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*School of Occupational Therapy*

Implementation of a Child Development Program for Women Residing at the Dove Recovery  
House: A Doctoral Capstone Experience

Kyra-Jo Gaerke

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Under the direction of the faculty capstone advisor:

Taylor McGann, OTR

A Capstone Project Entitled

Implementation of a Child Development Program for Women Residing at the Dove Recovery House: A Doctoral Capstone Experience

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:

Kyra-Jo Gaerke

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**

### **Abstract**

A study done in 2018 ranked the United States by drug use (Kiernan, 2018). Indiana was ranked 7<sup>th</sup> in the lineup for having the biggest drug problem (Kiernan, 2018). Indianapolis has many addiction centers to address this issue, including the Dove Recovery House for Women. The Dove House is an inpatient facility in the heart of Indianapolis that provides housing, food, skilled treatment, and different programs to help improve the lives of women who are addicted to substances (Dove Recovery House for Women, n.d.). Prior to the start of the doctoral capstone experience (DCE) the student met with the executive director who expressed deficits in the education of child development and motherhood in the women at the facility. There are many research articles that suggest conflict in the role of motherhood when the mother is also in active addiction (Hersteiner, 2004; Pajulo et al., 2006; Slade, 2002; Suchman et al., 2004). To address these issues, the purpose of this DCE project was to develop a program that educates and encourages the mothers of Dove House about the role of motherhood and to allow individual exploration of what motherhood means for them and their children. The occupational therapy student (OTS) developed an occupation based and client centered six-week program addressing motherhood and child development. This paper describes the needs of this population, the screening process, implementation of the group and continuous quality improvement, the discontinuation process, the outcomes, and overall learning for the DCE. Based on data taken from pre and post surveys the majority of the women found the program to be effective, educational, and relevant.

*Keywords: substance use, child development, motherhood, program development, occupation*

Implementation of a Child Development Program for Women Residing at the Dove Recovery House: A Doctoral Capstone Experience

**Literature Review**

In 2016, the Surgeon General, Vivek H. Murthy, released a report titled “Facing Addiction in America.” This report highlighted the serious problem that America has with substance misuse and how this problem effects not only the individuals using, but the community as well (US Department of Health and Human Services, 2016). In 2017, there were 15.7 million people that required treatment for alcohol addiction and 7.7 million people requiring treatment for illegal drug use. The highest amount of reported drug overdoses took place in 2014, which totaled to more than 47,000 people (US Department of Health and Human Services, 2016). Since 2000, the death rate of overdoses in the US has increased by 137% with a 200% increase of overdoses with opioid and heroin use (Rudd, Aleshire, Zibbell, & Gladden, 2016). From 2013 to 2014, there was a 14% increase in the amount of opioid overdose deaths. These staggering statistics demonstrate that the drug epidemic in the United States is realistic, and that education and intervention on drug use is required to decrease use and death caused by substances (Rudd et al., 2016).

One facility that is fighting against the drug epidemic is the Dove Recovery House for Women. This facility is a non-for-profit inpatient recovery home for women who are truly seeking recovery from substance use (C. Dugger, personal communication, April 27<sup>th</sup>, 2018). This sober living facility is located in the heart of Indianapolis and is the largest substance abuse recovery center in Marion County. The Dove House can hold up to 40 women at one time, and currently has a 4-5 month wait list, demonstrating the extreme need for successful recovery houses in Indianapolis. Their mission statement is as follows, “Dove Recovery House is

committed to empowering women to become substance free, self-sufficient, and healthy, by providing safe housing, quality programming and – above all – hope for the future” (Dove Recovery House for Women, n.d.) When joining the house, the women are asked to commit to 90 days in the facility but are able to stay for up to 2 years. In 2017, the Dove House was able to serve 76 women; 94% of those women did not relapse, 75% are in school, working, or volunteering on a weekly basis, and 88% were reunited with their family and children. In 2017 they provided a cost-free sober living place for 76 women. The Dove House provides a way for women struggling with substance use to return to a fulfilling life without use of substances by providing them with case management services, trauma therapy, and life skills classes (Dove Recovery House for Women, n.d.).

One role that is heavily influenced by addiction and is relevant to many of the women at the Dove House is motherhood. The Dove House does not allow children to stay at their facility full time, but children are allowed to visit and spend the night from Friday evening to Sunday. While with their children, many of the women struggle with finding age appropriate activities to do and are unsure how to participate in their role as a mother when someone else is keeping their child or children full time throughout the week. Studies show that women who abuse substances spend less time with their children, and the risk of child neglect is increased in this population (Silvia, Pires, Guerreiro, & Cardoso, 2013). Studies also show that mothers who are abusing substances have a limited understanding about child development and struggle to understand their child or children’s underlying intentions and emotions (Suchman, Mayes, Conti, Slade, & Rounsaville, 2014). Despite the ambiguity that goes along with motherhood, this role can provide a stable identity and constant set of occupations associated with this identity (Hiersteiner, 2004). Providing a safe and loving environment for a child can offer strong

motivation for a woman seeking abstinence, but the role of a mother brings its own unique stressors and triggers (Pajulo, Suchman, Kalland, & Mayes, 2006; Hiersteiner, 2004).

Occupational therapists are especially equipped to restore a person's role and routine by focusing on a client's behaviors, habits, and activities that are most meaningful to the client (Opp, 2018). These meaningful activities are also called occupations. Occupations, as defined by the AOTA (2014) occupational therapy framework are "the daily life activities in which people engage" (p. S6). These activities can include a diverse set of areas such as self-care tasks, driving, financial management, child rearing, sleeping, working, social participation, as well as negative occupations including addiction (Occupational Therapy Framework, 2014). Substance Abuse and Mental Health Services Administration (2015) states that, "substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet responsibilities at work, school, or home." An addicted person's concentration becomes focused on using or attaining their drug of choice, and this ends up interfering with their roles, routines and other daily occupations (Martin, Smith, Rogers, Wallen, & Boisvert, 2011). When working with those with addiction, occupational therapists usually focus on the client's dysfunctional routines, roles, and environment to improve their meaning and function in everyday life (Gutman, 2006). The Dove House is currently addressing the women's dysfunctional routines and environment by providing a structured day with interactive meetings in a safe environment that facilitates their healing (F. Brown, personal communication, January 9<sup>th</sup>, 2018). This doctoral capstone experience will address the specific role of motherhood that is relevant to many of the women at the Dove House with research demonstrating that it is often a complicated role in women with addiction.

Frameworks and models are often used to help guide the interventions and treatments as well as to strengthen and inform the areas of a project (Bonnell & Smith, 2017). For the purpose of the Doctoral Capstone Experience addressed in this paper, the Ecology of Human Performance (EHP) framework will be used. The EHP's main focuses are on preventative care, health-promotion and rehabilitation within the scope of the client's ability to perform certain tasks in their given context (Cole & Tufano, 2008). In the EHP there are four main aspects. The first aspect is the person which consists of the skills and traits that make each human different (Cole & Tufano, 2008). The second aspect are tasks, which involves the behaviors that a person needs in order to succeed at a goal. The third aspect is the context, or the environment that surrounds a person (Cole & Tufano, 2008). The environment also includes temporal pieces such as age, phase of life, and time. The fourth and final part of the EHP is the personal-context-task transaction, which describes how the client interacts in the context to complete a performance task (Cole & Tufano, 2008). This frame of reference was chosen as the best fit for the women at the Dove House because the women's context has a large influence on their ability to perform the role of motherhood. While they were actively using substances, their context and tasks that they participated in were unhealthy. Now that they are in a recovery program, their context is positive and the tasks they participate in are healthier, but they are still learning how these positive aspects effect their person. This model can be utilized to help them develop a healthy role of motherhood despite the tasks and environmental stressors that might associate with that role.

The transtheoretical model, also known as the stages of change model, is going to be utilized to guide the process of educating the women at the Dove House. This model includes seven stages that address a person's ability to identify a problem, process the problem, act on the

problem, and then change their behavior to address the problem (Prochaska & Velicer, 1997). At the Dove House, most of the women are currently in either the contemplation stage or the preparation stage. The contemplation stage consists of the client's ability to identify that they have a problem and are motivated to change but are still trying to understand the problem as a whole (Prochaska & Velicer, 1997). The preparation stage consists of the client planning for their change while obtaining the needed resources to help them make that change (Prochaska & Velicer, 1997). Some of the mothers at the Dove House are brand new, others have children who are older and grown, but each area of motherhood comes with its own challenges. By following the stages of change model, the occupational therapist will be guided on how to meet each of these women where they are at in their stage of change and provide them with the encouragement and resources that are needed to move forward.

With the guidance of past research as well as the direction of the chosen model and theory, this paper and the DCE associated with it intends to educate the mothers living at the Dove House about the role of motherhood and the basic child development knowledge required for active participation in the role of motherhood through a six-week class with weekly one-hour sessions.

### **Evaluation and Screening**

To analyze and assess the needs of the Dove House, an initial screening was had with the executive director, assistant director, and a case manager involved at the Dove House. The purpose of a screening, as defined by Scaffa, Reitz, and Pizzi (2010) is to "provide a basis for designing interventions with targeted outcome" (p. 300). Prior to this conversation, a literature search and review were done to determine the needs of women in recovery homes. The main themes taken from the literature review were discussed with the executive director, the assistant

director, and the case manager mentoring the occupational therapy student. The Dove House employees decided that the topic of focus should be on child development and motherhood. As previously mentioned, the Dove House does not provide a place for children to stay, but they do allow visits from Friday to Sunday. Many of the women have children who are living with family members or are able to get scheduled visits through the Department of Child Services (DCS). During these visits, the case managers and employees of the Dove House are noticing a lack of activities provided to the children by the mothers due to lack of comfort and knowledge on the children's skills and development (C. Dugger, W. Noe, and F. Brown, personal communication, April 27<sup>th</sup>, 2018). This observation is consistent with the literature addressed in the literature review stating that mothers who are addicted to substances have less understanding of the intentions and emotions of their children (Suchman, Mayes, Conti, Slade, & Rounsaville, 2014). With the implementation of a class addressing these areas and following the guidelines given by the employees at the Dove House, the OTS hopes to increase the understanding and connection between mothers at the Dove House and their children.

To determine the needs of the women, a needs assessment was written by the OTS and given prior to morning meeting. Morning meeting is a required meeting for all of the women in the house that takes place at 8am daily. An announcement was made discussing the purpose of the survey, and all women were asked to take the survey. The survey was written by the OTS and aimed to collect topics in which the women are struggling with relating to parenting, their current knowledge on the basic childhood milestones, and how they currently viewed their role as a parent. After morning meeting, two surveys were returned. The women were given one verbal reminder throughout the day, and two more surveys were returned. The OTS used the four returned surveys to further research the needs of the women regarding childhood development

and motherhood. The following topics were found to be important to those who returned the survey; reconnecting/reuniting/bonding, disciplining, developmental hinders on child due to drug use, general child development, finances, honesty when discussing addiction with children, and shame and acceptance.

Throughout the first four weeks of placement at the Dove House, discussions took place between the OTS and the women at the Dove House to further investigate the topics to be addressed during the educational sessions due to the lack of return on the surveys. The women, in line with those who filled out the survey, verbalized a need for activities to do with their children during their visits as well as knowledge of basic development skills for each age level. The women stated that they are looking for a more informational and educationally based program (Women living at the Dove House, personal communication, January 7<sup>th</sup>, 2019-February 1<sup>st</sup>, 2019).

The Dove House provides many services to the women of Dove House through the lens of social work. Most of the employees at Dove House are either currently in school to become a social worker, or already have their social work degree. The Dove House does not have a licensed occupational therapist, and therefore it was not appropriate to use an occupation therapy-based assessment on the women at the Dove House for this capstone project due to sustainability purposes. Instead, the OTS developed a needs assessment focused on the role of a mother and child development that could be used in the future by the Dove House employees. A needs assessment is done to verify that the research done by the practitioner matches the needs of the specific population or clientele that the practitioner is working with in order to provide an inclusive and meaningful session (Scaffa, Reitz, & Pizzi, 2010).

## Implementation

### Curriculum Guide and Program Implementation

In order to address the occupational role of motherhood and child development requested by both the employees of the Dove House and the women living at the house, the OTS developed a 6 week program to educate the mothers on their specific needs surrounding motherhood and children, including how drug use effects children in utero, basic child development milestones, discipline, activities for children in specific age groups, and how to connect and reconnect with children. The program took place on Fridays from 1:30p to 2:30p on the second level of the Dove House in the library room. This class, as well as all other classes and groups at the Dove House, was mandatory for the women to participate in if they were at the house at the time of the class. The women were excused if they had court, work, school, or a pre-scheduled appointment. The OTS used the text *Group Dynamics in Occupational Therapy* written by Marilyn B. Cole (2012) in order to implement the class in a therapeutic manner.

The first session introduced the class, how it would be structured over the next 6 weeks, when it took place, and the rules associated with group. This was then followed by giving out the pre survey with questions addressing their knowledge base of the topic covered during that session using a three-point rating scale with the option of choosing not knowledgeable, somewhat knowledgeable, and very knowledgeable. All surveys are found in the Appendix A through F of this paper. The initial session educated the women on the development of the child in utero and progressed to the development of an 18-month-old. At the end of every session, the women were given a post-survey that was identical to the pre-survey with the addition of the open-ended question, “what did you learn?” The women were also asked if they had any questions, concerns, or comments that needed to be addressed before closing, or information that

they would like in the following week's session. The session was then concluded, and the women were dismissed. The sessions all followed the same general format as the first session while addressing the following topics: Development of children 18 months -12 months and tantrums, development of ages 3-10, childhood trauma, and parenting styles. The final sixth session was a jeopardy game to summarize and review the information they learned throughout the class, followed by a survey to evaluate the class that included a Likert rating scale (see Appendix F).

### **Education on Addiction and Leadership**

A large part of this doctoral capstone experiences was for the OTS to increase knowledge and leadership skills to better serve those with addiction in future practice. In order to fulfill this part of the project, the student worked the desk daily, lead morning reflection, and attended at least one group session, court case, or outing throughout the week.

Working the front desk at the Dove House allowed the student to assist the women living at the facility with their daily needs. The front desk worker allocates the cleaning supplies for the women to participate in their chores, answers the phone for individuals calling in for assistance or questions, checks the woman's schedules when they leave the facility to be sure they are following their specific weekly schedules, facilitates the women when they need to meet with their social worker, provides supervision for the women while they take their daily medication, and administers drug screens throughout the day. The front desk is the action center of the entire facility and a great way to get to know each individual living in the house. Attending and leading the morning reflection meeting was also a way to develop rapport with the women at the Dove House and understand their concerns and needs on a personal level. Morning reflection is a mandatory house meeting that takes place every morning at 8am and includes all of the women

and at least one employee of the Dove House. The meeting takes place in the living room and begins with an uplifting song and a motivational message. It is then opened up for the women to share any thoughts or feelings they experienced during the song or reading, and continues to progress into any house concerns, appreciations, or announcements that need to be made. The OTS was able to lead this group sporadically throughout her time at the Dove House, allowing her to develop a better understanding of the rules and regulations asked of the women by the Dove House.

The group sessions the student attended include in house groups titled individualized outpatient (IOP) session, 12-step skills group, and relapse prevention group. These groups are all held by social workers that are employed at the Dove House. There are also community programs that come to the Dove House on a weekly basis to provide educational programs including Nurturing Parent, Making Changes Stick, Dream Center Group, and Big Bible Study. The Dove House also provides Alcohol Anonymous (AA) and Narcotics Anonymous (NA) and Heroine Anonymous (HA) that are for the women in the house and to any other women in the community as well. By attending and participating in the classes with the women at the Dove House, the OTS was able to develop a deeper understanding of what addiction is, how it effects the entirety of the person and those involved in their life, and more specifically how it has affected the lives of the women living at the Dove House.

Through the education and getting to know the population at the Dove House, the OTS was able to develop a child development class based on the women's identified needs. The number of women that attended fluctuated from 10 to 30 women. Initially, the sessions included within the class consisted of three child development sessions, one session on reconnecting, one on discipline, and one on finances. After the first two sessions, the women expressed the need for

more in-depth development sessions, especially in regard to mothering older children. To accommodate for these needs, the third class continued to address development and the final three classes addressed topics that the women wanted to learn about including childhood trauma and parenting styles related to child development. The OTS still incorporated reconnecting, discipline, and finances into the sessions, but provided less detail than originally planned. The last session was used to summarize what the women had learned throughout the entire class. The general class outline can be found in Appendix G. The OTS utilized *The Intentional Relationship* text written by Renee Taylor (2008) in order to help guide the group and establish a relationship with the women of the house. The population of the group consisted of all women, most of the who were older than the OTS who had experienced addiction and trauma throughout their lives. The OTS, who prior to this DCE, had little experience with trauma and/or addiction as well as motherhood, was able to further develop her skills in assertiveness, confidence, empathy, understanding, and leadership throughout the implementation of this class.

Throughout the implementation of the class, there were some interpersonal challenges that the student faced. The first challenge that came about was the time of the class. It took place on Fridays from 1:30p-2:30p, as this was the time that worked best for the staff. Before the implementation of this class, the women living at the house had free time from noon on, so the start of the class was an unwanted event. To address this, the student made sure to include hands on activities, exciting discussion, and spent some time prior to the start of class just talking to the women about their day. The OTS also kept the class informal, laid back, and comfortable by sitting with the women rather than standing in front and presenting the information to them. Another challenge that came forth rather early was the age and role difference between the OTS and the women living at the Dove House. Although the Dove House women range from ages 17

to 63 years of age, the majority of women are in their 30s and 40s. The student is 24 years old and has never participated in the motherhood role. This was brought up by some of the women, with one woman stating, “So you are going to teach me how to be a good mom when you’ve never been one and are the same age as my kids? (Woman living at the Dove House, personal communication, February 8<sup>th</sup>, 2019). The OTS first addressed this question by discussing that the purpose of this class was not to make them better mothers, but provide basic child development education, allow them to explore what motherhood means to them and provide them with tools to allow them to further embrace this role. The student also discussed the role of evidence-based practice in occupational therapy and gave a brief summary of her educational background to demonstrate competence and understanding related to this topic. The student also told the women that if they had any concerns or questions about the information provided to them, she would be happy to provide them with the research behind it. After the OTS explained the purpose of the group and her expertise in this area, the women were more accepting to the education provided and were more willing to participate in the class.

### **Resource Binder and Staff Development**

In order to provide a lasting resource for the Dove House, the OTS has compiled a resource binder for staff use. When a new group of women come in and are having reservations about their role as a mother, the OTS developed a class for the staff to follow if they chose to address this topic. The resource binder includes an outline of topics for each session (a total of 6 sessions) along with handouts for the women to accompany each session, and surveys to assess the effectiveness of the class. There will also be supplemental community resources of local low-cost activities for the women to use to identify developmentally appropriate activities for their children to participate in on the weekends. To address staff development, the OTS explained her

resources to the staff at the staff meeting on the student's final week at the site. She answered any questions that they had about implementation and gave full access to all resources and research that was done throughout the DCE. In addition to staff education on the class provided, the OTS also incorporated informal education during conversations throughout the DCE to discuss and show how OT is beneficial and can play a role in mental health treatment.

### **Discontinuation and Outcome**

The focus of this DCE was to develop a program that provided quality education to the women of the Dove House education on a topic that was not being properly addressed at the site in order to improve an important role in their lives. The OTS provided this program using evidence-based practice to guide the weekly educational session and organized a binder to allow sustainability of the group in the future for Dove House. Another focus of this DCE was to allow the OTS to become immersed in the addiction population to better understand the diagnosis of addiction and how to treat this population upon completion of her degree.

The child development class took place every Friday for 6 weeks and focused on discussing basic developmental milestones of children up to 18 years old, activities for different age groups, how to raise a child with trauma, disciplining children, parenting styles, and effects of drug use on children. The hope for this class was by addressing those topics, the women would establish knowledge and skills to use in their daily lives to develop a stronger sense of motherhood by improving their interaction and connection with their children. Every class consisted of a PowerPoint presentation based around a specific developmental period and chosen topics that related to that period. There was a pre and post survey given before and after class in order to address quality improvement. The survey asked specific questions related to the weekly session with the following answer choices, "not knowledgeable", "somewhat knowledgeable",

and “very knowledgeable.” To assess the pre and post survey outcomes, the amount of people that answered under each choice was counted and then converted to a percentage in order to compare the amount of educational growth each class provided for the women.

### **Outcome Measure Analysis**

The first session was focused on the effects that drug use has on the children in utero, the development of children from birth to 12 months, Erikson stage one, emotional regulation development, and an infant massage activity and discussion. The survey questions addressing the first session included the women’s confidence and knowledge associated with the sensory development, motor development, cognitive development, emotional development, social development, and activities to do with children ages birth to 18 months old. As supported by the data shown in Appendix H, there was a heavy increase in knowledge and confidence when looking at the questions related to sensory development, motor development, cognitive development, social development, and emotional development of ages birth to 18 months. There was no change in the pre and post question related to confidence in finding activities to do with children ages birth to 18 months. This area was not addressed in the first session due to decreased time and was instead addressed at the beginning of session two.

Session two focused on ages 18 months to 36 months and addressed development, reflective functioning, emotional regulation tantrums, Erikson stage 2, and age appropriate activities. Based on the data, there was an increase in knowledge and confidence for all questions addressed in the survey. Participants rated having at least some knowledge and confidence in every area addressed except coming up with activities for children 18 to 36 months old. The pre survey data shows that 21% of people were not knowledgeable or confident in coming up with activities for ages 18 months to 36 months and in the post survey this percentage decreased to

8% of the women were not confident or knowledgeable. The data for this session can be found in Appendix I.

Session three provided education on ages three to 10 with survey addressing development, Erikson stages three and four, imposter phenomenon, and brainstorming activities for children ranging from six to 10 years old. Based on the survey results found in Appendix J, there was an increase in knowledge and confidence in every area when comparing the pre and post surveys. The results of the post survey showed that all participants felt somewhat or very knowledgeable or confident in the topics that were addressed in the survey. There were no participants that felt as though they were not knowledgeable or confident at all after the class in any of the topics addressed in the survey.

Session four marked the end of the developmental sessions and the start of the sessions that were focused on special interests based from the feedback the women gave to the OTS during the sessions. The topics of session four included Erikson stages five and six as well as trauma and parenting. The questions that were asked in the pre and post survey included identifying factors that influence trauma in children, recognizing the signs of trauma, familiarity in assisting a child who has trauma, and how to prevent secondary trauma. There was an increase in confidence and knowledge in all topics except for the question addressing secondary trauma. This question was worded as follows, “Are you familiar with the term secondary trauma? If so, how familiar are you with strategies to prevent secondary trauma?” Along with the typical three answer choices (not knowledgeable/confident, somewhat knowledgeable/confident, and very knowledgeable/confident), this question included one more option that was, “I am not familiar with the term secondary trauma.” In the pre survey, 13% of people chose this added answer and in the post survey 39% of people chose it. After asking the participants about their answer the

following week in group, the OTS accredits this decrease in familiarity of the term “secondary trauma” to an unfamiliar set up of the survey due to an additional answer option. The results of this session can be found in Appendix K.

Session five was focused on parenting and included education on parenting styles, answering necessary but uncomfortable questions that children might ask about the mother’s past lifestyle, plan development for children if they are suspected to be using substances, and traits that effect a person’s temperament. There was an increase in knowledge and confidence in all the topics addressed in the survey, with the most significant knowledge and confidence increase being on the traits of temperament and types of parenting styles. These questions both demonstrated a 47% increase in the pre and post survey scores for the very knowledgeable/confident choice. The calculated results can be found in Appendix L.

Session six was the final class and consisted of a review of what was taught throughout the class and the discontinuation of the program. Instead of a pre and post survey, the OTS gave the participants an overall evaluation of the class as a whole. The participants were asked to rate their answers to each question on a Likert scale that consisted of the following options; strongly disagree, disagree, neutral, agree, and strongly agree. The first statement that they were asked to rate was, “This class was relevant to me.” Seventy two percent either agreed or strongly agreed. The second statement was, “This class was interesting to me.” Eighty six percent of the women either agreed or strongly agreed. The participants were asked if the class provided them with knowledge and skills to use in the future. Seventy eight percent of women either agreed or strongly agreed. The fourth statement stated, “I have utilized what I learned in this class with my own children.” Forty two percent of women that participated in the evaluation either agreed or strongly agreed with this statement. The OTS speculates that the low percentage of the women

who agreed or strongly agreed to this question is due to some of the women not having kids at this point in their life. The last statement that the women were asked to rate was “I am satisfied with this class.” Eighty-six percent of the women either agreed or strongly agreed with this statement. The results of this evaluation can be found in Appendix M.

### **Response to Society’s Needs**

Based on the results from the pre and post survey as well as the overall class evaluation, this class was beneficial to the women at the Dove House and they were able to learn many skills that will further benefit their role of motherhood. Through the education that was provided to them in class, the women learned how to intentionally interact with their children or future children in order to improve their current and future relationships. Research states that mothers using substances are more likely to have parenting deficits and spend less time with their child (Suchman et al., 2004; Heristeiner, 2004). By educating the women of the Dove House on this information and providing them with the client centered educational class, they are more likely to leave the Dove House and join the community as functional mothers in society. Another way this DCE addressed the needs of the society is by advocating for occupational therapists in mental health and addiction settings. In a recent educational discussion about addiction with author David Sheff and cofounder of Alexandria Summit, Lynnne Zydowsky, it was stated that one of the greatest needs to improve treatment centers in the US is evidence-based practice (Fiddia-Green, Sheff, & Mills, 2019). Occupational therapy is rooted in evidence-based practice and can provide a unique angle on addressing addiction in order to achieve holistic, evidence-based treatment for all of those in need of addiction services.

## **Quality Improvement**

Quality improvement was addressed in many ways throughout this project. The pre and post surveys allowed the women to reflect on what they learned in class, and if it was taught in a way that allowed them to retain the information. It also allowed them to rate their confidence or knowledge in the topics that were being addressed in class and if it was meaningful to them. At the end of every class the OTS asked if there were any topics that the participants would like to know more about, or if they had any further questions about the topics presented. This allowed reflection and clarification to increase understanding of the education presented. The final way quality improvement was addressed was by the participants completing the final survey and answering questions about group improvement and what would make the class more beneficial for them. These areas were intentionally analyzed to improve the performance and purpose of the services provided to the women at the Dove House while adhering to the established outcomes of the project that provided sound guidance for the student to follow throughout the class. By addressing quality improvement within the program, the OTS was able to demonstrate entry level knowledge, use and apply critical thinking skills through evidence-based practice, demonstrate competence through reflective and holistic practice, improve and use leadership skills, and implement theory into the program to cater to the specific needs of the women at Dove House.

## **Overall Learning**

Communication played an extremely imperative role throughout the entire experience at the Dove House. Due to the fragile state that many of the women are in upon arriving at the Dove House, the staff needs to constantly be on alert, able to simply and effectively communicate, and be acutely aware of the plans in case of an emergency. The Dove House has a

daily log that is kept at all hours throughout the day, and the OTS was required to record any notable information in the log including drug test results, resident outbursts, unusual behaviors, urgent phone calls, etc. Even though much information was written in the log, it was still very important to verbalize these things to another staff member at the Dove House to allow an open flow of communication and awareness of daily events.

The staff of the Dove House made it a priority to have appropriate open communication with the residents as well. Every morning during the morning reflection, the staff and women residing at the house would discuss any needs, concerns, or praises that they had. There were a few times when the OTS and staff had to address the relapse of a resident and during these times, the women residing in the house were able to open up and share their feelings in a safe and loving environment. These relapses were sad and scary moments for everyone, but the group conversation allowed the experience to be processed in a healthy way. Nonverbal communication was used quite often in the house as well. Many times, the women just need someone to listen, someone to hug, or a quiet office with someone to sit with until they felt like they were ready to move on with their day. There were also times when they dealt with their fear or stress in a non-functional way and the OTS or staff were yelled at. During these times, the women were told their actions were inappropriate, required some time alone to cool off, and then were assisted by staff to develop a plan to demonstrate emotions in a more constructive manner in the future.

Throughout the DCE, the student had many interactions with significant others, family members, health professionals, and the general public. By answering the phone at the front desk, the OTS was able to interact with many family members, friends, case managers, health professionals, and women in need as they called in to receive more information on the Dove

House and to schedule assessments. The OTS also provided assessments to clients in order to determine their fit for the Dove House program. The potential resident would either come alone, with a case worker, or with family or friends, and the OTS would ask questions to gather the person's history, drug use, mental health, and criminal background. After the assessment, the student would tell the potential client further information about the Dove House, the rules and regulation for the wait list, and the importance of communication throughout the entire waitlist process. Upon a bed opening, the new resident would arrive with her belongings and any family, case workers, or friends that came to drop them off. The OTS would give the family and resident a tour of the facility and allow her to settle into her new home while answering any remaining questions that the family or resident had.

The Dove House is gaining popularity in Indianapolis due to the high success of the program as well as it being free for the women upon moving in. Due to the awareness growing around the organization, there were many health professionals coming to the facility for a tour and a visit. The OTS would help assist and lead during these tours in order to educate on the Dove House and what it stands for. During these tours, the OTS was able to learn more about local, state and government organization and provide education on the services that Dove House provides. The OTS was asked by family members, case workers, and health professionals what she was studying in school. This allowed for many informal discussions about the University of Indianapolis and how occupational therapy can be applied to all areas of mental health and addiction.

The OTS spent the most of her DCE experience developing a deeper understanding of the disease of addiction by learning from and developing strong relationships with those who are diagnosed with it, those who are affected by it, and those who are fighting against it. The

experience was emotional, exhausting, intense, and at times it was terrifying to see the effect that addiction can have on a person. The Dove House has provided such an environment that these raw emotions are welcomed, discussed, and freely communicated so they can be processed in a healthy way by those effected. The 14-week DCE came with many hardships including overdoses, relapses, eating disorders, anger, and fear. Despite this, the passion, love, support, and forgiveness that pours from the Dove House is what held the lasting effect on the student. This DCE provided more than just a grade and an educational platform for the student to grow in; it provided the student with more than 40 incredible women who are working to change the way the world sees addiction.

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## Appendix A

## Session One Pre Survey

How knowledgeable are you in the sensory development of ages birth to 18 months (1.5 years)?

- a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
2. How knowledgeable are you in the motor development ages birth to 18 months (1.5 years)?
- a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
3. How knowledgeable are you in the cognitive development of ages birth to 18 months (1.5 years)?
- a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
4. How knowledgeable are you in the social development of ages birth to 18 months (1.5 years)?
- a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
5. How knowledgeable are you in emotional regulation of ages birth to 18 months (1.5 years)?
- a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
6. How confident are you in finding/coming up with activities to do with children ages birth to 18 months (1.5 years)?
- a. Not confident
  - b. Somewhat confident
  - c. Very confident

## Session One Post Survey

1. How knowledgeable are you in the sensory development of ages birth to 18 months (1.5 years)?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
2. How knowledgeable are you in the motor development ages birth to 18 months (1.5 years)?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
3. How knowledgeable are you in the cognitive development of ages birth to 18 months (1.5 years)?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
4. How knowledgeable are you in the social development of ages birth to 18 months (1.5 years)?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
5. How knowledgeable are you in emotional regulation of ages birth to 18 months (1.5 years)?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
6. How confident are you in finding/coming up with activities to do with children ages birth to 18 months (1.5 years)?
  - a. Not confident
  - b. Somewhat confident
  - c. Very confident
7. What did you learn?

## Appendix B

## Session Two Pre Survey

1. How knowledgeable are you in the sensory development of ages 18 months (1.5 years) to 36 mos (3 years)?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
2. How knowledgeable are you in the motor development ages 18 months (1.5 years) to 36 mos (3 years)?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
3. How knowledgeable are you in the cognitive development of ages 18 months (1.5 years) to 36 mos (3 years)?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
4. How knowledgeable are you in the social development of ages 18 months (1.5 years) to 36 mos (3 years)?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
5. How knowledgeable are you in emotional regulation of ages 18 months (1.5 years) to 36 mos (3 years)?
  - a. Not confident
  - b. Somewhat confident
  - c. Very confident
6. How confident are you in finding/coming up with activities to do with children ages 18 months (1.5 years) to 36 mos (3 years)?
  - a. Not confident
  - b. Somewhat confident
  - c. Very confident

## Session Two Post Survey

1. How knowledgeable are you in the sensory development of ages 18 months (1.5 years) to 36 mos (3 years)?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
2. How knowledgeable are you in the motor development ages 18 months (1.5 years) to 36 mos (3 years)?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
3. How knowledgeable are you in the cognitive development of ages 18 months (1.5 years) to 36 mos (3 years)?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
4. How knowledgeable are you in the social development of ages 18 months (1.5 years) to 36 mos (3 years)?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
5. How knowledgeable are you in emotional regulation of ages 18 months (1.5 years) to 36 mos (3 years)?
  - a. Not confident
  - b. Somewhat confident
  - c. Very confident
6. How confident are you in finding/coming up with activities to do with children ages 18 months (1.5 years) to 36 mos (3 years)?
  - a. Not confident
  - b. Somewhat confident
  - c. Very confident
7. What did you learn?

## Appendix C

## Session Three Pre Survey

1. How knowledgeable are you in the motor development of ages 3-10?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
2. How knowledgeable are you in the cognitive development of ages 3-10?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
3. How knowledgeable are you in the social development of ages 3-10?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
4. How knowledgeable are you in emotional regulation of ages 3-10?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
5. How confident are you in finding/coming up with activities to do with children ages 3-4?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
6. How confident are you in finding/coming up with activities to do with children ages 4-5?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
7. How confident are you in finding/coming up with activities to do with children ages 5-6?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
8. How confident are you in finding/coming up with activities to do with children ages 6-10?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable

## Session Three Post Survey

1. How knowledgeable are you in the motor development of ages 3-10?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
2. How knowledgeable are you in the cognitive development of ages 3-10?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
3. How knowledgeable are you in the social development of ages 3-10?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
4. How knowledgeable are you in emotional regulation of ages 3-10?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
5. How confident are you in finding/coming up with activities to do with children ages 3-4?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
6. How confident are you in finding/coming up with activities to do with children ages 4-5?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
7. How confident are you in finding/coming up with activities to do with children ages 5-6?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
8. How confident are you in finding/coming up with activities to do with children ages 6-10?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
9. What did you learn?

## Appendix D

## Session Four Pre Survey

1. How knowledgeable are you on the factors that influence trauma in children/young adults?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
2. How knowledgeable are you on recognizing the signs of trauma in children/young adults?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
3. How knowledgeable are you on the ways to assist a child who is experiencing trauma?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
4. Are you familiar with the term secondary trauma? If so, how familiar are you with strategies to prevent secondary trauma?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
  - d. I am not familiar with the term secondary trauma

## Session Four Post Survey

1. How knowledgeable are you on the factors that influence trauma in children/young adults?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
2. How knowledgeable are you on recognizing the signs of trauma in children/young adults?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
3. How knowledgeable are you on the ways to assist a child who is experiencing trauma?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
4. Are you familiar with the term secondary trauma? If so, how familiar are you with strategies to prevent secondary trauma?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
  - d. I am not familiar with the term secondary trauma

5. What did you learn?

## Appendix E

## Session Five Pre Survey

1. Do you feel like you are equipped to answer the ‘tough questions’ that your kids might ask?
  - e. No
  - f. Somewhat
  - g. Yes
2. How knowledgeable are you on developing a plan if you find your child is using/abusing substances?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
3. How knowledgeable are you on the different parenting styles?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
4. How knowledgeable are you on the traits of temperament?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable

## Session Five Post Survey

1. Do you feel like you are equipped to answer the ‘tough questions’ that your kids might ask?
  - a. No
  - b. Somewhat
  - c. Yes
2. How knowledgeable are you on developing a plan if you find your child is using/abusing substances?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
3. How knowledgeable are you on the different parenting styles?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
4. How knowledgeable are you on the traits of temperament?
  - a. Not knowledgeable
  - b. Somewhat knowledgeable
  - c. Very knowledgeable
5. What did you learn?

## Appendix F

## Session Six Class Evaluation

	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
This class was relevant to me.					
This class was interesting to me.					
This class provided me with knowledge and skills to use in the future.					
I have utilized what I learned in this class with my own children.					
I am satisfied with this class.					

How did this class help you?

What are some of the concepts that you took away from this class?

What would you do to improve this class?

What other topics should this class include?

Additional comments/questions/concerns.

## Appendix G

## General Class Outline

- I. Session 1-Intro and Child Development
  - a. About Me
  - b. About this class
    - i. Rules, time it takes place, what we are learning about, structure of class
  - c. Survey
  - d. In Utero Development
    - i. Teratogens
  - e. Development Birth-6mos old
    - i. Emotional regulation
  - f. Activity: Baby Massage
  - g. Development 6-12 mos old
    - i. Emotional Regulation
  - h. Development 12-18 mos old
    - i. Emotional Regulation
  - i. Erikson and Stage 1
  - j. Post Survey
  - k. Questions/Comments/Suggestions
- II. Session II-Child Development
  - a. Questions from last class
  - b. Pre-Survey
  - c. Development 18 mos-24 mos
  - d. Reflective Functioning
    - i. What it is
    - ii. Examples
    - iii. Benefits
  - e. Development 24-36 mos
    - i. Emotional Regulation
  - f. Erikson and Stage 2
  - g. Tantrums
    - i. Tantrum scenarios
    - ii. How to prevent tantrums
    - iii. Helpful phrases to use with kids to calm them
  - h. Post Survey
  - i. Questions/Comments/Suggestions
- III. Session III-Child Development
  - a. Questions from last class
  - b. Pre-Survey
  - c. Development 3-4 years
    - i. Emotional Regulation
    - ii. Brainstorm Activities for 3-4 year olds

- d. Development 4-5 years
  - i. Brainstorm activities for 4-5 year olds
- e. Erikson-Stage 3
- f. Development 5-6 year olds
  - i. Brainstorm activities for 5-6 year olds
- g. Erikson-Stage 4
- h. Imposter Phenomenon
- i. Development 6-10 years old
  - i. Brainstorm activities for 6-10 year olds
- j. Post Survey
- k. Questions/comments/suggestions
- IV. Session IV: Child Development and Trauma
  - a. Questions from last class
  - b. Pre-survey
  - c. Screen time \*follow up research from last class
  - d. Erikson Stage 5
  - e. Erikson Stage 6
  - f. Trauma
    - i. Factors influencing childhood trauma
    - ii. Signs of trauma in different age groups
    - iii. How a parent can help a child with trauma
    - iv. Secondary trauma
    - v. Prevention of secondary trauma
  - g. Brainstorming 'tough kid questions' for next class
  - h. Post Survey
  - i. Questions/comments/suggestions
- V. Session V- The Tough Stuff
  - a. Questions from last class
  - b. Pre-Survey
  - c. The hard questions
    - i. Helpful Insights
    - ii. The plan
    - iii. Your tough questions
  - d. Parenting Styles
    - i. Authoritative
    - ii. Permissive
    - iii. Uninvolved
    - iv. Authoritarian
    - v. Reflection Questions
  - e. Temperament
  - f. Post Survey
  - g. Questions/comments/suggestions/any final questions
- VI. Session VI (Last session)-

- a. Summary
- b. Discussion of motherhood and selves
- c. Discontinuation of group
- d. Any last burning questions the women had that OTS can answer

## Appendix H

## Session One Outcome Data

	<b>Not Knowledgeable/Confident</b>	<b>Somewhat Knowledgeable/Confident</b>	<b>Very Knowledgeable/Confident</b>
<i>Questions</i>	<i>Pre %/Post %</i>	<i>Pre %/Post %</i>	<i>Pre%/Post%</i>
How knowledgeable are you in the sensory development of ages birth to 18 months (1.5 years)?	Pre 8% / Post 0%	Pre 54%/ Post 43%	Pre 38%/ Post 57%
How knowledgeable are you in the motor development ages birth to 18 months (1.5 years)?	Pre 8%/Post 0%	Pre 62%/ Post 46%	Pre 30%/ Post 54%
How knowledgeable are you in the cognitive development of ages birth to 18 months (1.5 years)?	Pre 15%/ Post 0%	Pre 54%/ Post 43%	Pre 31%/ Post 57%
How knowledgeable are you in the social development of ages birth to 18 months (1.5 years)?	Pre 8%/ Post 0%	Pre 62%/ Post 50%	Pre 30%/Post 50%
How knowledgeable are you in emotional regulation of ages birth to 18 months (1.5 years)?	Pre 8%/ Post 0%	Pre 69%/Post 46%	Pre 23%/ Post 57%
How confident are you in	Pre 0%/ Post 0%	Pre 46%/Post 46%	Pre 54%/ Post 54%

finding/coming up with activities to do with children ages birth to 18 months (1.5 years)?			
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## Appendix I

## Session Two Outcome Data

	<b>Not Knowledgeable/ Confident</b>	<b>Somewhat Knowledgeable/ Confident</b>	<b>Very Knowledgeable/ Confident</b>
<i>Questions</i>	<i>Pre %/Post %</i>	<i>Pre %/Post %</i>	<i>Pre%/Post%</i>
How knowledgeable are you in the sensory development of ages 18 months (1.5 years) to 36 mos (3 years)?	Pre 14%/ Post 0%	Pre 79%/Post 8%	Pre 7%/ Post 92%
How knowledgeable are you in the motor development ages 18 months (1.5 years) to 36 mos (3 years)?	Pre 36%/ Post 0%	Pre 50%/Post 15%	Pre 14%/ Post 85%
How knowledgeable are you in the cognitive development of ages 18 months (1.5 years) to 36 mos (3 years)?	Pre 29%/ Post 0%	Pre 57%/ Post 21%	Pre 14%/ Post 77%
How knowledgeable are you in the social development of ages 18 months (1.5 years) to 36 mos (3 years)?	Pre 21%/ Post 0%	Pre 57%/ Post 21%	Pre 21%/ Post 77%
How knowledgeable are you in emotional regulation of ages 18 months (1.5 years) to 36 mos (3 years)?	Pre 14%/ Post 0%	Pre 79%/ Post 23%	Pre 7%/ Post 77%
How confident are you in finding/coming up with activities to do with children ages 18 months (1.5 years) to 36 mos (3 years)?	Pre 21%/ Post 8%	Pre 50%/Post 15%	Pre 29%/ Post 77%

## Appendix J

## Session Three Outcome Data

	<b>Not Knowledgeable/ Confident</b>	<b>Somewhat Knowledgeable/ Confident</b>	<b>Very Knowledgeable/ Confident</b>
<i>Questions</i>	<i>Pre %/Post %</i>	<i>Pre %/Post %</i>	<i>Pre%/Post%</i>
How knowledgeable are you in the motor development of ages 3-10?	Pre 13%/ Post 0%	Pre 62%/Post 40%	Pre 25%/ Post 60%
How knowledgeable are you in the cognitive development of ages 3-10?	Pre 19%/ Post 0%	Pre 62%/Post 40%	Pre 19%/ Post 60%
How knowledgeable are you in the social development of ages 3-10?	Pre 0%/ Post 0%	Pre 81%/ Post 40%	Pre 19%/ Post 60%
How knowledgeable are you in emotional regulation of ages 3-10?	Pre 6%/ Post 0%	Pre 63%/ Post 20%	Pre 31%/ Post 80%
How confident are you in finding/coming up with activities to do with children ages 3-4?	Pre 6%/ Post 0%	Pre 44%/ Post 27%	Pre 50%/ Post 73%
How confident are you in finding/coming up with activities to do with children ages 4-5?	Pre 0%/ Post 0%	Pre 62%/Post 27%	Pre 38%/ Post 73%
How confident are you in finding/coming up with activities to do with children ages 5-6?	Pre 6%/ Post 0%	Pre 63%/ Post 27%	Pre 31%/ Post 73%
How confident are you in finding/coming up with activities to do with children ages 6-10?	Pre 13%/ Post 0%	Pre 56%/ Post 20%	Pre 31%/ Post 75%

## Appendix K

## Session Four Outcome Data

	<b>Not Knowledgeable /Confident</b>	<b>Somewhat Knowledgeable /Confident</b>	<b>Very Knowledgeable /Confident</b>	<b>I am not familiar with the term secondary trauma (Question 4 Only)</b>
<b>Questions</b>	<b>Pre %/Post %</b>	<b>Pre %/Post %</b>	<b>Pre%/Post%</b>	<b>Pre%/Post%</b>
How knowledgeable are you on the factors that influence trauma in children/young adults?	Pre 13%/ Post 0%	Pre 73%/ Post 23%	Pre 14%/ Post 77%	n/a
How knowledgeable are you on recognizing the signs of trauma in children/young adults?	Pre 20%/ Post 0%	Pre 73%/ Post 23%	Pre 7% /Post 77%	n/a
How knowledgeable are you on the ways to assist a child who experiencing trauma?	Pre 40%/ Post 0%	Pre 53%/ Post 25%	Pre 7%/ Post 75%	n/a
Are you familiar with the term secondary trauma? If so, how familiar are you with strategies to prevent secondary trauma?	Pre 60%/ Post 0%	Pre 27%/ Post 15%	Pre 0%/ Post 46%	Pre 13%/ Post 39%

## Appendix L

## Session Five Outcome Data

	<b>Not Knowledgeable/ Confident</b>	<b>Somewhat Knowledgeable/ Confident</b>	<b>Very Knowledgeable/ Confident</b>
<b>Questions</b>	<b>Pre %/Post %</b>	<b>Pre %/Post %</b>	<b>Pre%/Post%</b>
Do you feel like you are equipped to answer the "tough questions" that your kids might ask?	Pre 0%/ Post 0%	Pre 56%/ Post 20%	Pre 44%/ Post 80%
How knowledgeable are you on developing a plan if your child is using/abusing substances?	Pre 0 %/ Post 0%	Pre 44%/ Post 13%	Pre 56%/ Post 87%
How knowledgeable are you on the different parenting styles?	Pre 19%/ Post 0%	Pre 68%/ Post 40%	Pre 13%/ Post 60%
How knowledgeable are you on the traits of temperament?	Pre 20%/ Post 7%	Pre 67%/ Post 33%	Pre 13%/ Post 60%

## Appendix M

## Session Six Outcome Data

<b>Questions</b>	<b>1. Strongly Disagree</b>	<b>2. Disagree</b>	<b>3. Neutral</b>	<b>4. Agree</b>	<b>5. Strongly Agree</b>
This class was relevant to me.	2%	7%	7%	43%	29%
This class was interesting to me.	7%	0%	7%	43%	43%
This class provided me with knowledge and skills to use in the future.	7%	0%	15%	21%	57%
I have utilized what I learned in this class with my own children.	15%	0%	43%	21%	21%
I am satisfied with this class.	7%	0%	7%	36%	50%