UNIVERSITY *of* INDIANAPOLIS®

School of Occupational Therapy

Community Outreach Programs' Effect on Children with Disabilities and Their Families

Kelsie A. Harper

May 3, 2019

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:

Kate E. DeCleene Huber, OTR, MS, OTD

A Capstone Project Entitled

Community Outreach Programs' Effect on Children 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

Kelsie A. Harper

Doctor of Occupational Therapy Student

Approved by:

Faculty Capstone Advisor	**Date**

Doctoral Capstone Coordinator	**Date**

Accepted on this date by the Chair of the School of Occupational Therapy:

Chair, School of Occupational Therapy	**Date**

Section I: Abstract

Occupational therapists play a crucial role in ensuring children of all ages and abilities have equal opportunities to engage in activities and environments within the world we live. Specifically for activities occuring in community environments, occupational therapists possess skills necessary to identify facilitators that enable participantion, and barriers that inhibit engagement. However, researchers identified children with disabilities experience decreased community participation compared to children without disabilities. Identified barriers affecting community participation included availability, decreased support, and environmental modifications. Similar to results reported from previous researchers, results of a needs assessment completed with parents and caregivers of children with disabilities receiving physical, occupational, and/or speech therapy services at Reach Pediatric Therapy clinic or through First Steps, identified a need to improve community participation and increase opportunities for engagement within community environments. Parents and caregivers who completed the needs assessment reported a desire for change regarding increased support, availability of age appropriate activities, and modification to environments to enhance participation. As a result, a community outreach program for children with disabilities and their families was designed to provide children and families opportunities to engage in community activities in the presence of occupational personnel, who were to offer support and assistance as needed. The overall purpose of developing a community outreach program for children with disabilities and their families was to increase opportunities for community engagment and to improve overall community participation while utilizing social, fine motor, and gross motor skills.

Community Outreach Programs' Effect on Children with Disabilities and Their Families

In 2016, an estimated 12.8% of the United States population was living with a disability (Kraus, Lauer, Coleman, & Houtenville, 2018). Regarding children age five or less, 0.7% live with a disability, and for children between the ages of five to seventeen, 5.6% have a disability (Kraus et al., 2018). Occupational therapists provide services to children of all ages and focus on encouraging inclusion for children who have a diagnosis, or who may be at risk of developing various disabilities or delays (Elenko & Siegfried, 2018). Inclusion ensures all individuals are treated fair and equal, and are provided the same opportunities to engage in activities within society (American Occupational Therapy Association [AOTA], 2014a). Occupational therapists have completed training and possess the necessary skills required to identify facilitators and barriers within different contexts and environments that enable engagement and inclusion for all (Elenko & Siegfried, 2018). The goal of this occupational therapy doctoral capstone experience was to develop and implement a community outreach program for children with disabilities and their families to improve community participation. Programs can be developed and implemented to help children with disabilities and their families engage in daily life experiences alongside their typically developing peers while utilizing an occupational therapy mindset and an occupation based model to serve as an organizational and supportive guide.

Section II: Literature Review

Theoretical Guidance

The occupation based model utilized as a structural organization guide throughout this Doctoral Capstone Experience was the Person-Environment-Occupation (PEO) model. The focus of the PEO model includes creating a maximized fit of the model's three main components, the person, environment, and occupation, in order to maximize the client's overall

occupational performance (Law et al., 1996). Within the PEO model, occupational performance is considered the interaction between the person, environment, and occupation (Law et al., 1996). Each person is viewed as a unique and continuously developing individual (Law et al., 1996). Factors that influence one's occupational performance include personal attributes such as personality, self-concept, and cultural qualities (Law et al., 1996). An individual's roles are considered to be dynamic and have the ability to change over time within different contexts (Law et al., 1996). The environmental component of the PEO model includes the context where an individual's occupational performance occurs and how one's behavior influences the specific environment (Law et al., 1996). Various contexts may consist of cultural, socio-economic, physical, social, and institutional environments (Law et al., 1996). Occupation within the PEO model is focused on meeting the person's intrinsic needs for self-maintenance, expression, and satisfaction in the context of both the individual's environment and roles (Law et al., 1996).

The PEO model is an appropriate model to use as a guide for developing and implementing a community outreach program for children with disabilities and their families. It is crucial to consider how individuals, the environment, and community participation impact one another and affect occupational performance. Personal characteristics and qualities of not only children, but also families participating in the community outreach program must be considered to create an effective program that meets the needs and wants of participating children and families (AOTA, 2014b; Lawson & Foster, 2016). It is important to consider the different environments where community participation will occur in order to determine if accommodations and modifications are necessary to increase accessibility to various community environments (Anaby et al., 2014; AOTA, 2014b; Elenko & Siegfried, 2018; Fabrizi, Ito, & Winston, 2016; Law et al., 1996; Lawson & Foster, 2016; Silverman & Tyszka, 2017).

Considerations of individual characteristics and qualities, as well as the environment in which community participation occurs, are valuable factors that can influence overall maximized occupational performance of meaningful activities for both the child and family (Anaby et al., 2014; AOTA, 2014b; Elenko & Siegfried, 2018; Fabrizi et al, 2016; Law et al., 1996; Lawson & Foster, 2016; Silverman & Tyszka, 2017).

Occupational Performance

      Participation in occupations. Participation has been identified as a primary element for fostering health and well-being for individuals (World Health Organization, 2001). Occupations are described as a variety of activities individuals, groups, and populations participate in throughout life (AOTA, 2014b). Occupations may include basic activities of daily living to care for one's personal self, or could include activities that support one's life within the home or community and require more interaction with different environments and other individuals (AOTA, 2014b). It is crucial for individuals of all ages and abilities to both function effectively and engage comfortably during daily occupations to maximize occupational performance (AOTA, 2014b).

      Play. Children participate and engage in life through the occupation of play (AOTA, 2019a), which includes impromptu or structured activities that provide diversion, pleasure, and entertainment (AOTA, 2014b). The occupation of play is a critical activity in childhood that impacts a child's life in a variety of ways (AOTA 2019a; Fabrizi et al., 2016). Play participation helps to enable a child to grow, learn, and make sense of the surrounding world (AOTA, 2019a). Engaging in play activities promotes the child's growth, development, and creativity regarding a variety of skills (AOTA, 2019a). Participation in play activities promotes development of skills such as social, emotional, gross and fine motor, self-confidence, and self-help necessary for a

child's future participation and exploration of new experiences in different environments (AOTA, 2019a).

Community participation. Children of all ages and abilities may participate in community environments, which are described as settings outside of one's home where families engage (Elenko & Siegfried, 2018). Community participation involves participating and achieving positive interaction during activities occurring at a community level within various physical and social environments (AOTA, 2014b). However, researchers reported community participation as the area of participation where children experience the most difficulty compared to other settings (Khetani, Graham, & Alvord, 2013). All children and caregivers have unique personal characteristics that may impede their ability to engage and play with other children and families within a community environment (Fabrizi et al., 2016). Children with disabilities enjoy engaging in a variety of activities within different environments, but experience decreased participation regarding these activities compared to children without disabilities (Fabrizi et al., 2016). Specifically in regard to activity participation in community environments, children with disabilities engage less compared to children without disabilities (Bedell et al., 2013).

Environmental factors. Occupational performance is directly influenced by environmental factors that are present in all settings where children participate in daily tasks (Anaby et al., 2014). Children engage and participate in the occupation of play to acquire developmental skills within various environments including physical and social environments (AOTA, 2014b). Physical environments consist of the natural and constructed surroundings where children engage in daily occupations (AOTA, 2014b). Social environments include the relationships, expectations, and the presence of other individuals, groups, and populations in which the child has contact with while engaging in life (AOTA, 2014b). Physical and social

environments may support or hinder a child's occupational performance while participating in play and meaningful activities (AOTA, 2014b; Fabrizi et al., 2016). If a child experiences difficulty with effective participation within a specific environment, modifications and alterations of the environment may improve occupational performance (AOTA, 2014b).

Impact of Community Participation

Community playgroups allow parents and children the opportunity to participate in play and social activities within a variety of environments (Fabrizi et al., 2016; McLean et al., 2015; Strange, Fisher, Howat, & Wood, 2014). Participating in community playgroups provides positive opportunities for both the parent and child (Fabrizi et al., 2016; McLean et al., 2015; Silverman & Tyszka, 2017; Strange et al., 2014). Community playgroups provide parents and caregivers the opportunity to receive education (Fabrizi et al., 2016; McLean et al., 2015). Parents also have the opportunity to raise awareness and increase understanding of how learning can be facilitated through play activities (McLean et al., 2015). Additionally, parents reported experiencing decreased anxiety as a result of gaining social support from others attending the community playgroup (Strange et al., 2014). Additional benefits of community playgroups include building friendships and a supportive network, improving community connections, and having the opportunity to share life experiences and learn from one another (Strange et al., 2014). Participating in community playgroups allows children the opportunity to engage in play activities with peers (Fabrizi et al., 2016; McLean et al., 2015). Children with special needs who engaged in a series of community playgroup events led by an occupational therapist experienced a significant increase regarding their level of playfulness (Fabrizi et al., 2016). Engaging in community playgroup events also helped to promote play participation (Fabrizi et al., 2016) and improved family participation within the community (Fabrizi et al., 2016; Strange et al., 2014).

Involvement in community playgroup allowed children with disabilities and their families opportunities to engage and play in the community, and contributed to increased playfulness and participation after the playgroup concluded (Fabrizi et al., 2016). Researchers who developed a weekly community group program stated children with disabilities developed an improved self-esteem, as they felt more like their typically developing siblings and peers who often participate in community and extracurricular activities, as a result of participating in the community program (Cahill, Clone, Wilson, & Moroni, 2015).

Barriers of Community Participation

Community Participation proposes multiple benefits and opportunities for children and families (Cahill et al., 2015; Fabrizi et al., 2016; McLean et al., 2015; Silverman & Tyszka, 2017; Strange et al., 2014); however, barriers consistently impact a child's ability to participate and achieve maximized occupational performance in community environments (Anaby et al., 2014). Multiple interrelated variables affect occupational performance within the physical and social environments in which children participate (AOTA, 2014b; Fabrizi et al., 2016). Barriers contributing to decreased community participation for children with disabilities in past research studies have been identified as physical, social, and cognitive activity demands (Anaby et al., 2014; Bedell et al., 2013), as well as, availability and adequacy of programs and services (Bedell et al., 2013). Environmental factors are more commonly reported as barriers to community participation for children with disabilities compared to children without disabilities (Bedell et al., 2013). Physical accessibility to community settings aids in facilitating social interaction for individuals with disabilities; however, unidentified barriers present within the physical and social environments of the community may inhibit complete social inclusion for individuals with disabilities (Umeda et al., 2017). Parents and guardians of children with disabilities stated there

were decreased environmental support from the community compared to parents and guardians

of children without disabilities (Bedell et al., 2013).

Need for Change Regarding Community Participation

Due to the presence of barriers inhibiting community participation, parents and guardians

of children with disabilities reported wanting a change regarding the child's participation within

the community (Bedell et al., 2013). Researchers reported completing environmental

modifications and specializing the community programs improved participation, helped to

promote social participation, and positively improved the well-being for children with disabilities

and their families (Silverman & Tyszka, 2017). Structuring and modifying environments to meet

sensory needs of individuals with disabilities provide opportunities for improved participation

and engagement in activities (Lawson & Foster, 2016; Silverman & Tyszka, 2017). Controlling

the number of attendants, adjusting auditory and visual input such as volume and lighting, and

incorporating various sensory exhibits into the environment were crucial components to children

with disabilities and their families having a successful experience during the community outing

(Silverman & Tyszka, 2017). Completing modifications and adaptations of community

environments and activities contributed to positive family experiences regarding community

participation and improved feelings related to one's well-being for both the child and family

(Silverman & Tyszka, 2017).

Implications in Occupational Therapy Practice

As stated in the Occupational Therapy Practice Framework, improving and maximizing

occupational performance for children with disabilities and their families is extremely valuable

and important because it aligns with the client-centered focus of occupational therapy which is,

"the therapeutic use of everyday life activities (occupations) with individuals or groups for the

purpose of enhancing or enabling participation in roles, habits, and routines in home, school,

workplace, community, and other settings" (AOTA, 2014b, p. S1). The primary goal of

occupational therapy is to provide individuals with the opportunity to achieve maximized health,

well-being, and participation in meaningful occupations (AOTA, 2014b). Occupational

therapists can use their knowledge regarding the transactional relationship among the individual,

occupation, and environment to develop occupation-based activities and programming that

promotes participation, growth, and development that meets the individual's needs (AOTA,

2014b; Lawson & Foster, 2016). Occupational therapists can promote engagement in

meaningful occupations for individuals of all ages and abilities by identifying and providing

adaptations and modifications to objects, activities, and environments where individuals

participate in occupations (AOTA, 2014b; Elenko & Siegfried, 2018; Fabrizi et al., 2016).

Environments are more feasible to alter and modify in comparison to trying to change a child's

health condition and associated impairments (Anaby et al., 2014). Occupational therapists have

the ability to modify and adapt environments and activities to improve function and participation

in meaningful activities (AOTA, 2014b; Fabrizi et al., 2016). Specifically regarding community

settings and participation, occupational therapists can work with children, families, and the

community to identify present challenges within the environment and help bridge the gap for

individuals who are navigating challenges, and help them achieve success in their lives (Elenko

& Siegfried, 2018). Therefore, the purpose of developing and implementing a community

outreach program for children with disabilities and their families is to maximize occupational

performance regarding community participation. The community outreach program will be

designed and tailored to meet the needs of children with disabilities and their families, and will

allow these individuals to engage in fun and meaningful community activities with other children

and families.

Section III: Needs Assessment

Participants

Participants of the needs assessment included parents, guardians, or caregivers of

children with disabilities within a specific geographic area, who volunteered to complete a

survey questionnaire. Inclusion criteria required parents, guardians, or caregivers to have a child

who was receiving occupational, speech, and/or physical therapy services at Reach Pediatric

Therapy in Terre Haute, Indiana, or occupational therapy services through First Steps in Vigo

County, and Vermilion County, Indiana. All survey responses from participants who completed

a survey were included when analyzing the results. In total, 10 completed surveys were

collected from participants and analyzed to determine outcomes and common themes.

Survey Development

A 12-question survey (Appendix A) was designed and used as an outcome measure. The

survey questionnaire consisted of multiple choice, open-ended, and rating scale questions to

investigate parent, guardian, and caregiver perceptions of community participation regarding

their child with a disability and family as a whole. Questions included in the survey tool were

developed based on an in-depth review of the literature and through collaboration with an

occupational therapist, who specializes in pediatrics and has expertise working in community

environments with pediatric clients and their families. Additionally, the PEO model was also

used as a guide when creating survey questions due to the model's focus on the interaction

between the person, environment, and occupation (Law et al., 1996). The purpose of the survey

was to gather information regarding how personal characteristics and the environment impact

community participation for children with disabilities and their families. Participants who filled

out the survey questionnaire were asked to exclude names or any other identifying information to

maintain confidentiality of all participants. A pediatric occupational therapist and a clinical

support specialist who work daily with this population reviewed the survey prior to distribution.

Feedback received from these individuals was incorporated into the survey before distributing

the survey questionnaire to the participants.

To accommodate various levels of knowledge and educational backgrounds of the

participants, the survey questionnaire began with describing the definition of community

participation utilizing terminology from the *Occupational Therapy Practice Framework:*

Domain and Process (3rd edition) and *Promoting Inclusion: Information and Strategies in Early*

Childhood. Participants were first asked to identify the child's age and diagnosis due to each

individual having unique personal characteristics and qualities that influence one's occupational

performance (Law et al., 1996). Personal attributes may specifically impede a child's ability to

engage in community activities with other children and families (Fabrizi et al., 2016). As a

result, age and diagnosis of the children was desired in order to later determine if themes for

community participation and activities resulted for children similar in age or with a specific

diagnosis. Additional questions included on the survey regarding community participation for

children with disabilities and their families focused on the following: quantity of resources,

frequency of participation, current participation, yearn for participation, importance of

participation, confidence during participation, barriers limiting participation, and desired changes

(see Appendix A). Gathering a deeper understanding into these areas allows for the opportunity

to improve community participation for children with disabilities and their families by increasing

desired opportunities for engagement and modifying environments to better fit the needs of

consumers.

Survey Question Development

Quantity and frequency. Children with disabilities experience decreased engagement in

activities within various environments compared to children without disabilities (Fabrizi et al.,

2016), especially regarding activities in community environments (Bedell et al., 2013).

Participants were asked about the overall quantity of community resources within Terre Haute,

Indiana. Further questions asked participants to list specific activities in which their child with a

disability and family as a whole currently participate, and then to rate how often participation

within these community activities occurs. Survey questions regarding quantity and frequency of

participation were asked to determine if decreased community engagement for children with

disabilities was associated with insufficient resources or opportunities for community

engagement.

Confidence. Strange et al., (2014) reported parents typically felt anxious while

participating in community activities with their child with a disability; however, decreased levels

of anxiety were reported after attending a community playgroup with social support. Participants

were asked to rate their level of confidence regarding participating in community activities with

their child with a disability. Information about one's confidence level was desired in order to

discover possible trends between frequency of participation in community activities and

confidence level.

Importance. Several positive support opportunities for the parent and child resulted

from participating in community playgroups (Fabrizi et al., 2016; McLean et al., 2015; Strange et

al., 2014). For the purpose of this project, participants were asked to rate how important it is for

their child with a disability, as well as their family as a whole, to be involved and have

community support while engaging in community activities. Identifying the importance of the

child's participation within the community was needed in order to discover if levels of

importance were associated with frequency of participation. Understanding the importance of

support while participating in community environments will help to determine if community

playgroups would be beneficial for the population who will be participating in the community

outreach program.

       Limitations and barriers. Participants were also asked to identify barriers and

limitations influencing their child's ability to effectively participate in community activities.

Components of the environment may include supports or barriers that affect a child's

participation (AOTA, 2014b; Fabrizi et al., 2016). Environmental barriers can have a negative

impact on a child's participation within the community (Anaby et al., 2014; Umeda et al., 2017).

Understanding barriers and limitations present within community environments allows for the

opportunity to identify environmental modifications to enhance occupational performance

(AOTA, 2014b; Lawson & Foster, 2016; Silverman & Tyszka, 2017).

       Desire and yearn for change. Parents and guardians of children with disabilities

previously reported a desire for change due to the presence of environmental barriers inhibiting

their child's community participation (Bedell et al., 2013). Participants were asked to report

changes that could be made to improve community participation for their child with a disability

and family as whole, and to identify community activities they would like their child with a

disability to be able to participate in. Receiving information about the participant's desire for

change regarding their child's participation helps to identify and raise awareness about different

components hindering their child's occupational performance in community environments.

Data Analysis

 The survey questionnaire was administered via hard copy to all participants and was

returned after completion. As a result, including mandatory response questions within the survey

was not feasible due to the inability to inhibit a participant from not responding. Responses to all

survey questions were completed anonymously. Some questions included within the survey

questionnaire were open ended; therefore, the number of responses for some open ended

questions surpassed the total number of participants who completed the survey. Open ended

survey response questions were analyzed using inductive analysis to determine common themes

and codes. Once themes and codes were established, all qualitative data from each of the 10

participants was coded regarding the identified themes.

Outcomes of Needs Assessment

 Age and diagnosis. Various ages and diagnoses were reported concerning the child with

a disability from participants who completed the survey questionnaire. The bulk of respondents

reported their child as 3-years-old or below (50.0%, n = 5), or between 4-years-old and 7-years-

old (30.0%, n = 3) (Table 1). Diagnoses were also highly variable for this population, and some

respondents chose not to inform of their child's diagnosis. As a result, no common themes were

determined for community participation and activities related to specific ages or diagnoses.

Table 1

Age of Participants (n = 10)

Years in Age	n	%
3 or under	5	50.0%
4-7	3	30.0%
8-11	1	10.0%
12-15	1	10.0%

Quantity and frequency. When asked if there are enough community resources for the child with a disability to participate in, majority of respondents (50.0%, n = 5) reported yes, while 30.0% (n = 3) reported no (Table 2). Of all the respondents, 50.0% (n = 5) reported their child with a disability rarely participates in community activities (Table 3). Specifically of the respondents (n = 5) who reported yes to there being enough community resources within the area, 40.0% (n = 2) stated their child with a disability rarely participates in community activities. Of the individuals (n = 5) who reported their child rarely participated in community activities, 80.0% (n = 4) stated their child participates in no community activities. In contrast to participants who reported their child rarely participates in community activities, six individuals (60.0%) reported their child participates weekly in community activities; however, 50.0% (n = 3) of these individuals stated the weekly activity consisted of attending a therapy session. Community participation regarding the family as a whole resulted in a slight increase of community participation. A total of 40.0% (n = 4) of the participants reported their family participates weekly in community activities, and only 40.0% (n = 4) reported their family rarely participates (Table 4). All three respondents who reported their family rarely participates in community activities also reported they participate in no community activities when asked what activities they participate in as a family.

Table 2

Availability of Community Resources (n = 10)

Sufficient Availability of Community Resources	n	%
Yes	5	50.0%
No	3	30.0%
Unsure	2	20.0%

Table 3

Frequency of Child Community Participation (n = 10)

Frequency of Participation	n	%
Daily	1	10.0%
Weekly	4	40.0%
Monthly	0	0.0%
Rarely	5	50.0%

Table 4

Frequency of Family Community Participation (n = 10)

Frequency of Participation	n	%
Daily	1	10.0%
Weekly	4	40.0%
Monthly	1	10.0%
Rarely	4	40.0%

Importance and confidence. Importance regarding their child's involvement with community participation was rated an 8 on average for all 10 respondents. Similarly, importance for community support for the child with a disability and family as a whole was rated 10 on

average for all 10 respondents. However, confidence level felt while participating in community

activities with their child with a disability was rated an average of 5 for all participants.

       Limitations and barriers. Common themes determined from responses regarding

limitations and barriers to community participation include communication, child behaviors,

accessibility, decreased support, and personal feelings. Individuals described a need for change

and identified multiple areas where change would be beneficial for improving community

participation. Common themes for these changes included environmental modifications,

increased support, and more availability to age appropriate activities. One participant

specifically wrote "I would love for my child to be able to participate in all events and for people

to understand why he gets frustrated." Another participant wrote "I would love for my child to

be able to participate in gymnastics and other sports with kids similar in age."

       Trends. Three trends were identified through analyzing survey results. Participants who

responded their child rarely participates in community activities also reported decreased levels of

confidence regarding participating in the community with their child with a disability. In

contrast, participants who responded their child participates weekly or daily in community

activities, reported higher levels of confidence related to engaging in community participation

with their child with a disability. Another trend identified includes participants who reported

their child rarely participates in community activities also rated importance of participation for

both the child and family as a whole higher than those who participate more frequently.

       After reviewing the results of the needs assessment, it is evident there is a need for a

community outreach program that aims to increase community participation for children with

disabilities and their families that is designed and continuously tailored to meet the needs and

wants of these individuals. Overall survey results indicate a need for improved community

participation for children with disabilities and their family as a whole. Necessary improvements

to increase quality and quantity of community participation include availability to community

activities, environmental modifications, and more support for children with disabilities and their

families during community participation. It is apparent that although 50.0% (n = 5) of

participants reported they rarely participate within the community, community participation for

their child is highly valued.

Compare and Contrast

Utilizing the PEO model as a guide to screen and evaluate clients can be applicable

within a variety of occupational therapy settings. Regardless of the setting, the model's focus on

the interaction between the person, environment, and occupation remains consistent (Law et al.,

1996). Within any setting, the model can be used as a guide to determine how characteristics

and qualities of the person, environmental factors, and components of the occupation impact one

another and affect overall occupational performance (Law et al., 1996).

The screening and evaluation process of clients within a community and school setting

has multiple similarities and differences. Within either setting, the client should be viewed as an

individual with unique personal characteristics that impact his or her occupational performance

(Law et al., 1996). While completing a needs assessment with children with disabilities and their

families in a community setting, community participation was considered the child's occupation.

Previous researchers reported children with disabilities experience decreased community

participation (Bedell et al., 2013; Fabrizi et al., 2016). Results of the needs assessment aligned

with findings from previous research, as the population assessed reported decreased levels of

community participation as well. In contrast to community settings, school participation would

be the occupation assessed during the screening and evaluation process in a school setting

(AOTA, 2019a; AOTA, 2019b), and community participation would not qualify as an appropriate occupation to assess the child's performance.

Environmental components would also differ depending on if the setting was a community or school environment. Within a community setting, environmental components impacting a child's ability to engage in the occupation of community participation was assessed during the screening and evaluation process. Similar to other parents of children with disabilities who reported a desire for change due to the presence of environmental barriers inhibiting community participation for their child (Bedell et al., 2013), parents, guardians, and caregivers who completed the needs assessment survey also described a need for change regarding community participation. Areas identified as a need for change included increased support, availability of age appropriate activities, and environmental modifications. Bedell et al., (2013) reported parents of children with disabilities also reported a need for change regarding availability and accessibility of age approropriate community activities for children with disabilities. Increased support has been identified as an associated benefit of participating in a community playgroup (Bedell et al., 2013; Strange et al., 2014). Completing environmental modifications has also been reported as an effective way to increase community participation for children with disabilities (Lawson & Foster, 2016; Silverman & Tyszka, 2017). Screening and evaluation in a school setting must include considerations of how the environment influences a child's occupational performance; however, only activities and factors that impact the child's occupation of school participation can be addressed (AOTA, 2019b). School activities may take place in a variety of environments including the classroom, recess area, and cafeteria (AOTA, 2019c). Environmental factors present within each of these environments would be appropriate

to assess during the screening and evaluation process in a school setting (AOTA, 2019b; AOTA, 2019c).

Occupational therapists can provide services to support and encourage participation in both school (AOTA, 2019b; AOTA, 2019c) and community environments (AOTA, 2014b). An occupational therapist can use the PEO model as a guide to determine how environmental barriers limit the child's occupational performance within either setting. Occupational therapists can play a role in identifying present barriers and providing modifications to the environment that meet the individuals needs to enhance the child's overall occupational performance (AOTA, 2014b; Lawson & Foster, 2016; Silverman & Tyszka, 2017.

Section IV: Program Implementation

Implementation Phase

The focus of the implementation phase was to develop three, four-week community outreach programs, and implement one of the programs to increase community participation of children with disabilities and their families. The program development process included organizing and planning a four-week schedule for each of the three community programs, identifying goals and objectives of each program, and recruiting participants and volunteers to participate in the program being implemented. Program implementation plans originally included group participation from participants recruited for the social playgroup; however, program implementation was unsuccessful. Information regarding unsuccessful implementation of the program is included in the implementation barriers section of this section.

Community Outreach Program Development

Organization and planning of three community playgroup programs occurred throughout the implementation phase. Three community playgroup programs were designed including a

social, fine motor, and gross motor playgroup. Each community playgroup program was designed to include one session weekly, for four consecutive weeks. Specific details designed for weekly sessions of each community playgroup included location of the group sessions and activities for each session. Goals were created, and outcome tools were selected for each of the three groups to measure effectiveness of the community outreach program. Additionally, recruitment for the social community playgroup, which was planned to be implemented, involved identifying kids who were age appropriate, receiving therapy services from Reach Pediatric Therapy, and inviting them to participate in the community playgroup. Group leaders included a volunteer occupational therapy student, and a licensed and practicing occupational therapist. Additional volunteers for the program were also recruited through the occupational therapy program at Indiana State University (ISU).

Social community playgroup. Two major components involved in the development of the social community playgroup consisted of selecting a location for the groups to occur, and recruiting individuals to participate in the program. Recruitment of participants occurred through Reach Pediatric Therapy, and volunteers were recruited through the occupational therapy program at ISU. While working to organize plans regarding where each weekly session would occur for the social playgroup sessions, various community locations within Terre Haute, Indiana were visited. Four locations were scheduled for four consecutive Tuesdays in March from four to five o'clock in the evening. The first social community playgroup was scheduled to take place at the Vigo County Public Library. Following implementation of the first social playgroup at the Vigo County Public Library, the remaining three playgroup sessions were scheduled for The Bouncin Barn, Terre Haute Bowling Center, and Deming Park. Social community playgroup locations were selected through collaboration with the site mentor.

Factors contributing to playgroup location selection were based on age-appropriateness of the activities present, associated costs, and recommendations from the site mentor reflecting past experiences.

   Recruitment. Recruitment of children and families to participate in the social community playgroup was completed through Reach Pediatric Therapy. All children invited to participate in the group were between the ages of 5-years-old and 7-years-old, and were receiving either speech, occupational, and/or physical therapy services at Reach Pediatric Therapy. Each child recruited to participate in the playgroup was identified by their therapist as functionally appropriate to engage in the activities planned with provided support. Each family was given a flyer (Appendix B), which included contact information, details about each playgroup session, and a brief description of opportunities associated with the playgroup. Families were informed of costs associated with two of the four playgroups. Parent and caregivers were asked to verbally confirm if their child would be attending the playgroup, in which six confirmations were received. Parents and caregivers were informed that follow-up text reminders would be sent prior to each weekly session.

   Additional recruitment for volunteers was completed through communication with occupational therapy staff and students at ISU. Reach Pediatric Therapy team partners with the occupational therapy program at ISU to provide opportunities for students to gain more hand-on experiences with clients throughout the program. As a result, the occupational therapy students at ISU were offered the opportunity to volunteer at the four weekly sessions of the social community playgroup to provide support as needed to the children and families. Four groups of four volunteers offered their time for each weekly playgroup session. Volunteers were also

given a copy of the playgroup flyer, which included information about the social community

playgroup program (see Appendix B).

　　　Session one.　The set up of the Vigo County Public Library includes an open play area

with several activities available, and an enclosed room with a variety of toys accessible to all

guests. Utilization of the library's space, activities, and toys is all free of charge to the public, so

no cost was associated with the session. Plans for the session included initially meeting in a

private room and having all participants and volunteers participate in an icebreaker game. The

game involves having each individual introduce his or her self, and sharing something he or she

likes to do for fun. Following completion of the ice breaker game, the children would be

assigned a partner and would be directed to a station set up within the room. At least one

volunteer would accompany each group at the station. Designed stations included a bowling

area, board games, and team building activities. Each pair of participants would have the

opportunity to spend ten minutes at each station, and would be instructed to switch partners

before switching stations to ensure social interaction amongst all participants. For the remainder

of the session, children would be allowed to explore and free play with one another within the

open area of the public library, which includes a variety of activities such as a craft area, reading

space, and a large play area with several toys. Volunteers would provide support to children as

needed, and continuously facilitate social interaction between children. During the last five

minutes of the social playgroup session, children and volunteers would meet back in the private

room, and each share their favorite activity completed during the playgroup.

　　　Session two.　Following the first weekly session at the Vigo County Public Library, the

second session of the social community playgroup was scheduled to take place at The Bouncin

Barn. The Bouncin Barn is an indoor inflatable center open to the public with an associated fee.

After conversing with the owner about the purpose and focus of the community playgroup, a discounted fee of three dollars was offered to the children who would be participating in the playgroup. Session plans included having all children and volunteers first meet in a private room and participate in an ice breaker game to help individuals reconnect from last week's session. Following completion of the ice breaker game, the children would be escorted to the back area of The Bouncin Barn, which includes three inflatables. Children would have the opportunity to play games and engage in this area for the first half of the session. Playgroup plans included expanding the playgroup area to the main space of The Bouncin Barn where there are additional inflatables, pending the children were doing well socially interacting with one another. If social interaction appeared challenging for the children, the second half of the session would remain in the back area where children remained in a smaller, confined area to promote social interaction. Volunteers during the session would be responsible for facilitating social interaction among the children and providing support as needed throughout the session. During the final five minutes of the playgroup session, children and volunteers would meet back in the private room and each share their favorite part of the playgroup before termination of the session.

     Session three. Session three of the social community playgroup was scheduled to occur at the Terre Haute Bowling Center. Terre Haute Bowling Center is open to the public with an associated fee, and has both a bowling area and playland area which includes a variety of inflatables. After communicating with the owner about the purpose and focus of the community playgroup, a discounted fee of three dollars was also offered to the children who would be participating in the playgroup session. Plans for the playgroup session included having children and volunteers initially meet in one of the party room areas to reconnect. All children would then be guided to the bowling area, where they would participate in a game of bowling with one

another. Volunteers would be present to offer assistance and support as needed. Once the

children had completed a game of bowling, they would be offered the opportunity to participate

in a second game of bowling, or to play in the playland area. Volunteers would be present within

the playland area to facilitate social interaction and ensure no child was playing independently.

During the final five minutes of the session, playgroup participants would rejoin in the party

room and share their favorite part of the session.

Session four. The final session of the social community playgroup was scheduled to take

place at Deming Park. Demining Park is a free, publicly accessible park, so no cost was

associated with the planned session for participants. Session plans included initially meeting at

the Oakley Playground entrance. Participants and volunteers would then be informed of session

plans, which included a scavenger hunt within the park. Instructions for how to complete the

scavenger hunt and rules of the hunt would be explained to all participants. The six participants

would be split into two teams of three. Two student volunteers would be members of each team

to provide supervision, support, and assistance as needed. Each team would receive their first

clue simultaneously and then be released to start the hunt. Both teams would be given 45

minutes to complete as many items as possible. All participants would rejoin at the initial

meeting area to share the clues they solved before termination of the session.

Social playgroup goals and objectives. The primary focus of the social community

playgroup was to provide children with disabilities and their families an opportunity to engage in

fun, community based activities alongside families and peers of all abilities. Four specific social

playgroup goals were created utilizing the Goal Attainment Scale (Appendix C), and were

intended to be met by the end of the four week program. The goal was for all participants to

scale each goal as the "Expected Level of Outcome" or higher by termination of the social

playgroup (see Appendix C). Additional objectives were created to use as a guide throughout the program to ensure each child and family had the opportunity to engage in community activities with other individuals while also feeling supported as needed. The remainder of the social community playgroup objectives include the following:

- Allow children the opportunity to utilize and improve developmental play and social skills while participating in activities within a community environment with peers

- Increase access to community activities and parent/caregiver comfort level while participating by providing support to children and families experiencing barriers to community participation

- Provide families the opportunity to share success stories and concerns, ask questions, and engage in community activities and outings with other families

- Allow children and families the opportunity to experience utilization and transfer of social skills to community environments

Implementation barriers. Various factors contributed to unsuccessful implementation of the social community playgroup. Parents and caregivers of children who were recruited to participate in the social community playgroup, and who initially confirmed participation in the group, reported a variety of barriers that contributed to being unable to attend the playgroup sessions. Illness, conflicting schedules, and direct and indirect costs were reported from parents and caregivers of participants as barriers to their child attending the playgroup.

Prior to the first playgroup session, 66.7% (n = 4) of parents reported their child would be unable to attend the session when follow up text reminders were sent to the parents and caregivers of the participants about the session. Three of the four parents who reported their child would be unable to attend stated illness as the reason. Additionally, the remaining parent

reported one of their other children had an extra-curricular event that conflicted with the playgroup time. As a result, the first playgroup session was cancelled due to only having two of the six children able to attend.

Before the second scheduled playgroup session, text reminders were sent to parents and caregivers of the participants, and only the parents of two children confirmed their child would be attending. One parent who reported their child was unable to attend stated the family was experiencing decreased finances, would be unable to cover the associated fee for the session, and did not have the money required for transportation to the session. Another parent reported their child had a doctors appointment out of town, and would not be back in time to attend the session. Additionally, the parents and caregivers of two other children did not respond to the text reminder. Due to limited participants being able to attend the playgroup session once again, the second playgroup session was cancelled.

After much discussion and thought between the two group leaders, it was decided to cancel the remaining two sessions of the social community playgroup program. Both group leaders agreed that timing for the playgroup did not appear to be an appropriate match for the participants and their families involved. Group leaders also did not feel comfortable pushing attendance for the group on participants and families who did not respond to text reminders for the group, or who had stated barriers to attendance as direct and indirect costs. Another timeline for implementation of the social community playgroup program during the summer is in the process of being scheduled by the occupational therapist and students from the occupational therapy program at ISU.

Occupational therapy students from ISU will work to overcome barriers associated with unsuccessful implementation of the social community playgroup. While Reach Pediatric

Therapy staff continues to work on growing the client caseload by advertising available therapy services to doctors and community personnel, and communicating with pediatric doctors to increase referrals, ISU students will take other approaches to reducing barriers of participation. Students will attempt to seek donations to cover the associated costs to some playgroup sessions. As a result, the financial barrier inhibiting children to attend the social community playgroup due to the associated cost of the session will be eliminated. Additionally, students will converse with parents and caregivers of potential participants to identify summer days and times to conduct the community playgroup that do not interfere with other family members schedules. The student volunteers will also discuss transportation barriers with families who may be unwilling to participate due to lack of transportation. Students will work to provide a solution to this barrier that is approved and supported by parents and caregivers of the participants.

Fine motor community playgroup. Although the social community playgroup was the only community program that was intended to be implemented, plans for a fine motor group to be implemented in the future were also designed. Three locations were identified as future locations to host a four-week, fine motor community playgroup. These locations included the Vigo County Public Library, Terre Haute Children's Museum, and Reach Pediatric Therapy, which would be utilized for two weekly sessions to decrease costs associated with the program. Future group leaders would be responsible for communicating with staff at the Terre Haute Children's Museum to determine any associated costs with hosting the group at the location. Participants recruited for the fine motor playgroup would also be determined at a later time, depending on the children who are receiving services at Reach Pediatric Therapy at the time of implementation of the group. Fine motor skills are described as controlling and making movements utilizing the small muscles in the hands, wrists, and fingers (The Understood Team,

2019a). The Terre Haute Children's museum contains a variety of exhibits that include fine

motor activities. The playgroup occuring at the museum would allow children to have free play

exploration experiences while simultaneously having the opportunity to utilize and improve fine

motor skills while engaging in present activities. Several fine motor activities were identified as

potential activities that could be included in session plans at groups hosted at the Vigo County

Public Library, and Reach Pediatric Therapy. Some fine motor activities identified include

crafts, jewelry making with beads, sensory buckets, play dough, and painting activities. Session

plans were left open to allow future group leaders the opportunity to decide which fine motor

activities are appropriate based on age and skill level of the children participating.

   Goals and objectives. Similarly to the social community playgroup, the primary purpose

of the fine motor community playgroup is to provide children with disabilities and their families

an opportunity to engage in fun community based activities as a unit alongside families and peers

of all abilities. Specific fine motor playgroup goals were created utilizing the Goal Attainment

Scale (Appendix D), and will be intended to be met by the end of the four week program. The

goal will be for all participants to scale each goal as the "Expected Level of Outcome" by

termination of the fine motor playgroup (see Appendix D). Supplementary objectives were also

developed to help guide experiences throughout the program to ensure all participants have the

opportunity to participate in community activities within a supportive environment. Other

objectives of the fine motor community playgroup include the following:

- Allow children the opportunity to utilize and improve developmental fine motor
  skills while participating in activities within a community environment
- Increase access to community activities and provide support to children and
  families experiencing barriers to community participation

- Provide families the opportunity to share success stories and concerns, ask questions, and engage in community activities and outings with other families

- Allow children the opportunity to experience utilization and transfer of fine motor skills during community activities

Gross motor community playgroup. Along with the fine motor community playgroup, plans for a gross motor community playgroup to be implemented in the future were designed. Multiple community organizations and businesses within the Terre Haute, Indiana area provide environments that would be appropriate to host a gross motor playgroup. Such locations include the Terre Haute Bowling Center, The Bouncin Barn, Deming Park, McDonald's and Chick fil A playhouse, Martial Arts studio, Gymnastics studio, Bogey's Family Fun Center, and Reach Pediatric Therapy. Gross motor skills are considered one's ability to control and make movements using the large muscles of the arms, legs, and torso (The Understood Team, 2019b). Specific locations of the four-week group will be determined at a later time by future group leaders. Group leaders will need to communicate with the community organizations regarding accessibility and associated costs with utilizing the facility. Group leaders will also consider the age and skill level of the children participating. Future recruitments for participants of the gross motor playgroup would also be determined closer to the planned implementation date and would depend on the children who are receiving services at Reach Pediatric Therapy during the time of implementation.

Goals and objectives. Providing children with disabilities and their families an opportunity to engage in fun community based activities as a unit alongside families and peers of all abilities is also the primary focus of the gross motor community playgroup. Gross motor playgroup goals were created utilizing the Goal Attainment Scale (Appendix E), and will be

intended to be met by the end of the four week program. The overall goal of the playgroup will

be for all participants to scale each goal as the "Expected Level of Outcome" by termination of

the gross motor playgroup (see Appendix E). Subsequent objectives were also created to help

guide the playgroup experience and ensure each participant has the opportunity to participate in

community activities with support as needed. Additional objectives of the gross motor

community playgroup include the following:

- Allow children the opportunity to utilize and improve developmental gross motor skills while participating in activities within a community environment

- Increase access to community activities and provide support to children and families experiencing barriers to community participation

- Provide families the opportunity to share success stories and concerns, ask questions, and engage in community activities and outings with other families

- Allow children the opportunity to experience utilization and transfer of gross motor skills during community activities

Evaluation Strategies

A variety of outcome tools were utilized and introduced to staff at Reach Pediatric

Therapy clinic. Two specific tools, the Goal Attainment Scale and SWOT Analysis, were

identified as evaluation tools that could be utilized to measure effectiveness of the community

outreach program. The Goal Attainment Scale is an outcome tool that includes specific goals

and allows evaluators to scale the extent to which each goal was met (Shirley Ryan Abilitylab,

2019). A Goal Attainment Scale was designed for each of the three community playgroups

including the social (see Appendix C), fine motor (see Appendix D), and gross motor group (see

Appendix E). The Goal Attainment Scale was planned to be administered to parents and

caregivers of the participants at the end of the four-week social community playgroup, as well as at termination of the future fine motor and gross motor community playgroups.

Additionally, the SWOT Analysis tool (Appendix F) allows an evaluator to identify strengths, weaknesses, opportunities, and threats of the program sessions (Dyson, 2004). Program plans included performing a SWOT Analysis after each weekly session of the social community playgroup. Completing a weekly SWOT Analysis would allow for group leaders to identify and build on strengths of the program, pinpoint and improve areas of weakness, find and utilize opportunities for growth, and identify and overcome potential threats of the playgroup (Dyson, 2004). Information included in the SWOT Analysis would then be utilized to alter and improve the weekly session before future implementation of the program occurred for a second time.

The SWOT Analysis tool was also introduced to all staff at Reach Pediatric Therapy regardless of their job description. Utilization of the SWOT analysis could be beneficial for promoting staff development of all disciplines. The tool could be utilized to evaluate either personal or professional abilities and services. By utilizing the SWOT Analysis, staff members could complete their job responsibility of personal and professional growth.

Leadership Skills

Leadership skills were a crucial factor in planning, developing, organizing, and marketing the community outreach program. Communication, advocacy, and teamwork were all skills needed for successful development of the community outreach programs. While considering results of the needs assessment, leadership skills were utilize to design and market a social community playgroup for children with disabilities and their families. Results of the needs assessment indicated there was a need to increase community participation for children with

disabilities and their families, including more accessibility to age appropriate activities and more supportive community environments.

Communication and advocacy. Effective communication skills were necessary for a variety of tasks associated with developing the community outreach program. Conversations with staff of multiple community organizations and businesses occurred to provide information regarding results of the needs assessment, and to advocate for the profession of occupational therapy by explaining how occupational therapists can play a role in improving community participation for children with disabilities and their families, and how the community organization or business could contribute to the program. Effective communication skills utilized with individuals at these community locations contributed to their willingness to offer discounted admission rates and/or availability to use the location's space and resources for a weekly playgroup session.

Communication skills were also utilized when conversing with volunteers for the program, and parents and caregivers of children being recruited to participate in the social community playgroup. Parents and caregivers were asked to provide feedback regarding the day and time of which would be most convenient for the playgroup to occur. Similarly, several conversations occurred with staff of the occupational therapy program at ISU to determine an appropriate time to schedule the playgroup that did not conflict with the student volunteers' schedules. Parents, guardians, and caregivers of the children participating were also asked if small associated fees would be a barrier to their child participating in the community playgroup. Communication with all recruited participants and volunteers occurred in a professional and timely manner to ensure all individuals were informed about all details of the social community playgroup throughout the entire process of program development.

Teamwork. Teamwork played a vital role in the process of developing the community outreach program for children with disabilities and their families. Office staff of Reach Pediatric Therapy assisted in distributing informational flyers to individuals participating in the community outreach program. The occupational therapist and site mentor at Reach Pediatric Therapy helped to introduce and connect to not only individuals being recruited to participate in the program, but also volunteers who could help provide support during the playgroup sessions. The supervising occupational therapist served as a mentor by providing feedback on playgroup session plans and activities. She also assisted with contacting participants and volunteers of the playgroup program as needed to ensure everyone received information about the playgroup in a timely manner.

Section V: Discontinuation

Program Sustainability

To ensure sustainability of the community outreach program, partnerships have been formed between Reach Pediatric Therapy staff and students and staff involved in the occupational therapy program at ISU. Students from the occupational therapy program at ISU will utilize volunteering for the community outreach program as an opportunity to gain hands on experience with clients, while also assisting to meet the need of increasing community participation for children with disabilities. Occupational therapy students who will play a role in sustaining the program have been provided with a binder including program plans, goals, and outcome tools, which may be utilized in the future for program implementation and sustainability. Specific program plans and goals are included in the binder; however, may be altered if students and staff of Reach Pediatric Therapy feel a need to make changes in order to increase successfulness of the programs. If future students need to identify the need for

maintaining the community outreach program, they will also have access to the needs assessment

survey. The needs assessment survey could be distributed to clients receiving services at Reach

Pediatric Therapy, or to other potential clients who may benefit from participation in the

community outreach program to help further the growth of the program.

A different strategy that will be utilized to ensure continuous sustainability and quality

improvement of the community outreach program is a SWOT Analysis (Appendix F). As

previously mentioned, the SWOT Analysis tool may be utilized to evaluate each individual

program session, the overall program, and students and staff members involved in Reach

Pediatric Therapy. Utilizing a SWOT Analysis to identify strengths, weaknesses, opportunities,

and threats of individual sessions and the overall program would allow for individuals to

continuously identify needed areas of improvement and associated barriers, ways to improve the

quality of the program services, and future opportunities for growth of the program (Dyson,

2004). Another important component to ensuring sustainability and quality improvement of the

community outreach program is making sure individuals involved in program design and

implementation are continuously engaging in professional development opportunities. The

SWOT Analysis can also be utilized by these individuals to assist with personal and professional

growth. Personal and professional growth will allow individuals to apply new ideas and skills to

various program components to increase quality of services.

Societal Need

The societal need met through the community outreach program includes providing

children with disabilities an opportunity to increase engagement and participation in community

activities and environments. The results of the needs assessment identified children with

disabilities and their families experience decreased community engagement, and desire changes

to increase community participation. As a result of the needs assessment, a community outreach

program for children with disabilities was designed. The design of the community outreach

program allows children with disabilities the opportunity to engage in various community

activities and environments while also utilizing and improving social, fine motor, and/or gross

motor skills. Each program's design includes age appropriate community activities for children

with disabilities. Additionally, the presence of a licensed occupational therapist and

occupational therapy student volunteers is included in each program session's plans to provide

support as needed to individuals and families participating. Although actual implementation of

the community outreach programs was unsuccessful due to barriers impacting participation for

the children and families, the community outreach program provides future opportunities for

children with disabilities and their families to increase active participation within the community.

Section VI: Overall Learning

Communication Skills

As previously mentioned, effective communication skills were a vital part of developing

a community outreach program for children with disabilities and their families. In order to

develop all components of the program, several conversations occurred with clients and their

families, community business owners and staff, colleagues, and health providers.

Communication with these individuals occurred through a variety of different methods including

written, verbal, and nonverbal.

Clients and families. Verbal and nonverbal communication were utilized when

distributing the needs assessment survey to parents and caregivers of clients receiving services at

Reach Pediatric Therapy. Parents and caregivers were educated on community participation,

received an explanation of the purpose of a community outreach program, and were asked if they

would be willing to participate in a needs assessment to help identify the need for a program to increase community participation. Parents, guardians, and caregivers who confirmed wanting to participate in the social community playgroup program were also communicated with via text to discuss possible days and times of which the program could occur to better accommodate their schedules. While listening to parents, guardians, and caregivers, appropriate nonverbal skills were utilized to ensure individuals speaking felt they were being heard, and did not feel judged or pressured. Written communication was utilized to create a community playgroup flyer to advertise and inform participants of the community playgroups meeting times and locations, purpose of the group, and contact information for Reach Pediatric Therapy staff. Written communication was also used via text to remind parents, guardians, and caregivers of program sessions time and locations.

Community business owners and staff. Several conversations with owners and employees of community organizations and business occurred to explain the results of the needs assessment and advocate for the profession of occupational therapy. Verbal communication with these individuals also occurred to discuss how occupational therapists can play a role in improving community participation for children with disabilities and their families, and how the community organization or business could help to provide opportunities for these children and contribute to the community playgroup program. Multiple conversations via phone with these individuals took place to follow up and schedule community playgroup sessions at these locations including details and goals of the sessions. Respectful and professional verbal and nonverbal communication with owners and employees of community organizations and businesses helped to contribute to their willingness to participate in the community outreach

program by offering discounted admission rates and availability to utilize facility space and resources for a community playgroup session.

Colleagues. Multiple forms of communication were utilized with student colleagues and other health providers throughout the process of developing the community outreach program. Verbal communication with students in the occupational therapy program at ISU occurred to discuss the community outreach program details and goals, and to discover if students would be interested in volunteering for the community playgroup. Written communication via text was utilized with these individuals to gather information from the students regarding their class and work schedules to identify a day and time for the playgroup to occur that did not conflict with their schedules. The community playgroup flyer and goals for each group were shared with these individuals via email. After program implementation was unsuccessful, written communication was used to discuss future implementation of the community playgroup with the students serving as the co-leaders of the group with the licensed occupational therapist.

Health providers. Multiple in-person conversations with the licensed occupational therapist took place to discuss needs of children with disabilities and their families receiving therapy services at Reach Pediatric Therapy, opportunities for community participation, and the purpose and goals of each program. Feedback through written communication was provided by Reach Pediatric Therapy staff members to offer suggestions and edits to community playgroup documents including session plans, playgroup flyer, and group goals. Written communication was also utilized to discuss the purpose and opportunities associated with completing a SWOT Analysis as a method of professional development.

Leadership and Advocacy

A variety of leadership and advocacy skills were enhanced throughout the process of developing a community outreach program for children with disabilities and their families. The licensed occupational therapist involved in the development and implementation of the program served as a mentor due to being focused on treating her caseload of clients, and occupied with tasks associated with being the director of Reach Pediatric Therapy. Due to working independently on project development and implementation components, learning to take initiative was extremely important. When the site mentor was unavailable, other staff members at Reach Pediatric Therapy were consulted, which resulted in the formation of connections with other health professionals. While connecting with other health professionals, advocacy skills were utilized to inform others of the profession of occupational therapy, and how occupational therapists can play a role in improving community participation for children with disabilities. Collaboration and teamwork amongst various individuals practicing in different disciplines also contributed to developing new opportunities for children with disabilities to increase community participation.

Creating a new program and being unable to successfully implement the program as planned was extremely challenging. The staff at Reach Pediatric Therapy was very aware, understanding, and supportive of the challenges faced throughout the program development and implementation phase. Several hours of planning and hard work were put into developing the community outreach program and scheduling the implementation phase. Plans for the social community playgroup were in place, and six participants had confirmed their participation in the group; however, when it came time for the actual group sessions to occur the participants were unable to attend. The experience provided an important lesson that will be useful in future

practice as an occupational therapist. Although the expected outcome may not always be

achieved, there is always changes that can be made, time to keep working towards the goal, and

people that will be willing to support and contribute to help provide opportunities for others in

need. Occupational therapists must continue to advocate for clients, create opportunities for

individuals while considering personal characteristics and qualities, and modify barriers of the

environment or activity to promote maximized occupational performance.

References

American Occupational Therapy Association. (2019a). *Learning through play.* Retrieved from

https://www.aota.org/aboutoccupationaltherapy/patientsclients/childrenandyouth/play.asp

x

American Occupational Therapy Association. (2019b). *Occupational therapy in school settings.*

Retrieved from https://www.aota.org/About-Occupational-

Therapy/Professionals/CY/school-settings.aspx

American Occupational Therapy Association. (2019c). *School-based practice.* Retrieved from

https://www.aota.org/Practice/Children-Youth/School-based.aspx

American Occupational Therapy Association. (2014a). Occupational therapy's commitment to

nondiscrimination and inclusion. *American Journal of Occupational Therapy, 68*, S23-

S24. doi.org/10.5014/ajot.2014.686S05

American Occupational Therapy Association. (2014b). Occupational therapy practice

framework: Domain and process (3rd edition). *American Journal of Occupational

Therapy, 68*(Supp.1), S1-S48.

Anaby, D., Law, M., Coster, W., Bedell, G., Khetani, M., Avery, L., Teplicky, R. (2014).

The mediating role of the environment in explaining participation of children and youth

with and without disabilities across home, school, and community. *Archives of Physical

Medicine and Rehabilitation, 95*, 908-917. doi:10.1016/j.apmr.2014.01.005

Bedell, G., Coster, W., Law, M., Liljenquist, K., Kao, Y. C., Teplicky, R., . . . Khetani, M. A.

(2013). Community participation, supports, and barriers of school-age children with and

without disabilities. *Archives of Physical Medicine and Rehabilitation*, *94*(2), 315-323.

doi: 10.1016/j.apmr.2012.09.024

Cahill, S. M., Clone, J., Wilson, M., Moroni, A. (2015). Friends, fun, and fitness: A 6 week

program for adolescents with down syndrome. *American Occupational Therapy

Association: Developmental Disabilities Special Interest Section Quarterly, 38*(2), 1-4.

Dyson, R. G. (2004). Strategic development and SWOT analysis at the university of warwick.

European Journal of Operational Research, 152, 631-640. doi:10.1016/S0377-

2217(03)00062-6

Elenko, B., & Siegfried, E. (2018). Promoting inclusion: Information and strategies in early

childhood. *OT Practice, 23*(5), 8–11. doi.org/10.7138/otp.2018.2305.f1

Fabrizi, S. E., Ito, M. A., & Winston, K. (2016). Effect of occupational therapy–led playgroups

in early intervention on child playfulness and caregiver responsiveness: A repeated-

measures design. *American Journal of Occupational Therapy*, *70*(2), 700220020p1-

700220020p9. doi:10.5014/ajot.2016.017012

Khetani, M., Graham, J. E., & Alvord, C. (2013). Community participation patterns among

preschool-aged children who have received part c early intervention services. *Child:

Care, Health, and Development*, *39*, 490-499. doi.org/10.1111/cch.12045

Kraus, L., Lauer, E., Coleman, R., and Houtenville, A. (2018). *2017 Disability Statistics Annual

Report*. Durham, NH: University of New Hampshire.

Law, M., Cooper, B., Strong, S., Stewart, D., Rigby, P., & Letts, L. (1996). The person-

environment-occupation model: A transactive approach to occupational performance.

Canadian Journal of Occupational Therapy, 63(1), 9-23.

doi.org/10.1177/000841749606300103

Lawson, L. M., & Foster, L. (2016). Sensory patterns, obesity, and physical activity participation

of children with autism spectrum disorder. *American Journal of Occupational Therapy,*

70(5), 7005180070p1-7005180070p8. doi:10.5014/ajot.2016.021535

McLean, K., Edwards, S., Evangelou, M., Skouteris, H., Harrison, L. J., Hemphill, S. A., . . .

Lambert, P. (2015). Playgroups as sites for parental education. *Journal of Early*

Childhood Research, 15(3), 227-237. doi.org/10.1177/1476718X15595753

Shirley Ryan Abilitylab. (2019). *Goal attainment scale*. Retrieved from

https://www.sralab.org/rehabilitation-measures/goal-attainment-scale

Silverman, F., & Tyszka, A. C. (2017). Supporting participation for children with sensory

processing needs and their families: Community-based action research. *American Journal*

of Occupational Therapy, *71*(4), 7104100010p1-7104100010p9.

doi:10.5014/ajot.2017.025544

Strange, C., Fisher, C., Howat, P., & Wood, L. (2014). Fostering supportive community

connections through mothers' groups and playgroups. *Journal of Advanced Nursing,*

7(12), 2835-2846. doi: 10.1111/jan.12435

The Understood Team. (2019a). *Fine motor skills: What you need to know*. Retrieved from

https://www.understood.org/en/learning-attention-issues/child-learning-

disabilities/movement-coordination-issues/all-about-fine-motor-skills

The Understood Team. (2019b). *Gross motor skills: What you need to know*. Retrieved from

https://www.understood.org/en/learning-attention-issues/child-learning-

disabilities/movement-coordination-issues/all-about-gross-motor-skills

Umeda, C. J., Fogelberg, D. J., Jirikowic, T., Pitonyak, J. S., Mroz, T. M., & Ideishi, R. I.

(2017). Expanding the implementation of the americans with disabilities act for

populations with intellectual and developmental disabilities: The role of organization-

level occupational therapy consultation. *American Journal of Occupational Therapy,*

71(4), 7104090010p1-7104090010p.6. doi:10.5014/ajot.2017.714001

World Health Organization. (2001). *International classification of functioning, disability, and*

health (ICF). Geneva: Author.

Appendix A

Survey Questionnaire to Address Community Participation

Community participation includes any engagement in an activity outside of ones home that results in interaction within the community and can occur in a variety of locations with various individuals. (Family outings, playgroups, neighborhood, organizations, shopping, workplace, school, religious/spiritual, recreation, etc.)

1. Please list your child's age and limitations/diagnosis.

2. Do you feel Terre Haute has enough community resources for your child with a disability to participate in?

   Yes / No

3. On average, how often does your child participate in community activities?

   Daily, Weekly, Monthly, Rarely

4. What activities does your child with a disability currently participate in within the community?

5. On average, how often does your family participate in activities within the community?

   Daily, Weekly, Monthly, Rarely

6. What activities does your family as a whole currently participate in within the community?

7. Please rate how important it is for your child with a disability to be involved in community participation?

   0 = Not Important   10 = Very Important

   0 1 2 3 4 5 6 7 8 9 10

8. Please rate how important it is for your child with a disability and family to have community support while engaging in community activities?

    0 = Not Important   10 = Very Important

    0   1   2   3   4   5   6   7   8   9   10

9. Please rate how confident you feel participating in community activities with your child with a disability.

    0 = Not Confident   10 = Very Confident

    0   1   2   3   4   5   6   7   8   9   10

10. Please describe any barriers or concerns you feel limit or inhibit your child with a disability from engaging in community participation.

11. Please describe what changes could be made to increase or improve community participation for your child with a disability and family as a whole.

12. What would you love for your child with a disability to be able to participate in within the community?

Please list any additional comments/concerns regarding community participation for your child and family.

Thank you for your time and participation.

Appendix B

Advertisement Flyer for Community Playgroup

Appendix C

Social Playgroup Goal Attainment Scale

	Goal 1: Parent/caregiver Comfort Level	Goal 2: Activity Participation	Goal 3: Child Social Interaction	Goal 4: Parent/caregiver Social Interaction
Much Less Than Expected (-2)	Parent/caregiver reports comfort level while participating in the community playgroup as 4/10 or less by termination of the four-week playgroup.	Parent/caregiver reports satisfaction level as 4/10 or less regarding opportunities for their child to engage in community activities and improve social skills by termination of the four-week playgroup.	Parent/caregiver reports satisfaction level as 4/10 or less regarding their child's engagement with other children during the group by termination of the four-week playgroup.	Parent/caregiver reports satisfaction level as 4/10 or less regarding opportunities to engage with other parents/caregivers by termination of the four-week playgroup.
Somewhat Less Than Expected (-1)	Parent/caregiver reports comfort level while participating in the community playgroup as 5/10 by termination of the four-week playgroup.	Parent/caregiver reports satisfaction level as 5/10 regarding opportunities for their child to engage in community activities and improve social skills by termination of the four-week playgroup.	Parent/caregiver reports satisfaction level as 5/10 regarding their child's engagement with other children during the group by termination of the four-week playgroup.	Parent/caregiver reports satisfaction level as 5/10 regarding opportunities to engage with other parents/caregivers by termination of the four-week playgroup.
Expected Level of Outcome (0)	Parent/caregiver reports comfort level while participating in the community	Parent/caregiver reports satisfaction level as 6/10 regarding	Parent/caregiver reports satisfaction level as 6/10 regarding their child's	Parent/caregiver reports satisfaction level as 6/10 regarding opportunities to

	playgroup as 6/10 by termination of the four-week playgroup.	opportunities for their child to engage in community activities and improve social skills by termination of the four-week playgroup.	engagement with other children during the group by termination of the four-week playgroup.	engage with other parents/caregivers by termination of the four-week playgroup.
Somewhat More Than Expected (+1)	Parent/caregiver reports comfort level while participating in the community playgroup as 7/10 by termination of the four-week playgroup.	Parent/caregiver reports satisfaction level as 7/10 regarding opportunities for their child to engage in community activities and improve social skills by termination of the four-week playgroup.	Parent/caregiver reports satisfaction level as 7/10 regarding their child's engagement with other children during the group by termination of the four-week playgroup.	Parent/caregiver reports satisfaction level as 7/10 regarding opportunities to engage with other parents/caregivers by termination of the four-week playgroup.
Much More Than Expected (+2)	Parent/caregiver reports comfort level while participating in the community playgroup as 8/10 or higher by termination of the four-week playgroup.	Parent/caregiver reports satisfaction level as 8/10 or higher regarding opportunities for their child to engage in community activities and improve social skills by termination of the four-week playgroup.	Parent/caregiver reports satisfaction level as 8/10 or higher regarding their child's engagement with other children during the group by termination of the four-week playgroup.	Parent/caregiver reports satisfaction level as 8/10 or higher regarding opportunities to engage with other parents/caregivers by termination of the four-week playgroup.
Comments:				

Appendix D

Fine Motor Playgroup Goal Attainment Scale

	Goal 1: Parent/caregiver Comfort Level	Goal 2: Activity Completion	Goal 3: Child Social Interaction	Goal 4: Parent/caregiver Social Interaction
Much Less Than Expected (-2)	Parent/caregiver reports comfort level while participating in the community playgroup as 4/10 or less by termination of the four-week playgroup.	Parent/caregiver reports satisfaction level as 4/10 or less regarding opportunities for their child to engage in community activities while improving fine motor skills by termination of the four-week playgroup.	Parent/caregiver reports satisfaction level as 4/10 or less regarding their child's engagement with other children during the group by termination of the four-week playgroup.	Parent/caregiver reports satisfaction level as 4/10 or less regarding opportunities to engage with other parents/caregivers by termination of the four-week playgroup.
Somewhat Less Than Expected (-1)	Parent/caregiver reports comfort level while participating in the community playgroup as 5/10 by termination of the four-week playgroup.	Parent/caregiver reports satisfaction level as 5/10 regarding opportunities for their child to engage in community activities while improving fine motor skills by termination of the four-week playgroup.	Parent/caregiver reports satisfaction level as 5/10 regarding their child's engagement with other children during the group by termination of the four-week playgroup.	Parent/caregiver reports satisfaction level as 5/10 regarding opportunities to engage with other parents/caregivers by termination of the four-week playgroup.
Expected Level of Outcome (0)	Parent/caregiver reports comfort level while participating in the community playgroup as 6/10	Parent/caregiver reports satisfaction level as 6/10 regarding opportunities	Parent/caregiver reports satisfaction level as 6/10 regarding their child's engagement with	Parent/caregiver reports satisfaction level as 6/10 regarding opportunities to engage with other

	by termination of the four-week playgroup.	for their child to engage in community activities while improving fine motor skills by termination of the four-week playgroup.	other children during the group by termination of the four-week playgroup.	parents/caregivers by termination of the four-week playgroup.
Somewhat More Than Expected (+1)	Parent/caregiver reports comfort level while participating in the community playgroup as 7/10 by termination of the four-week playgroup.	Parent/caregiver reports satisfaction level as 7/10 regarding opportunities for their child to engage in community activities while improving fine motor skills by termination of the four-week playgroup.	Parent/caregiver reports satisfaction level as 7/10 regarding their child's engagement with other children during the group by termination of the four-week playgroup.	Parent/caregiver reports satisfaction level as 7/10 regarding opportunities to engage with other parents/caregivers by termination of the four-week playgroup.
Much More Than Expected (+2)	Parent/caregiver reports comfort level while participating in the community playgroup as 8/10 or higher by termination of the four-week playgroup.	Parent/caregiver reports satisfaction level as 8/10 or higher regarding opportunities for their child to engage in community activities while improving fine motor skills by termination of the four-week playgroup.	Parent/caregiver reports satisfaction level as 8/10 or higher regarding their child's engagement with other children during the group by termination of the four-week playgroup.	Parent/caregiver reports satisfaction level as 8/10 or higher regarding opportunities to engage with other parents/caregivers by termination of the four-week playgroup.
Comments:				

Appendix E

Gross Motor Playgroup Goal Attainment Scale

	Goal 1: Parent/caregiver Comfort Level	Goal 2: Activity Completion	Goal 3: Child Social Interaction	Goal 4: Parent/caregiver Social Interaction
Much Less Than Expected (-2)	Parent/caregiver reports comfort level while participating in the community playgroup as 4/10 or less by termination of the four-week playgroup.	Parent/caregiver reports satisfaction level as 4/10 or less regarding opportunities for their child to engage in community activities while improving gross motor skills by termination of the four-week playgroup.	Parent/caregiver reports satisfaction level as 4/10 or less regarding their child's engagement with other children during the group by termination of the four-week playgroup.	Parent/caregiver reports satisfaction level as 4/10 or less regarding opportunities to engage with other parents/caregivers by termination of the four-week playgroup.
Somewhat Less Than Expected (-1)	Parent/caregiver reports comfort level while participating in the community playgroup as 5/10 by termination of the four-week playgroup.	Parent/caregiver reports satisfaction level as 5/10 regarding opportunities for their child to engage in community activities while improving gross motor skills by termination of the four-week playgroup.	Parent/caregiver reports satisfaction level as 5/10 regarding their child's engagement with other children during the group by termination of the four-week playgroup.	Parent/caregiver reports satisfaction level as 5/10 regarding opportunities to engage with other parents/caregivers by termination of the four-week playgroup.
Expected Level of Outcome (0)	Parent/caregiver reports comfort level while participating in the community playgroup as 6/10	Parent/caregiver reports satisfaction level as 6/10 regarding opportunities	Parent/caregiver reports satisfaction level as 6/10 regarding their child's	Parent/caregiver reports satisfaction level as 6/10 regarding opportunities to engage with other

	by termination of the four-week playgroup.	for their child to engage in community activities while improving gross motor skills by termination of the four-week playgroup.	engagement with other children during the group by termination of the four-week playgroup.	parents/caregivers by termination of the four-week playgroup.
Somewhat More Than Expected (+1)	Parent/caregiver reports comfort level while participating in the community playgroup as 7/10 by termination of the four-week playgroup.	Parent/caregiver reports satisfaction level as 7/10 regarding opportunities for their child to engage in community activities while improving gross motor skills by termination of the four-week playgroup.	Parent/caregiver reports satisfaction level as 7/10 regarding their child's engagement with other children during the group by termination of the four-week playgroup.	Parent/caregiver reports satisfaction level as 7/10 regarding opportunities to engage with other parents/caregivers by termination of the four-week playgroup.
Much More Than Expected (+2)	Parent/caregiver reports comfort level while participating in the community playgroup as 8/10 or higher by termination of the four-week playgroup.	Parent/caregiver reports satisfaction level as 8/10 or higher regarding opportunities for their child to engage in community activities while improving gross motor skills by termination of the four-week playgroup.	Parent/caregiver reports satisfaction level as 8/10 or higher regarding their child's engagement with other children during the group by termination of the four-week playgroup.	Parent/caregiver reports satisfaction level as 8/10 or higher regarding opportunities to engage with other parents/caregivers by termination of the four-week playgroup.
Comments:				

Appendix F

SWOT Analysis Evaluation Tool

SWOT ANALYSIS

INTERNAL FACTORS	
STRENGTHS (+)	WEAKNESSES (-)

EXTERNAL FACTORS	
OPPORTUNITIES (+)	THREATS (-)