Literature Review

Transitioning into Adulthood

The period of adolescence into adulthood is a time of change and transitions. Young adults begin to form their identities, gain independence from their caregivers, acquire relationships, and develop work-related skills (Donkervoort, Wiegerink, Meeteren, Stam, & Roebroeck, 2008). For young adults with disabilities, the transition can be difficult and far from easy due to their impairments and social isolation they may endure (Weaver, 2015). Problems that are consistently seen during this transition for young adults with disabilities include: increased limitations in activities of daily living and mobility; social problems related to occupations, education, and work; social integration; maintaining relationships; sexuality; and a limited ability to communicate (Hirst, 1983; Stevenson, Pharoah, & Stevenson, 1997; Thomas, Bax, Coombes, Goldson, Smyth, & Whitmore, 1985). These problems rise to the surface due to little to no continuity of care in post-school age and into early adulthood (Dussen, Nieuwstraten,

Roebroeck, & Stam, 2001). During childhood, children with disabilities are receiving intense rehabilitation and psychosocial treatment, but once adolescence and adulthood occur, structured treatment sessions are usually discontinued (Donkervoort et al., 2008). During this time of transition, changes in both personal and environmental adjustments are needed but are often not given the opportunity to experience environmental adjustments (Donkervoort et al., 2008).

Post-School Employment

Young adults transitioning from the school system to postsecondary activities are at a pivotal time within their lives. For young adults with developmental disabilities (e.g., autism spectrum disorder, cerebral palsy, and Down syndrome), the transition from the school system to post-secondary activities or career decisions may not occur due to intellectual abilities, social and communication impairments, or other restrictive conditions. Due to these circumstances, many young adults with autism spectrum disorder (ASD), cerebral palsy (CP), and Down syndrome (DS) face underemployment or unemployment (Bennett & Dukes, 2013).

Research is limited within the focus of post-school employment outcomes for young adults with severe intellectual disabilities. Most research focuses on students with high-incidence disabilities including but not limited to attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD), and speech issues (Benz, Lindstrom, & Yovanoff, 2000; Shandra & Hogan, 2008). Young adults with ASD, ADD, and ADHD do not "outgrow" their social skill deficits, but continually persist throughout adulthood years (Rao, Beidel, & Murray, 2007). This directly affects these individuals' social and occupational daily function, causing these young adults to be dissatisfied with their social relationships and much more likely than the general population to be unemployed (Szatmari, Bartolucci, & Bremmer, 1989; Venter, Lord, & Schopler, 1992).

The Relationship between Community Involvement and Work

Exposure to community activities for youth with ASD can help these individuals gain functional skills needed for employment (Weaver, 2015). Individuals with disabilities are at a risk of limited activity participation and show less variety in activity participation than typically developing individuals (LeVesser & Berg, 2011; Rodger & Umaibalan, 2011). Due to the complexity and multifaceted services needed for the young adults with disabilities, additional or intensive support and social groups are needed to impact the employment prospects for these young adults. Research has indicated that participation in activities in the home and community that focus on meal preparation, attending groups or clubs, or visiting neighbors that expand social interaction promotes development and learning (Dunst, Bruder, Trivette, Raab, & Mclean, 2001; Humphry & Wakeford, 2006). When individuals are given the opportunities to develop skills in IADL (such as meal preparation, shopping, home maintenance, health management, communication management), the individual has increased autonomy and self-efficacy (Weaver, 2015). This can also lead to increased independent living and community engagement for these young individuals (Weaver, 2015). Foundational skills in activities of daily living (ADL) and IADL allow people to participate and develop the skills needed to engage in work-related skills (Weaver, 2015). For individuals with disabilities, it is important to have specialized support to facilitate meaningful and effective growth in work-related skills. Due to the lack of participation in work-related skills and social integration within the community in young adults with disabilities, I will be developing a work and social skills group program for young adults with disabilities to increase their independent living skills, social interaction skills with peers, and develop career-building skills to increase their quality of life.

Model of Human Occupation (MOHO)

Occupational therapists use models and theories to guide their thinking and reasoning. These models and theories are used to find the strengths and meaningful occupations within the clients, as well as potential barriers that are causing dissatisfaction in occupational performance. The Model of Human Occupation (MOHO) is an appropriate model to help guide the process of implementing a work and social skills group for young adults with disabilities. The MOHO focuses on the importance of the mind to body connection and how internal motivation and performance of external occupations are interconnected (Cole & Tufano, 2008). Within the work and social skills group, there is a strong focus on keeping each client internally motivated to participate in the occupations that will be completed during group sessions. The MOHO describes how the person develops and modifies their occupations and how the individual interacts with environment (Cole & Tufano, 2008). This is also known as a dynamic open cycle system of human actions. The human occupation is the action of performing work, activities, or play within the temporal, physical, and social contexts (Cole & Tufano, 2008). For the case of the work and social skills group, the human occupation will be the activities that are being completed during the intervention sessions within the physical location of Kids Abilities and the social context of being in a group with peers. The open cycle system gathers information from the environment and the feedback given based on their performance (Kielhofner, 2008). This process is known as input. The input then goes through the person. The person is made up of three subsystems: volition, habituation, and mind-brain-body subsystem. The volition subsystem is the source of motivation that guides what each person does and their feelings about their occupations (Kielhofner, 2008). By giving each client positive feedback during participation in occupations within the group, the client will be more motivated due to positive reinforcement that will drive their volition subsystem. The habituation subsystem focuses on behaviors and

roles that each person has within their daily lives (Kielhofner, 2008). Each client's specific

behaviors and roles within their daily lives will be taken into consideration to keep them engaged

and find meaning within the group activities. The mind-brain-body subsystem is made up of the

person's capacity for occupational performance (Kielhofner, 2008). Each client's capacity for

occupational performance varies, and it is important to take that into consideration when

planning for each group session in advance. The whole system makes adjustments based on the

feedback and adapts their actions. After interaction between the input and the three subsystems,

the system develops output, which provides feedback to the system and develops new input

(Kielhofner, 2008). By adapting each activity to best fit the clients' needs, each client will get the

most out of the sessions, and this will help develop a positive input associated with the work and

social skills group.

For the purpose of my DCE, the MOHO will be used to help promote change and

motivation for each client that participates within the work and social skills group. During the

evaluation process, the assessment tool that will be utilized looks at personal factors including

the habituation, volition, and body-mind-brain (Kramer, Valden, Kafkes, Basu, Federico, &

Kielhofner, 2014). By having the MOHO incorporated into the evaluation process, the therapist

will develop a more holistic occupational profile and gather information to develop an

intervention plan for implementation that is client-centered with the client's personal factors,

environment, and context as a main focus (Kramer et al., 2014). By remaining client-centered,

the clients will be more engaged and motivated to participate in the group sessions.

During the group, the leader will aim to develop a shift in each participant's open system

cycle to cause change in their overall dynamic. By causing change to each client's overall

dynamic, the clients will become more independent within their daily living, gain responsibility

in their IADL, and improve their social interaction skills with their peers. This in turn will develop each client's sense of occupational competence (Cole & Tufano, 2008). Also, motivation is key. Each client will express their interests, values, and their self-efficacy. Based on volitional findings, group interventions will be developed to best fit each client's needs.

Occupational Adaptation Frame of Reference

The occupational adaptation frame of reference (FOR) is appropriate to guide the process of implementing a work and social skills group for young adults with disabilities. The occupational adaptation FOR focuses on the adaptation process when an individual is faced with occupational challenges (Schkade & Schultz, 1992). This FOR is comprised of three essential elements: the person, the occupational environment, and the interaction between the two. The person includes sensorimotor, cognitive, and psychosocial systems. The occupational environment includes work, play and leisure, and self-maintenance.

Each of these key elements are influenced by a constant. The constants to this FOR include a person's desire for mastery in occupational situations and the environmental demands for mastery from the person in these occupational situations. These two constants continually interact and result in the constant for the interaction element, also known as a press for mastery. The nature of occupational adaptation begins when the individual is faced with occupational challenges. Then the occupational challenges are influenced by the individual's perception of the internal and external expectations for occupational performance. The person makes an occupational response based upon the occupational challenges, evaluation of the possible outcomes, and lastly integrates feedback from the response. Also during this time, the individual is evaluating and integrating feedback given to them within the occupational environment. As more occupational challenges emerge, the same process is repeated (Cole & Tufano, 2008).

This FOR also has generation subprocesses. The adaptive response generation subprocess is the generation of a response developed from occupational challenges and perceived role expectations. The adaptive response generation subprocess has two parts. The first component is an adaptive response mechanism that decides the energy levels and methods. The second component is an adaptation gestalt in which the person prepares their sensorimotor, cognitive, and psychosocial system to carry out the plan of action that they have developed through adaptive response. The evaluation subprocess starts when the individual is assessing their personal quality of occupational response generated. The individual evaluates their experience of mastery by looking at their efficiency, effectiveness, and satisfaction of their self. There is little to no need to further adapt the individual's occupation response when the person finds the evaluation positive. On the other hand, if the individual has an overall negative occupation response, then the integration subprocess tells the individual to begin the process of adaptation (Cole & Tufano, 2008).

For my DCE, a main goal for the group members are that they will be able to adapt their abilities to maximize effectiveness in their ability to perform desired occupations. Each client will participate in choosing occupational roles to help guide each group treatment session. A focus for each treatment session is to see the client's ability to adapt correctly towards the three subprocesses. To help improve the client's ability to adapt, the interventions will focus on improving the client's internal adaptive response. Also, the leader and volunteers helping to lead the group will manage the environment where the group is completing their activities; this will promote the client's ability to adapt. Each treatment session should be geared toward meaningful activities that the client finds enjoyable. Interventions in the group sessions will be focused on

offering adaptive solutions to increase the client's occupational performance and engaging in newly developed occupations and roles.

Purpose of the DCE Project

The purpose of the DCE project is to enhance the level of independence and social participation with peers in an interactive work and social skills group for young adults with disabilities.

<div align="center">Screening and Evaluation</div>

Initial Screening with Kids Abilities Site Mentor

The initial screening for this doctoral capstone project (DCE) included exploration of the site at Kids Abilities through discussion with the site mentor, other staff therapist members, identification of barriers and resources, and research of current literature regarding work and social skills with individuals with disabilities. Exploration is a key part of the pre-planning phase when developing a program (Scaffa & Reitz, 2014). The exploration is similar to the chart review process a therapist completes to gather background information about their client before evaluating in an outpatient or inpatient setting (Scaffa & Reitz, 2014).

During the initial screening, the lead occupational therapist discussed the needs for occupational therapy techniques to help develop and create a work and social skills group through the use of crafts, workshop building skills, and homeware objects (J. Ray, personal communication, January 9th, 2019). Many informal conversations throughout the first four weeks of the DCE were done involving the need for social and work skills groups for young adults with disabilities. Involving and collaborating with all therapy team members is essential to provide exceptional care (Morley & Cashell, 2017), and for that reason I collaborated with other disciplines (including speech therapy, physical therapy, and cranio-sacral therapy) about what

they would like to see within the work and social skills group. Collaborating with other disciplines has shown to improve the patient's outcomes including behavioral changes, improving decision-making, and participation in self-care (Morley & Cashell, 2017). Other informal conversations took place with the occupational therapist and caregivers when observing OT intervention sessions with the young adults that will be a part of the group. By observing these clients, I developed a clearer understanding of the individuals' current level of function, cognitive abilities, and social interaction skills. There is a large range of abilities noted based on each young adult's performance during OT sessions. After observing possible clients that will be participating within the group, it was noted that the group interventions would need to be simplified and adaptable for each client's functioning level. The young adults' abilities varied from non-verbal hand-over-hand assistance to minimal-moderate assistance required for physical tasks.

Also, formal and informal discussions occurred about selling the crafts made within the work and social skills group at a local non-for-profit organization that supports individuals with disabilities (J. Ray, personal communication, January 22nd, 2019). The organization and store are called The Alex and Ali Foundation and The Hope Gallery. The Alex and Ali Foundation is a local foundation that empowers and enhances the lives of young adults with autism and other disabilities by providing opportunities for job skills development, vocational activities, and meaningful community involvement (The Alex and Ali Foundation, 2018). The Alex and Ali Foundation has a unique boutique called The Hope Gallery, that is run by individuals with disabilities (The Alex and Ali Foundation, 2018). The items that the individuals within the work and social skills group created during intervention sessions will be sold at The Hope Gallery (J. Ray, personal communication, February 6th, 2019).

Initial Screening of Clients

The screening process at my DCE initially began with families reaching out by phone or email stating that their young adult would like to be involved in the program. The individuals that were interested in joining the group that were not current clients at Kids Abilities received information about the work and social skills group by a flyer that was distributed to local foundations including United Cerebral Palsy Association of Greater Indiana, The Jackson Center for Conductive Education, Johnson County Community Foundation, Autism Society of Indiana, Down Syndrome Indiana, and Morgan County Autism Foundation. Most of the clients that are interested in the group will not be able to participate in the group until summer time due to their current school schedules.

The young adult and guardian filled out a client registration form to answer questions regarding: date of birth, diagnosis, address, phone number, emergency contact, allergies, medication, interests, and behaviors (Appendix A). After completion of the client registration form, the caregiver and client completed the initial screening. The initial screening was developed by the occupational therapy student with guidance from the lead occupational therapist. The initial screening was a survey that focused on communication, daily living and self-care, and social relationships. Each section had corresponding questions that are answered based on a three-point Likert scale ranging from 1) not like me, 2) somewhat like me, and 3) very much like me (Appendix B). The survey was compiled of questions that were simple and easy to comprehend for answering purposes. The OTR reviewed the survey questions and confirmed each question was geared toward asking age-appropriate basic life skills. At the end of screening, there was a corresponding open-ended question regarding what the participant would like to learn and develop during their participation within the work and social skills group. By

completing this screening process, it provided the group leader a clearer understanding of each client's strengths, weaknesses, and baseline level of the skills to be focused on during activities within group sessions. Also, this helped the therapists paint a holistic picture of the client prior to beginning the program.

Initial Evaluation with Clients

The initial evaluation process was completed with the client and caregiver after completion of the initial screening. The Child Occupational Self-Assessment (COSA) was the assessment tool used to complete the initial evaluation. The COSA is a client-centered assessment tool that is used to measure the individual's perceptions on their occupational competence and the importance of each activity they participate in on a daily basis (Keller, Kafkers, Basu, Federico, & Kielhofner, 2005). The COSA self-reported questionnaire is based on the MOHO (Kielhofner, 2008), which is the model being used to guide this project. Researchers have found that occupational therapists that use the COSA and the MOHO to guide the intervention process have shown to have a better understanding of the client's occupational competence and value for everyday activities (Kramer, Kielhofner, & Smith, 2010). Also, research indicates that using the MOHO theory to guide the evaluation process enhances the practitioner's ability to accurately interpret most clients' responses to the COSA (Kramer, Kielhofner, & Smith, 2010). The COSA Youth Rating Form with Symbols was used to collect data for the group participants. The prompt was read by the occupational therapy student or the guardian with the occupational therapy student present. The client answered the questions independently or the parent assisted the client with answering the questions based on the client's functional level. The Youth Rating Form with Symbols was used because the symbols were helpful for clients to be able to point at the symbol that symbolizes their expression and keeps

the client engaged throughout the evaluation process. By having the participant complete the COSA, the occupational therapist student gained a better understanding of each client's perception of their abilities. After reviewing the completed screenings and COSAs, I noticed some overarching themes. One theme that was noted was a lack of safety awareness and how safety is an area of concern for most parents. Another theme that was noted was that many young adults said they have a problem making others understand their ideas, and this was very important to them. This indicates that the young adults within the group have difficulty effectively communicating their needs to others and would like to improve their communication skills. The intent of the COSA for the purpose of this project was to get to know the young adult's perceptions of their abilities and to find overarching themes that can be focused on within the group. In other areas of practice, such as school-based therapy or early intervention the practitioner could solely focus on individual treatment rather than group treatment. In an individualized treatment, the practitioner may have a stronger focus on the scoring of the COSA to get a baseline level for their client. For the participants within the work and social skills group, it is still important to get a baseline for each client, but it is also important to find areas of concern and areas of interests that are overlapping with other participants in the group. Understanding each client's perspective is helpful for developing interventions that best fit each client's needs within the group based on the activities that the client identified as important within their daily life.

<div align="center">**Implementation**</div>

Group Craft Approval

Since the work and social skills group was partnered with The Hope Gallery, the items being designed during the group interventions had to be approved by the owner of The Hope

Gallery before creating. This process was done to ensure that the items will sell at the boutique. I

consulted with group members, my site mentor, the owner of The Hope Gallery, and other

employees about possible crafts and home décor that could be completed during the work and

social skills group intervention sessions. The items that we chose were based on our group

members' level of function and their ability to sustain attention to a task. We came to an

agreement and decided on the following items: marble tile coasters, rustic wood home signs,

rustic wood paw prints, and rustic wood quote signs. Appendix C has pictures of each item that

were created by group members.

Work and Social Skills Group Sequence and Leadership Style

The data collection indicated that the group participants would like to develop work-

related skills and enhance their communication skills with peers, which was supported by

literature and the initial screening with my site mentor. Mosey (1970) described a group

sequence according to the skills of interaction that are demonstrated or needed within the group.

The skills of interaction that are needed within the group sequence are parallel, project,

egocentric cooperative, cooperative, and mature (Mosey, 1970). The parallel phase is when the

participants are completing the tasks side by side with very little or no interaction with other

group members (Mosey, 1970). Project is next in the sequence. The project phase is

demonstrated when group members' attention is on the task but there is some interaction

between the participants within the group (Mosey, 1970). Egocentric-cooperative phase follows

the project phase within the sequence and is when all participants are expected to interact with

each other. Next, the cooperative phase occurs when each participant is attempting to take care

of other participants' needs within the group. Mature is the last stage of the sequence. The

mature phase is demonstrated when participants assume leadership roles and address one another's needs (Mosey, 1970).

The parallel phase was demonstrated within the work and social skills group for the first three weeks of implementation. The group members solely communicated with the group leader and interaction amongst members only occurred when prompted by the group leader. The young adults in the group focused heavily on the completion of their task of designing a marble tile coaster. Interaction amongst the group members was not required to successfully complete the craft activity. Even though there was little interaction amongst the group members, I was extremely pleased as a group leader. For the group members, it was beneficial for them to get comfortable with one another and complete the task within a group setting rather than an individualized setting. The parallel phase was setting a strong foundation for the group and was continually encouraging social peer interaction. During this phase we were developing a basic level of awareness, trust, and comfort with the other members of the group.

During the parallel phase, the group leadership role was to provide unconditional positive feedback to develop trust amongst the group members and the leader. This also helped each participant feel encouraged and want to engage in the task. As a group leader, I reinforced each group member's behaviors appropriately. Structure to the group was provided and interaction was facilitated amongst the group leader and the members.

The project phase was demonstrated throughout week four and continued throughout the length of the DCE. The project phase was encouraged by having the members complete crafts that required more peer interaction and working as a group to complete the task at hand. During the project phase, the group members designed a rustic wood home sign, rustic wood paw print sign, and rustic wood quote signs. (Refer to Appendix C for picture of items.) Each of these

crafts required participation of two or more people working as a cohesive group. Group interaction was emphasized, and the group project was only completed when each team worked together as a unit. The group leader had to encourage peer interaction and socialization within the group, but with consistency, the members started to form interactions beyond those that the activity required. As the group continued to progress, the members started to give each other feedback and seek assistance from one another.

During the project phase, the group leadership role shifted to reinforcing cooperation, sharing, and interaction amongst the group members. Also, the leader strategically selected crafts that required more structure and had to be shared by two or more members to complete the craft. Due to the limited time frame of the DCE, the group participants did not reach the egocentric cooperative, cooperative, and mature phases of the sequence. As the group continues, the participants will hopefully continue to grow into these phases.

During the completion of the implementation phase, the group leader demonstrated a directive leadership style. The OTS was responsible for the planning and structuring of the group and activities. The directive leadership style is needed when cognition, social, and verbal skills are limited in the group (Cole, 2012). This coincides with the parallel and project level within the sequence. The group leader provided clear verbal directions and demonstrated instructions to complete each task. Each member of the group received a visual outline or task analysis of the steps to complete the activity with pictures to demonstrate each step. An example of the task analysis is in Appendix D. Before completing each step of the task, the leader would point to the visual picture of which step the group member was going to complete next. Then the group leader would ask the group members questions to confirm they understood what was being asked of them and what was to be expected.

Also, during this time of my DCE, I continued to work on my leadership skills by demonstrating my strengths of positivity, empathy, strategic planning, and being a strong developer. With my positive attributes, I am quick to give positive reinforcement and also identify the positive aspects in each situation. Within my leadership role for the group, I celebrated every achievement and allowed for work to be fun by making the environment light and upbeat. My empathic sense of self allows me to strongly feel the emotions around me. With the work and social skills group, this helped me understand the non-verbal communication skills of the group members and helped me show empathy when someone was feeling discouraged or anticipating the need to help others before they asked. My strategic planning skills allows for me to see patterns where others solely see complexity. This allows for me to strategically adapt interventions to decrease potential obstacles that may arise. Having a developer mindset as a strength of mine has helped me see the potential in others. For that reason, I want each of the group members to experience success and help them grow.

Implementation Staff Development Phase

Promotion of staff development was demonstrated throughout the implementation process by training staff members on how to carry out the group interventions after the completion of the DCE. The staff member that will be taking the leadership role after completion of the DCE is the receptionist. Kids Abilities will be hiring a new receptionist and the current receptionist will be solely working with the work and social skills group with supervision and guidance from the lead OT. The completion of the training initially started with having the staff member observe the environment, each group member's level of function, leadership style, peer interaction, and assistance required for each member. After observing, the staff member started to slowly be incorporated into the group and became a co-leader. By incorporating the staff

member as a co-leader, the staff member became competent and confident in her leadership style and understood the group dynamic. Also, to encourage staff development, I completed a craft guideline booklet for continuation of the implementation phase. The craft guideline booklet has an outline of supplies needed, space demands, and activity analysis with pictures. An example of the craft guideline booklet is in Appendix E.

<div align="center">**Discontinuation**</div>

The main focus of this DCE and project was to develop a program that promotes work and social skills for young adults with disabilities through group interventions. Interventions in the group sessions focused on offering adaptive solutions to increase the client's occupational performance and engage in newly developed occupations and roles that are geared toward social interaction with peers and work-related skills. A long-term goal that I established is that the group will continue to expand, the group members will continue to enhance their work related skills, social interaction skills, and continually ensure quality group interventions once my DCE is completed. After determining the needs of the organization and completing a literature review to assess needs in regards to young adults with disabilities and their social and work performance, it was determined that creation of a work and social skills group for young adults with disabilities was necessary for this population. As the DCE has ended, it was necessary to plan accordingly for the future of the work and social skills group and include continuous quality improvement (CQI). CQI is "an ongoing effort to address and document outcomes to improve the health of the community" (Bonnel and Smith, 2018, p. 46). There are multiple components that are essential for CQI such as reflecting, evaluating, receiving feedback, teamwork, and responding to changing needs (Bonnel and Smith, 2018).

To incorporate CQI the student discussed with the site mentor recommendations and analysis outcomes within the group. It was important to review outcomes and discuss recommendations in preparation for the future of the group. The site mentor and owner of the facility provided recommendations to increase effectiveness and sustainability for the group after completion of the DCE project, while also incorporating new craft activities that can be completed as interventions with the group. This promotes the importance of remaining client-centered and increasing carryover for the group members in other community settings.

Project outcomes were collected over the last several weeks of implementation. One outcome noted throughout the implementation phase was an increase in peer interaction both verbally and non-verbally. The first intervention session, no verbal or non-verbal communication amongst peers was voluntarily demonstrated unless prompted by the leader. As the intervention sessions continued, group members started to communicate voluntarily both verbally and non-verbally. The amount of social interaction cues from the group leader drastically changed as the weeks of implementation continued. During the first week of implementation, maximal assistance for verbal communication amongst peers was needed and at the end, minimal cueing from the leader was required to encourage engagement with peers. This has been a vital part of the program because the members of the group are rarely encouraged to participate in peer interaction or participate in a community or group setting. Social interaction is important to participate in during each session because it is required to collectively make the home décor craft during the interventions. Another outcome that was noted throughout the implementation phase was a decrease in redirecting attention to remain engaged with the task being completed during the interventions. Each group member showed an increase in sustained attention to task and willingness to complete the work-related skills during each group implementation session. By

willingly engaging in each work-related task, carryover to other work-related skills should be noted in other environments.

The student also completed a cost analysis spreadsheet and presented the findings to the owner of Kids Abilities. The cost analysis was a requirement added at the end of the DCE but was important for the continuation of the work and social skills group. Due to the building of Kids Abilities being small in size, the owner was trying to decide on whether or not she should invest in a small cabin that can be solely for the purpose of work and social skills groups. The cost analysis spreadsheet broke down the cost of each craft that the work group has designed, comparative day program cost, and how much money the work group must make or charge to break even. The cost analysis spreadsheet gave the owner a clear understanding of how much the crafts cost to make, how much each participant should be charged per group session, how much a small cabin will cost monthly, and how many group members must be a part of the group to break even. After reviewing the presented cost analysis spreadsheet, the owner of Kids Abilities is preparing to invest in a small cabin for the work and social skills group. Appendix F provides an outline of the cost analysis.

Another incorporation of CQI is the craft guideline booklet. The craft guideline booklet will be used to educate the new group leader as well as give each group member instructions to follow for each desired craft. An example handout of the craft guideline booklet is in Appendix E.

Responding to Society's Needs

The program development of this DCE has addressed the societal needs of a work and social skills group for young adults with disabilities. Overall unemployment rates for individuals with disabilities go largely unrecognized and continue to fall behind those without disabilities

(Lindstorm, Doren, & Miesch, 2011). The reality of employment for young adults with a disability is that employment is limited in the number of opportunities. A relatively small portion of adults with severe intellectual disabilities, autism, or multiple disabilities are exposed to paid work experiences. When and if these work experiences do occur, the individuals with disabilities work for low wages, are provided only a few weekly hours, and take place in segregated settings with little social interaction (Carter, Austin, & Trainer, 2012). By being a member of this group, Kids Abilities is addressing societal needs by allowing these young adults to build the performance skills that may be necessary for the desired occupational performance to sustain a job or career. Each group intervention required the group members to collaboratively make pieces of home décor that required social interaction to engage with other group members. Also the interventions required building work-related skills such as sequencing, following directions, sustaining attention to the task, memory, and processing skills.

Overall Learning

The program development through my DCE has helped me grow in a personal manner and professional manner. I have improved my communication skills, confidence, leadership skills, knowledge, professionalism, and enhanced my occupational therapy practitioner skills in a group setting. Communication is essential for a business or program to succeed especially in the healthcare field. During my DCE, I was provided with the opportunity to improve my oral, non-verbal, and written communication skills in a multitude of ways. A few examples of how I improved my communication skills are social interaction with parents, advocating for the group, recruiting group members, presenting my findings to staff members and owner, and training the new group leader. A few examples of written communications that I utilized in a professional manner during my DCE was sending emails and flyers. Verbal communication was

demonstrated in a professional manner by advocating for the continuation of group services by presenting a cost analysis to the owner of Kids Abilities and collaboratively speaking with other disciplines in preparation for the group.

Because of this experience, I feel I am more confident in my abilities to be an occupational therapist. By taking on this leadership role with little guidance throughout the process, it has given me a better understanding of what my career will be like transitioning from the student role to an occupational therapist role in the near future. Growing as a leader has been a vital part throughout this DCE and has helped me become more confident in applying the skills and clinical reasoning that I have learned during my time as an occupational therapy student. Working directly with these individuals during my DCE has helped me increased my confidence in effectively adapting each intervention plan to accommodate individual group member needs while maintaining client-entered and occupational-based services. Not only have my leadership skills as a new practitioner evolved, but also I developed into a leader that takes the initiative to go above and beyond. I have done this by not looking to or asking my site mentor for constant guidance but rather come to her with my findings or ideas. Initiation is something I have always struggled with in my personal and professional life. Another weakness of mine has been being assertive in a leadership role. During this DCE, I have enhanced my initiation skills and ability to be assertive when needed. Finally, another area of leadership that I have enhanced during this time is being a directive leader. In the work and social skills group, I have used a directive leadership style with the group members during each intervention session.

Overall, from this DCE I have learned many valuable skills that not only will be beneficial for my future as an occupational therapist but also have been beneficial for the clients within the work and social skills group and Kids Abilities. I have excelled in communication

skills with clients, caregivers, and other disciplines and gained vital experience that has helped me with my professionalism as a practitioner. I am thankful for this experience and Kids Abilities for their willingness to help me succeed.

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Appendix A

Work and Social Skills Group

Date: _____

Name: _____

DOB: _____

Diagnosis (if any): _____

Address: _____

Phone #: _____

Parent's Name: _____

Emergency Contact: _____ Relation: _____

Parent's Address (if different from above): _____

_____

Email: _____

Allergies: _____

Medications (if necessary): _____

Any Additional Information (Interests, Behaviors, etc.):

Appendix B

Screening

Knowledge and Behavior: Please circle the number (1, 2, or 3) that describes you best:	Not like me	Somewhat like me	Very much like me
Communication:			
1. I can explain how I am feeling (angry, happy, worried, or depressed)	1	2	3
2. I ask for help when I need it	1	2	3
3. I talk over problems with friends	1	2	3
4. I clearly state my ideas to others	1	2	3
5. I show good listening skills	1	2	3

Daily Living & Self-Care:

	Not like me	Somewhat like me	Very much like me
1. I am able to use things in the kitchen, like the microwave, electric mixer, or oven	1	2	3
2. I can feed myself using a fork and spoon	1	2	3
3. I am able to clean my living space	1	2	3
4. I can bathe or shower by myself	1	2	3
5. I am able to do my own laundry	1	2	3
6. I can follow basic fire prevention and safety rules	1	2	3
7. I am able to dress myself	1	2	3

Social Relationship:	Not like me	Somewhat like me	Very much like me

1. I am polite to others

	1	2	3

2. I respect other people's things

	1	2	3

3. I show appreciation for things others do for me

	1	2	3

4. I can safely interact with others on the internet

	1	2	3

5. I deal with anger without using violence

	1	2	3

6. I have friends that I spend time with weekly

Write a few skills that you would like to learn and develop during your participation within our work and social skills group.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Appendix C
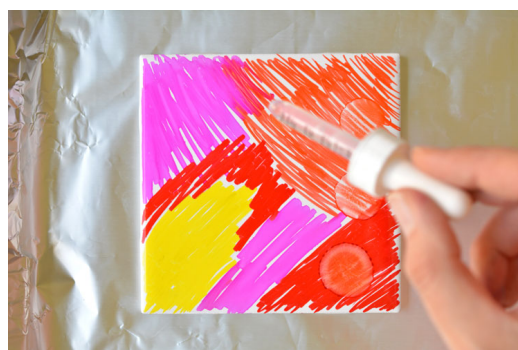
Appendix D

Sharpie Watercolor Tiles

1. Put cork sticker on back of tile

2. Color tile with sharpies


3. Drop alcohol on tile

4. Let dry

Appendix E

PAW Print Sign

Supplies:
- **8"x6" pine wood**
- **Cricut cut out paw print (4" height)**
- **Wood stain**
- **Paint brushes (2 – 1.5")**
- **Old t-shirts or rags**
- **White paint**
- **Transfer tape**
- **Teeth Hangers**
- **Hammer**
- **Gloves**
- **Velcro**

Space Demands:
- **Table**
- **Chairs**
- **Adequate lighting**
- **Electric fan (for ventilation)**
- **Non-carpet floors**
- **Large room (at least 10x12' space)**

1. Put on gloves
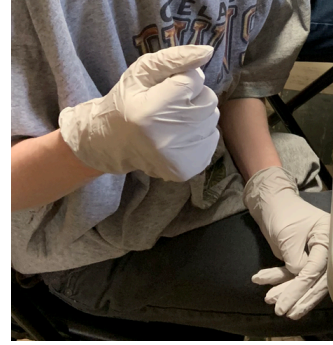
2. Stain wood with paint brush (including sides)

2. Rub stain in with rag

4. Let wood dry
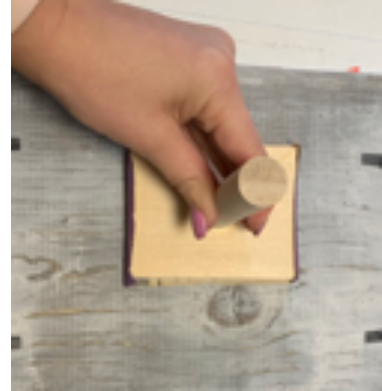
5. Place Paw print on wood

6. Paint white on board

7. Rub with rag before white paint is dry

8. Lightly sand board

9. Use nails and hammer for teeth hanger on back of board

10. Peel off paw print

Appendix F

Cost Analysis for Kids Abilities Work and Social Skills Group

Tile Coaster

Items:	Price:	Link to buy:
Self-Adhesive Cork Squares 50 count	$9.99	amazon link
4x4 white ceramic subway tiles 100 count	$49.99 (Set of 10 roughly $15 on amazon)	amazon link
Sharpie Permanent Markers 24 count	$13.39	amazon link
Rubbing alcohol	$2.50	
Pipette Dropper	$.50	

Total coast to make **100** tiles: $**86.39** (tax not included; sharpies, alcohol, and dropper included in cost)

Retail price: **$3** per tile coaster = **$300** for all tile coasters

Profit per 100 tile coasters = **$213.61**
(this profit could increase based on if supplies are already bought or donated)

Average time to make one tile coaster: 20 minutes

HOME Décor Sign

Items:	Price:	Link to buy:
1 piece of pine wood 7.5-8"x24"	$7.50 for 3 24" boards $2.50	Lowes
Paint brush 2"	$1	Michael's
Wood Stain ½ pint	Prices vary, average cost $7	Lowes
White primer or paint	Sample size $1	Lowes
Sand paper	Varies in prices, $11 for 24 pack	Lowes amazon link
Sawtooth hangers	120 pcs, $7.88	amazon link
"O" wood seasonal pieces	Jen's husband ☺ free, Hobby lobby cost varies .44 -$1.50	Hobby Lobby, JoAnn Fabrics, Michael's
Colored acrylic paint set of 18	$18.36 Going to use what we have before buying more	amazon link
Cricut Vinyl 12"x15'	$11.65	amazon link
Velcro 1"x32'	$12.99	amazon link

Total cost to make 1 HOME décor sign: $10 (this includes 5 wood seasonal pieces)

Retail price for 1 HOME sign décor: $35 (including 5 wood seasonal pieces)

Profit per home sign = $25

Average time to make each sign: 2-day process; 2 hours.

Comparative Cost & Reimbursement

Average cost per day for adult day care is $70

Medicaid Waiver:
- Does it have to be led by registered therapist?
- Can this be covered by insurance?

Average for rent-to-own cabin per month is $250

Need to have 5 total participants weekly in group at the cost of $12.50 for two hours to break even. (This is if we are continuing only one time a week on Thursdays for 2 hours)

Say in theory, Kids Abilities is paying group leader $12 an hour, you will need **seven** participants in group weekly at the same rate of $12.50 for 2 hours to break even.
(This price does not include extra time to pay the group leader for set-up and clean-up.)

If the work group meets three days a week for four hours a day at the rate of $25 per person = $75 a week per person
$75 x 5 people = $375
$375 x 4 weeks (1 month) = $1500

Group leader is being paid $12 an hour for 6 hours a day (1 hour extra for set-up and 1 hour extra for clean-up) 3 days a week
$12 x 18 weekly hours = $216
$216 x 4 weeks (1 month) = $864

$1500 (participant monthly profit) – $864 (group leader's monthly paycheck) = $636 – $250 (rent-to-own monthly cost for cabin) = $386 profit per month for profit and material cost.

TO BREAK EVEN:

4 participants for 4 hours 3 days a week profit = $1200
Group leader cost for 18 hours paid time per week = $864
Rent-to-own month cost = $250
$1200-864-250=$86
Must have 4 participants in group consistently to break even

Rentals

Rent to own Cabins: http://www.tristateminibarns.com/miller-barns/cabins/
- Cost for a 10x20 per month is $180.75 for 48 months

Rent to own cabin http://www.tristateminibarns.com/miller-barns/rustic-country-cabin/
- Cost for a 12x16 is $187.50 per month or 12x20 is $218.00 per month for 48 months

Cabin for sale – does not say if they offer a rent to own program on website.
http://www.sherenesfivestarbarns.com/Storage-Sheds-Pricing-Indianapolis-IN.html

- 10x16x11.6 cottage $2749.00

http://www.built-riteexpressllc.com

QUALITY MATERIAL, CONSTRUCTION, WORKMANSHIP

CABIN

YOU CHOOSE TREATED, PAINTED OR URETHANE

Size	Price	(36 mo)	(48 mo)
10X16	$3,920.00	$181.48	$159.35
12X16	$4,745.00	$219.68	$192.89
12X20	$5,340.00	$247.22	$217.07
12X24	$5,950.00	$275.46	$241.87
12x26	$6,250.00	$289.35	$254.07
12x28	$6,550.00	$303.24	$266.26
12X30	$6,850.00	$317.13	$278.46
12X32	$7,150.00	$331.02	$290.65
12X34	$7,450.00	$344.91	$302.85
12X36	$7,795.00	$360.88	$316.87
14X32	$8,275.00	$383.10	$336.38
14X36	$9,015.00	$417.36	$366.46
14X40	$9,570.00	$443.06	$389.02
16X36	$9,535.00	$441.44	$387.60
16X40	$10,050.00	$465.28	$408.54

DELUXE LOFTED CABINS ADD $600.00 TO LOFTED CABIN PRICE

Comes Standard with Four 2x3 Windows Except 10' comes with Three 2x3 Windows

Painted, Urethane and Vinyl come Standard with Vinyl Porch Railings

FREE DELIVERY & SET-UP

LOFTED CABIN

Comes Standard with Four 2x3 Windows and One entry Door

Painted, Urethane and Vinyl come Standard with Vinyl Porch Railings

YOU CHOOSE TREATED, PAINTED OR URETHANE

Size	Price	(36 mo)	(48 mo)
10X16	$4,295.00	$198.84	$174.59
12X16	$5,130.00	$237.50	$208.54
12X20	$5,810.00	$268.98	$236.18
12X24	$6,510.00	$301.39	$264.63
12x26	$6,880.00	$318.52	$279.67
12X28	$7,230.00	$334.72	$293.90
12X30	$7,595.00	$351.62	$308.74
12X32	$7,985.00	$369.68	$324.59
12x34	$8,365.00	$387.27	$340.04
12X36	$8,715.00	$403.47	$354.27
14X32	$8,895.00	$411.81	$361.59
14X36	$9,670.00	$447.69	$393.09
14X40	$10,395.00	$481.25	$422.56
16X36	$10,675.00	$494.21	$433.94
16X40	$11,365.00	$526.16	$461.99