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Title: The Effects of Caregiver Participation During Therapeutic
Riding with Children with Autism

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Abstract

Objective: There is minimal research on equine programming, where the caregivers participate in the therapeutic program. This study looks at the effects of caregivers participating with individuals with autism in therapeutic horseback riding to focus on communication and teamwork skills to help improve home and community life.

Methods: Caregivers completed a pre-survey before implementation. Implementation of communication skills lasted over three weeks. At the end of the three weeks, the researcher and the caregiver completed a post-interview to review the program.

Results: Two riders with a primary diagnosis of ASD and their caregivers participated in the project. Two riders and caregivers completed the pre-survey, and two riders and caregivers completed the post-interview. Parents stated they saw minimal improvement in communication skills with the rider during the program.

Conclusions: Further research is needed to determine the most effective route for using this type of program.

Introduction

Morning Dove Therapeutic Riding is a not-for-profit organization offering equine-assisted services to a wide range of child, adolescent, and adult participants with physical, cognitive, behavioral, and/or emotional disabilities. It is a Premier Accredited member of the Professional Association of Therapeutic Horsemanship (PATH), International. Morning Dove's mission is to improve the lives of individuals with disabilities in Central Indiana through equine-assisted therapies and activities ("Serving Indianapolis," n.d.). However, therapeutic riding is not considered therapy or covered by insurance. These riders focus on developing proper horsemanship skills, strengthening physical and motor abilities, and encouraging emotional growth and development through a relationship with the horses.

Equine programming, where the caregivers participate with the participants with disabilities in therapeutic riding lessons, has had minimal research to determine whether it would benefit the participant or the caregiver. Caregiver participation in therapeutic riding is essential to developing communication and teamwork skills to improve home and community life for individuals with autism. Initially, Morning Dove completed a needs assessment to determine the need for a caregiver participation program. The caregivers complete a pre-survey to determine the need for this program and their goals for the riders with autism. Implementation lasted three weeks, one lesson per week for each rider. A post-interview will determine if the caregivers saw any improvements in communication and teamwork skills after the three weeks conclude. The feedback received from the caregivers will determine if the study supports the claim for caregiver participation in therapeutic riding.

Background

Morning Dove assists riders older than four with challenges ranging from emotional trauma, cognitive and developmental challenges, to physical disabilities. Morning Dove has, on average, 65 students in their therapeutic riding program and up to 30 in their EAL programs. Stakeholders that are involved with decision-making include the following: the instructors, board of directors, families, and other partner organizations. Morning Dove is looking to expand its programming to include hippotherapy, music therapy, occupational therapy, and physical therapy.

Morning Dove, along with the researcher, conducted a needs assessment prior to arriving at the site. The needs assessment helped discover Morning Dove's interest in creating a program where caregivers of individuals with ASD participate in therapeutic horseback lessons. This program will aim to work on communication, patience, teamwork, and the goals set during their onboarding session. Goals are set for each participant in order to determine the type of skills that need further development. Morning Dove takes a wide range of populations; however, the most prevalent population is participants with autism spectrum disorder (ASD). Individuals with ASD often experience problems with social interactions and restricted or repetitive behaviors. These individuals also experience different ways of learning, moving, and focusing. Therapeutic riding is an equine-assisted activity to improve the cognitive, physical, emotional, and social skills of individuals with ASD.

The articles supporting this study provide information that incorporates horseback riding as an intervention for children with ASD showed improvements in social, cognitive, emotional, and physical skills. In two separate studies, Martin et al. (2020) and

Roux (2020) evaluated how therapeutic horseback riding improves health for children experiencing disabilities by showing that the riding facilitates the development of a rider's self-concept through opportunities for accessible, meaningful participation, a broad range of learning experiences, and can effectively enable skill development in individuals with sensory processing and integration difficulties. Both Gabriels et al. (2015) and Anderson and Meints (2016) found that therapeutic horseback riding for children with ASD significantly improves irritability, hyperactivity, maladaptive behavior traits, social cognition, and social communication.

In addition, Kemeny et al. (2022) completed a study to compare therapeutic riding and HeartMath, to test the control on salivary cortisol, stress, social responsiveness, and heart-rate variability. The findings suggest that therapeutic riding is an effective intervention to decrease stress. Palaestra published an article that explored how therapeutic riding combined with cognitive exercises helps children with ASD. This combination can improve children's dexterity, coordination, strength, behavior, and academic performance (Therapeutic Horseback, 2020). Horseback riding also assists with muscle development, physical balance, flexibility, and endurance, per Keel Anderson et al. (2019).

Parents of children with ASD commonly report experiencing higher levels of stress in comparison to parents of children with other neurodevelopmental disorders or children who are typically developing (Olson et al., 2022). Caregivers who experience burnout may show signs of exhaustion, withdrawal from others, emotional instability, or inability to concentrate (*Caring for the caregiver*, 2021). During their study to examine child clinical features that predict high levels of caregiver strain, Bradshaw et al. (2021)

determined that the strongest child predictors were disruptive behavior, autism severity, oppositional behavior, and hyperactivity.

Improving the specific communication and teamwork skills of individuals with ASD can decrease caregiver stress, as demonstrated in the Thi Lan Anh Mai & Nujjaree Chaimongko study. In the Thi Lan Anh Mai & Nujjaree Chaimongko study, the researchers evaluated the effectiveness of intervention programs to improve the health conditions of children with ASD (2022). The researchers determined that participants in the intervention program had a significantly higher quality of life for the families and significantly lower caregiver burden than those in the control group (Thi Lan Anh Mai & Nujjaree Chaimongko, 2022).

In addition, the participation of a child's caregiver in the intervention program may help improve the socialization and communication skills of the child with ASD. Although studies show the benefits of caregiver participation, there is limited research to base an opinion on caregivers participating in therapeutic riding. Eickmeier et al. (2022) focused on the principle that patients and caregivers are key partners in the intervention process. Caregivers are more than "service users" but rather partners in developing, implementing, and evaluating the effects of the programs. Park et al. (2020), Chung and Meadan (2021), and Brown and Woods (2016) all aimed to investigate the effects of caregiver involvement in early intervention programs. Each study confirmed a positive effect on targeted communication and teamwork skills developed when caregivers participated as partners in the intervention process.

Theory/FOR/Model

The model selected to guide the project is the Kawa Model. This river metaphor best demonstrates the relationship between the variables of occupation in Japanese life and the process of occupational therapy intervention for the Kawa Model (Cole & Tufano, 2008). The metaphor communicates the inseparable nature of people from their collective social groups and the inseparable quality of occupations from their natural and spiritual contexts. Occupational challenges occur when internal or external barriers interfere with the group's work and prevent the river of life from flowing freely (Cole & Tufano, 2008). The program at Morning Dove will allow the caregiver and the patient to work on communication, teamwork, and patience. The goal will be to work together to increase the flow of life within the home and community, allow inclusion among the family members, and maintain a sense of harmony with one another.

Applied Behavior is the frame of reference (FOR) that will help guide the project. Applied Behavior FOR facilitates desired behaviors through defined goals and working toward them using skill instruction, modeling, coaching, and behavioral reinforcement (Cole & Tufano, 2008). This FOR has a focus on observational learning, which teaches occupational skills or strategies through demonstrations. This FOR was used by providing examples from other groups, instructors, and the researcher to reinforce patients on working with the caregiver to demonstrate ways to work together to clean, care for, mount, and communicate with the horse. The goal will be to remove cues and triggers that cause certain behaviors and interactions between the patient and the caregiver and find new ways to create adaptive behaviors that help build teamwork and communication.

Project Design

After discussing the needs assessment with Morning Dove's leadership team, there was an interest in developing and trialing a new program allowing caregivers to participate in therapeutic riding lessons alongside individuals with ASD. Morning Dove and the researcher determined that the targeted skills include communication, teamwork, and patience between the caregiver and the rider. An initial email was sent to the caregivers of the riders with a primary diagnosis of ASD to provide information to the caregiver of the project and to receive approval for the rider and caregiver to participate in the study. After the researcher received consent, the caregivers received a pre-survey regarding communication skills, rider's goals, parent's goals, and caregiver burnout. A post-interview was conducted at the end of the study to determine if the caregiver thought the program helped with communication, teamwork, and patience between the rider and the caregiver. Four caregivers completed the pre-survey, and two riders with a primary diagnosis of ASD and their caregivers participated in the study. The two riders and caregivers completed the post-interview.

Implementation

Caregivers of riders with a primary diagnosis of ASD received a survey electronically a week before the therapeutic riding lessons began. The caregivers completed the pre-survey regarding the information on communication skills, caregiver burnout, and the progression of the rider's goals. During the three weeks of therapeutic riding lessons, the caregivers and the riders completed activities including grooming, mounting, and walking the horse. The activities also worked on balancing, crossing midline, communication, and teamwork skills. At the end of the three weeks, a post-

interview was conducted to determine if the sessions helped improve the rider and caregiver's communication and teamwork skills.

Some challenges during the study included a change in staffing a month before grounded therapy sessions began. The prior staffing did not leave behind any support to assist the new staff in preparing the grounded and therapeutic riding sessions. Other challenges included a lack of caregiver participation, higher functioning riders with autism, and a crowded arena during riding lessons when caregivers were involved. Many caregivers stated their reason for not wanting to participate was that the riding lessons for the riders were their time away from the caregiver. In a crowded arena, adding the caregiver was challenging when considering the number of individuals involved during the riding lessons, such as the single instructor, a horse leader, and at least one side walker for all three participants. The crowdedness could cause the horse to spook during the lessons and make it challenging to communicate due to the rider listening to the instructor, the caregiver, the horse leader, and the side walker. This created an overwhelming environment for the rider.

Outcomes

The caregivers of riders with a primary diagnosis of ASD received a pre-survey if they consented to participate in the study. The survey questions aimed towards receiving demographic information, asking how satisfied caregivers are with the communication skills between adults and the child, how satisfied the caregivers are with a support system, and how satisfied they were with the progress of the goals set during the onboarding. See Table A within Appendix A for pre-survey responses from the four caregivers. Overall, caregivers felt satisfied with their support system and their

communication skills with family members. Two out of the four caregivers listed communication or social interaction as the primary symptoms and goals set by parents to target during lessons, which supports the need for this type of programming.

Implementation of the program lasted for three weeks. Week one consisted of observing the riders with their caregivers, the horses, the instructor, and the volunteers. Components the researcher was looking for were how riders responded to requests for tasks, if the riders expressed any unwanted behaviors to non-preferred tasks, and how the riders communicated needs to others. Weeks two and three involved working with the riders and caregivers in the riding lessons. Caregivers would repeat the instructions of the activities from the instructor to the rider for them to complete.

Due to the crowded arena and the challenges for the riders to listen to the caregiver and the instructor, the researcher adapted the program to where the researcher became the side walker and worked with the rider on communication skills. The researcher then reported what worked best and what the rider struggled with after each week's lesson ended. Skills the researcher worked on were nonverbal communication, such as signs for calm body, help, stop, and go, as well as working on eye contact. Other skills related to communication were prompting the rider to repeat expectations required of the rider while on the horse, using kind words and not hurtful words, and appropriately expressing the feelings they may be experiencing when completing non-preferred activities.

At the end of week three's lessons, a post-interview occurred with the caregiver and riders to determine if they felt any improvement in communication skills, what they felt the program could use more improvement on and any feedback for the research and

the program. Due to the challenges experienced throughout the project, caregivers stated they saw minimal improvement in communication skills with the rider during the program. Caregivers and the researcher believed that having more time for implementation and a calmer and more secluded environment may benefit and show more improvements for the program.

Summary

Equine programming, where the caregivers participate with the participants in lessons, has minimal research to determine if it would benefit the participant and the caregiver. Morning Dove Therapeutic Riding showed interest in creating a program where caregivers can participate in therapeutic riding lessons alongside the riders to work on skills such as communication, teamwork, and patience. A wide range of studies supports the effectiveness of therapeutic riding for individuals with ASD for social communication, meaningful participation in activities, strengthening, balance, and coordination. Past research also supports the benefits of caregiver participation in the intervention process showing positive effects on targeted communication skills. Creating a program that brings these interventions together can create a new intervention program and provide benefits for the caregiver and the individual with ASD.

There were no significant findings found during the study. Caregivers stated they saw minimal improvement in communication skills with the rider during the program. The researcher felt they needed more time to adapt the communication skills necessary to help the caregiver and rider. Parents and the researcher felt it was challenging to communicate with the rider. The rider must listen to the instructor, horse leader, and side walker's instructions. Adding in the caregiver made it overwhelming for the rider

because the caregiver had to repeat all the instructions from the instructor during lessons. Other improvements to the program would be a longer duration to implement and study the program, a more stable environment, and a more extensive dataset.

Conclusions

Therapeutic riding has shown significant benefits for riders with ASD. It has shown improvements in confidence, social skills, strength, and independence. Although there were no significant findings from this study, a program that involves the caregivers and the riders together can be beneficial. There is a need for further trial and research for this type of program. Instead of using this program during therapeutic riding lessons, further research should consider a grounded program when fewer people are involved (no horse leader or side walker). The caregivers and riders work on their communication skills while completing grooming, bathing, tacking, feeding, and barn work. As the program becomes more structured, this programming can expand to other populations, such as other diagnoses and the geriatric population.

Therapeutic riding can be a recommendation to parents or therapists interested in looking for a different approach to specific goals and interventions. As clinicians, we should consider the caregiver in our interventions home programming to help them feel confident using the skills in therapy at home and in the community. This can lead to a decrease in caregiver burnout and an increase in caregiver involvement, which will also show increased progress through goals for the participants.

References

- Anderson, S., & Meints, K. (2016). Brief Report: The Effects of Equine-Assisted Activities on the Social Functioning in Children and Adolescents with Autism Spectrum Disorder. In *Journal of Autism & Developmental Disorders* (Vol. 46, Issue 10, pp. 3344–3352). <https://doi.org/10.1007/s10803016-2869-3>
- Bradshaw, J., Gillespie, S., McCracken, C., King, B. H., McCracken, J. T., Johnson, C. R., Lecavalier, L., Smith, T., Swiezy, N., Bearss, K., Sikich, L., Donnelly, C., Hollander, E., McDougle, C. J., & Scahill, L. (2021). Predictors of Caregiver Strain for Parents of Children with Autism Spectrum Disorder. *Journal of Autism & Developmental Disorders*, *51*(9), 3039–3049. <https://doi.org/10.1007/s10803-020-04625-x>
- Brown, J. A., & Woods, J. J. (2016). Parent-Implemented Communication Intervention. *Topics in Early Childhood Special Education*, *36*(2), 115–124. <https://doi.org/10.1177/0271121416628200>
- Caring for the caregiver: How to avoid caregiver burnout* -. The Autism Therapy Group - ABA Therapy - Independence Together. (2021, June 4). Retrieved January 20, 2023, from <https://atgtogether.com/caring-for-the-caregiver-how-to-avoid-caregiver-burnout/>
- Centers for Disease Control and Prevention. (2022, March 28). *Signs and symptoms of autism spectrum disorders*. Centers for Disease Control and Prevention. Retrieved January 19, 2023, from <https://www.cdc.gov/ncbddd/autism/signs.html>
- Chung, M. Y., & Meadan, H. (2021). Caregiver Involvement in Early Intervention

Services: Service Providers' Perspectives. *Inclusion*, 9(1), 31–45.

<https://doi.org/10.1352/2326-6988-9.1.31>

Cole, M. B., & Tufano, R. (2008). *Applied theories in occupational therapy: A practical approach*.

Eickmeier, T., Mills, N., & Belanger, A. (2022). Families as partners in care: A novel model of family engagement in children's rehabilitation and developmental services. *International Journal of Integrated Care (IJIC)*, 22, 1–2.

<https://doi.org/10.5334/ijic.ICIC22082>

Gabriels, R. L., Pan, Z., Dechant, B., Agnew, J. A., Brim, N., & Mesibov, G. (2015). Randomized Controlled Trial of Therapeutic Horseback Riding in Children and Adolescents With Autism Spectrum Disorder. *Journal of the American Academy of Child & Adolescent Psychiatry*, 54(7), 541–549.

<https://doi.org/10.1016/j.jaac.2015.04.007>

Keel Anderson, S., Loy, D. P., Janke, M. C., & Watts, C. E. (2019). The Effects of Therapeutic Horseback Riding on Balance. *Annual in Therapeutic Recreation*, 26, 307–321. <https://doi.org/10.18666/TRJ-2019-V53-I4-9773>

Kemeny, B., Burk, S., Hutchins, D., & Gramlich, C. (2022). Therapeutic Riding or Mindfulness: Comparative Effectiveness of Two Recreational Therapy Interventions for Adolescents with Autism. *Journal of Autism & Developmental Disorders*, 52(6), 2438–2462. <https://doi.org/10.1007/s10803-021-05136-z>

Martin, R. A., Graham, F. P., Levack, W. M., Taylor, W. J., & Surgenor, L. J. (2020).

Exploring how therapeutic horse riding improves health outcomes using a realist framework. *British Journal of Occupational Therapy*, 83(2), 129–139.

<https://doi.org/10.1177/0308022619865496>

Olson, L., Chen, B., Ibarra, C., Wang, T., Mash, L., Linke, A., Kinnear, M., & Fishman, I. (2022). Externalizing Behaviors are Associated with Increased Parenting Stress in Caregivers of Young Children with Autism. *Journal of Autism & Developmental Disorders*, 52(3), 975–986. <https://doi.org/10.1007/s10803-021-04995-w>

Park, H. I., Park, H. Y., Yoo, E., & Han, A. (2020). Impact of Family-Centered Early Intervention in Infants with Autism Spectrum Disorder: A Single-Subject Design. *Occupational Therapy International*, 1–7. <https://doi.org/10.1155/2020/1427169>

Roux, C. (2020). Horse Riding: Its Influences on Sensory Processing and Relevance to Occupational Therapy. *New Zealand Journal of Occupational Therapy*, 67(3), 9–14.

Serving Indianapolis through Equine Assisted Services. Morning Dove Therapeutic Riding. (n.d.). Retrieved March 11, 2022, from <https://morningdovetrc.org/>

Therapeutic Horseback Riding Combined with Cognitive Exercises can Help Children with ADHD and Autism Spectrum Disorders. (2020). *Palaestra*, 34(2), 55.

Thi Lan Anh Mai, & Nujjaree Chaimongko. (2022). Effectiveness of a Family Management Intervention Program among Families of Children with Autism: A Randomized Controlled Trial. *Pacific Rim International Journal of Nursing Research*, 26(1), 63–76.

Appendix

Table 1. Pre-Survey Responses from Caregivers

Pre-Survey Responses from Caregivers	
Question	Percentage
Child's Current Age	50% responded 6 years old 25% responded 16 years old 25% responded 17 years old
From your perspective, which of the following statements best describes your child's level of autism?	75% responded high functioning autism 25% responded moderate functioning autism
My family members help the children learn to be independent	50% responded with satisfied 50% responded with very satisfied
My family has the support we need to relieve stress	50% responded with satisfied 25% responded with very satisfied 25% responded with neither
My family members teach the children how to get along with others	50% responded with satisfied 50% responded with very satisfied
My family can communicate needs and wants to other family members effectively	50% responded with very satisfied 25% responded with satisfied 25% responded with neither
My family members support each other to accomplish goals	50% responded with satisfied 50% responded with very satisfied
Which of the following symptoms does your child's goals relate to? (Therapeutic riding goals)	25% responded Neurological 25% responded Social, Communication, Stereotypical, Neurological, and Allergic 25% responded Social Interaction 25% responded Stereotypical behaviors and restrictive interests
How much have the targeted symptoms improved following treatment/therapy?	50% responded moderate level of improvement 25% responded a minimal level of improvement 25% responded a high level of improvement
How much have the targeted symptoms worsened following treatment/therapy?	100% responded with a minimal level of worsening of symptoms
What goals do you have for your child that you want to help improve?	75% responded with some form of improving communication verbally and nonverbally, improving eye contact, and improving independence

Table 2. Doctoral Capstone Weekly Timeline

Doctoral Capstone Weekly Timeline					
Week	DCE Stage (orientation, screening/evaluation, implementation, discontinuation, dissemination)	Weekly Goal	Objectives	Tasks	Date complete
1	Orientation	1) Complete orientation by the middle of the week.	Meet with site mentor and other site personnel.	Meet all staff on site.	01.09.2023
	Screening/evaluation	2) Review and modify needs assessment by the end of the week.	Finalize review of Needs Assessment.	Complete paperwork for the site.	01.09.2023
				Review past Needs Assessments and determine if any changes or new questions will benefit.	01.12.2023
		3) Create a draft of pre-, mid-, and post-survey for the program by the end of the week.	Establish ways to measure project outcomes.	Meet with new ED for answers as well as site mentor.	01.13.2023
				Create a Google Forum for all surveys to be emailed out to parents to complete when necessary.	

2	Screening/evaluation	<p>1) Complete literature search by the middle of the week.</p> <p>2) Begin writing Intro Draft and complete by the end of the week.</p>	<p>Establish outcome assessment.</p> <p>Write the introduction of the site, introduce the project, and overview of paper.</p>	<p>Finalize MOU</p> <p>Review outcome assessment with site mentor and faculty mentor.</p> <p>Complete and finish write-up to turn into BrightSpace.</p>	<p>01.11.2023</p> <p>01.11.2023</p> <p>01.12.2023</p>
3	Screening/evaluation	<p>1) Begin writing Background Draft and complete by the end of the week.</p> <p>2) Attend a Training class by the end of the week.</p>	<p>Write any relevant and specific info of populations, review needs assessment, problems of work.</p> <p>Side walker training to learn walker skills for sessions.</p>	<p>Complete and finish write-up to turn into BrightSpace.</p> <p>Attend the training with site mentor over weekend for experience and new learning.</p>	<p>01.23.2023</p> <p>02.02.2023</p>

4	Implementation	1) Design and Implementation Draft and complete by end of the week.	Write how and why I developed the project, and how I carried out the project.	Complete and finish write-up to turn into BrightSpace.	02.15.2023
5	Implementation	1) Have pre-survey for participants be complete by the middle of the week.	Send pre-surveys to help understand the needs and wants from participants about the project.	Email out survey to participants to complete a week prior session beginning.	02.15.2023
6	Implementation	1) Barn Buddies sessions begin and implementing program by end of the week. 2) Evaluate the program on Friday.	Begin focusing on goals for programs and outcomes wanted for the program. Determine if goals and outcomes are working and if any changes will be needed.	Complete grounded therapy sessions Monday-Thursday that include working towards at least one goals. What worked well, what didn't. What was the response from the participants and site mentor?	02.15.2023 02.17.2023

<p>7</p>	<p>Implementation</p>	<p>1) Continue implementing the program into sessions by the end of the week.</p> <p>2) Evaluate the program on Friday.</p>	<p>Begin focusing on goals for programs and outcomes wanted for the program.</p> <p>Determine if goals and outcomes are working and if any changes will be needed.</p>	<p>Complete grounded therapy sessions Monday-Thursday that include working towards at least one goal.</p> <p>What worked well, what didn't.</p> <p>What was the response from the participants and site mentor?</p>	<p>02.22.2023</p> <p>02.24.2023</p>
<p>8</p>	<p>Implementation</p>	<p>1) Continue implementing the program into sessions by the end of the week.</p> <p>2) Evaluate the program on Friday.</p>	<p>Begin focusing on goals for programs and outcomes wanted for the program.</p> <p>Determine if goals and outcomes are working and if any changes will be needed.</p>	<p>Complete grounded therapy sessions Monday-Thursday that include working towards at least one goal.</p> <p>What worked well, what didn't.</p> <p>What was the response from the participants and site mentor?</p>	<p>03.01.2023</p> <p>03.03.2023</p>

9	Implementation	<p>Spring outdoor sessions begin</p> <p>1) Begin implementing the program into sessions by the end of the week by observing riders during the lessons.</p>	<p>Begin focusing on goals for programs and outcomes wanted for the program.</p>	<p>Complete grounded therapy sessions Monday-Friday that include working towards at least one goal.</p>	03.06.2023
		<p>2) Evaluate the program on Friday.</p>	<p>Determine if goals and outcomes are working and if any changes will be needed.</p>	<p>What worked well, what didn't.</p> <p>What was the response from the participants and site mentor?</p>	03.09.2023
		<p>3) Begin write-up of Outcomes Draft and complete it by the end of the week.</p>	<p>Write evaluation plan and report all valid assessments and run stats.</p>	<p>Complete and finish write-up to turn into BrightSpace.</p>	03.10.2023

<p>10</p>	<p>Implementation</p>	<p>1) Continue implementing the program into sessions by the end of the week.</p> <p>2) Evaluate the program on Friday.</p> <p>3) Begin write-up of Dissemination Plan and complete by the end of the week.</p>	<p>Begin focusing on goals for programs and outcomes wanted for the program.</p> <p>Determine if goals and outcomes are working and if any changes will be needed.</p> <p>Determine what is being disseminated, the end users, partners, evaluation, and work plan.</p>	<p>Complete grounded therapy sessions Monday-Friday that include working towards at least one goal.</p> <p>What worked well, what didn't.</p> <p>What was the response from the participants and site mentor?</p> <p>Complete and finish write-up to turn into BrightSpace.</p>	<p>03.13.2023</p> <p>03.17.2023</p> <p>01.11.2023</p>
<p>11</p>	<p>Implementation</p>	<p>1) Have post-interview with the caregivers completed by the end of the week.</p>	<p>Determine the benefits of the project from the participants to see if this type of program is worth keeping.</p>	<p>Complete analyzing and formatting the interviews for organization.</p>	<p>03.24.2023</p>

12	Implementation	1) Complete analyzing data by the end of the week.	Finalize data	Determine if the program showed an increase in skills for participants.	03.31.2023
13	Discontinuation	1) Begin writing Abstract, Summary, and Conclusion Draft and complete by the end of the week.	Write how intro, background, and project all relate together and restate important results.	Complete and finish the write-up to turn into BrightSpace.	04.07.2023
14	Dissemination	1) Begin writing the Scholarly report and complete it by the end of the week.	Bringing the entire project together.	Review drafts and fix any changes made by the coordinator or self. Create an outline of the scholarly report. Complete and finalize write-up of scholarly report. Create a PPT with notes.	04.10.2023 04.12.2023 04.20.2023 04.23.2023