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School of Occupational Therapy

Developing Caregiver Education Resources for Increased Implementation of
Therapeutic Interventions: A Multidisciplinary Approach

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May 1st, 2023

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

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Abstract

Caregiver involvement is crucial in the success of therapeutic interventions in the pediatric population. One of the roles of an occupational therapist is to provide modifications & adaptations for increased success in daily occupations, which in pediatric populations can include parent education. The purpose of this project was to create caregiver education resources for increased implementation of therapeutic interventions into daily routines. This project consisted of data collection in forms of surveys and Zoom meetings with the result of creating resources based on current family's needs. Based on their discipline, different practitioners reviewed the 49 handouts that were created. The results of this project were increased therapist satisfaction for greater access to resources as well as therapy practitioners stating they were more likely to share these new resources with the families they serve. According to the therapists at this pediatric facility who completed the post-survey, creating easily accessible resources will be effective for improving services they provide for families.

Introduction

Family-centered care (FCC) is crucial to the success of therapeutic interventions, especially in the pediatric population (American Occupational Therapy Association, 2020). Implementing the FCC approach in practice allows the child to be viewed as a whole and all aspects of the child are examined and treated. The profession of occupational therapy (OT) is known for being client-centered and are educated to treat people across their lifespan (American Occupational Therapy Association, 2020). Occupational therapists are currently implementing FCC into practice by including caregivers in the therapeutic process.

This project involves a partnership with PediPlay, an outpatient pediatric clinic and First Steps provider in Indianapolis, Indiana. PediPlay provides developmental, occupational,

physical, and speech therapy services to children from birth to age 12 with a wide range of diagnoses. As a First Steps provider, PediPlay deliver services to children within their homes. The goal of First Steps is to bring families closer together by increasing their child's functioning to meet developmental milestones (First Steps, 2020).

This project is intended to increase caregivers' self-efficacy with an infusion of therapy activities in daily routines with an outcome of increased caregiver enjoyment in therapy activities and child progress in therapeutic outcomes. Currently, there is a need for this project as there is no consistency and monitoring with healthcare providers regarding the resources they are providing to families. Additionally, the current education resources are disorganized and outdated which is ineffective for providers. One large role of an occupational therapist is education; therefore, this project is directly within their scope of practice. A frame of reference was included for this project. All resources will be posted on PediPlay's website which contains topics within the Rehabilitative Frame of Reference (FOR).

Background

Occupational therapy promotes health, well-being, and quality of life for all persons, populations, and communities by providing practical solutions that enable involvement in daily activities (American Occupational Therapy Association, 2022). Occupational therapists can work in multiple different pediatric settings including acute care, early intervention (EI), home health, outpatient clinics, and schools (Beisbier & Laverdure, 2020). Across these settings, occupational therapists will typically work on an interdisciplinary team with other healthcare professionals including physical therapists and speech-language pathologists. While all three of these disciplines are important in the child's treatment plan, one essential member of the team that is often overlooked is the child's caregiver (Carlson & Schwartz, n.d.). The child's caregiver is

essential in helping determine the child's goals because they see the child the most in their natural environment and observe behaviors a therapist might not see during a therapy session (Beisbier & Cahill, 2021). Oftentimes, especially in EI, caregivers play a large role in the goal-planning process and assist with determining specific goals for their child (Seruya et al., 2022).

Typically, the primary goal in pediatrics is to increase the functioning of the family unit, and with occupational therapists' wide range of knowledge in areas such as activities of daily living, social participation, sensory, cognitive, and motor functioning, they can achieve this goal (American Occupational Therapy Association, 2020; Darrah et al., 2010). With, the relationship between an occupational therapist and caregiver is essential due to the crucial information they can provide to best support the success of the child (D'Arrigo et al., 2017). In addition to this partnership, providing education to families is a large part of an occupational therapist's role. Parent education is defined as any educational effort to increase the parent's knowledge of how to positively impact the child's performance and outcome (Ji et al., 2014; Smith et al., 2002). Due to the positive outcomes of caregiver involvement, this Doctoral Capstone will increase caregivers' knowledge and self-efficacy of how to best provide for their child. Self-efficacy is defined as an increase in task-specific confidence or ability to perform a specific task (Gafni-Lachter & Ben-Sasson, 2022).

Due to the results of the needs assessment, this project is necessary at PediPlay because currently, this organizations education resources are unorganized and outdated. Due to the lack of unideal resources, therapists are limited in terms of the resources they can give to caregivers and families might be missing out on important information that could benefit their child. Additionally, therapists are currently having to find outside resources to provide to caregivers that might not be evidence-based and accurate. This Capstone project will reduce the need for

therapists to locate outside resources and allow PediPlay to better monitor what educational

resources are being given to families. Additionally, these resources will be used to educate

caregivers on developmental milestones and age-appropriate characteristics to make them aware

of the need to access services when their children are not meeting milestones. This project is

unique because the practitioners will be guiding the determination of education topics based on

the survey results. The selection of educational topics will be applicable to practice as they will

be focused on topics families currently want more information about.

Additionally, the evidence supports the effectiveness of parent education and family-

centered care when implemented in practice. Evidence supports the use of occupational therapy

intervention when involving a family's daily activities and routine which positively increases the

parent's competence and the child's everyday functioning (Lin et al., 2018). Within a family's

daily routine, occupational therapists can support families to address issues with participation

and performance in ADLs (Beisbier & Cahill, 2021). ADLs such as sleep, eating, and toileting

habits are often primary concerns for families with young children (Gronski & Doherty, 2020).

Beisbier & Cahill supports caregiver and family involvement as it allows practitioners to model

appropriate strategies to increase a child's participation in specific tasks such as self-care

routines (2021).

In early childhood, ADLs and play are the main meaningful occupations for a young

child. Since occupational therapists are trained to deliver therapy services through meaningful

occupations and activities their involvement in play is very appropriate for the pediatric

population (Gammer & Donoso Brown, 2022). Occupational therapists can support children in

play by educating families on appropriate toys for their age, ways to modify toys and their

environment, and suggest toys encourage important skills such as problem-solving and taking

turns (American Occupational Therapy Association, 2012). Other studies suggest that

occupational therapists can educate parents on using imitation and modeling during play to

support participation in play, especially among children with autism spectrum disorder (ASD)

(Kuhaneck et al., 2020).

When providing family-centered care, each family is unique, and practitioners need to be

prepared to adjust their interventions to best meet the needs of the whole family unit.

Additionally, compliance from the family is significant in the child's therapeutic outcome

however it is important for the practitioner not to overwhelm the family with suggestions and

information. Family engagement in home therapy positively correlates with the child's outcome

in the therapeutic process (Case-Smith, 2015). With these positive findings, this project will aid

in increasing parents' ability to incorporate therapeutic interventions in their family routine for

increased outcomes in their child's therapy.

Model & Theory Used for Project

The model used to guide this Capstone Project was the Model of Human Occupations

(MOHO) model. The MOHO model focuses on how occupations are motivated, patterned, and

performed (Cole & Tufano, 2008). This model is intended to understand occupations and how

the physical and social environment influence it (Cole & Tufano, 2008). The model has three

subsystems: volition, habituation, and performance capacity. The end goal of this model is

occupational adaptation, an outcome of occupational performance (Grajo, et al., 2018). This

model was chosen because it specifically looks at what influences motivation and the caregivers

must be motivated to learn more about their child and promote their success. This model also

focuses on how the environment influences occupation and sees if any adaptations need to be

made. For some of these children their environment may need to be adapted to help them be successful in daily occupations.

The frame of reference (FOR) chosen to guide this Doctoral Capstone Project was the rehabilitative frame of reference. The rehabilitative FOR is used for clients who have underlying conditions that are unlikely to remediate and will live with deficits for the rest of their lives (Cole & Tufano, 2008). This FOR includes concepts of adaptation, compensation, and environmental modifications (Cole & Tufano, 2008). This FOR is appropriate for this project as it includes a wide range of interventions including education about different topics which will result in an increase in their child's success in daily occupations. Additionally, some children have irreversible diagnoses; therefore, it will be important to adapt their occupations and environment to make them the most successful while living with deficits.

Project Design & Implementation

This project idea was designed and invented by the director of PediPlay, Barb Blain. Barb is additionally an occupational therapist by trade and saw the value in providing families with educational resources. During the needs assessment, Barb indicated a need for the development of resources as there were very limited resources developed and most of their resources are outdated and not easily accessible. To aid with this issue, this project was developed to create caregiver education resources based on family's needs within practice.

Individuals including speech, occupational, physical, and developmental therapists completed a pre-survey at the beginning of this project. The purpose of this survey was to determine if other professionals at PediPlay felt the need to develop new caregiver education and what topics they would like more information about. Additionally, therapists were asked what

resources are currently being given to families and how satisfied they are with access to resources.

The survey was sent out to 85 on-staff therapists by email containing a link to the survey. Data was collected from the pre-survey from January 13th through January 24th for therapists to access and complete with a reminder email about when the survey would close, and all responses need to be completed. The pre-survey asked therapists six questions such as "what topics are you currently providing caregivers information on?" with the option of selecting multiple choices. An optional prompt was provided for therapists to share their personal experience based on family's needs in practice if the main topic was not listed above. The next part of the survey asked therapists to share feedback about their current satisfaction to access of resources using a Likert scale ranging from *very dissatisfied* to *very satisfied*. The final part of the survey included an open-ended prompt that allowed therapists to type their answer. This question asked, "what topics would you like more information/resources on?" The complete pre-survey can be found in **Appendix A**.

27 therapists completed the pre-survey, with a response rate of 31.7%. Of the 27 therapists who completed the pre-survey, 88.89% indicated that play was common topic families were interested in gathering more information about. Following play as a major area of interest was sensory (85.58%), feeding (62.96%), toilet training (51.85%), speech (51.85%), and eating (51.85%). Additionally, therapists stated that majority of them were *satisfied* or *neither satisfied nor dissatisfied* with their current access to resources. **Figure 1** shows the pre project satisfaction levels among therapists. Finally, a list of resources therapists wanted more information about was compiled and approved by the director of PediPlay. The list of resources can be created based on therapists' request and Barb's requests and can be found in **Appendix B.**

Additionally, a survey was created for caregivers to complete. This survey was intended to gain information from caregivers that attended the Families United for Support and Engagement (FUSE) fair in Greenfield, IN. This free event is hosted for individuals to attend to gain resources for themselves or their children with or without a disability. At the event, there many different booths for companies to display their information about therapy services, medical equipment, ABA centers, IEP counselors, and many more. This survey consisted of two questions asking, "what challenges do you face with your child that you wish you had more information on?" looking at two different environments; home and the community. The purpose of this survey was to specifically ask members of the community about what topics they would like more information on and confirm if they felt there was a need for this project. This was intended to broaden the range of education topics and make it more appropriate for members of the community. The complete survey can be found in **Appendix C**.

Approximately 7 parents scanned the QR to access the survey, however, no individuals completed the survey at the FUSE fair. Attempts were made to gather information from families however most people walked away from the booth before completing the survey and did not complete the survey on their own time. However, parents at the FUSE fair verbally showed interest in the project and stated they believed the project would be beneficial for them with having a child who receives services.

Lastly, 64 on staff PediPlay therapists were invited to a Zoom call to better understand what families are wanting more information about. The meeting focused on the five main topics practitioners are currently educating families on. Five poll questions were created before the meeting and launched during the meeting. The poll questions consisted of dividing each topic into smaller areas to identify what specifically families were wanting more information on.

During the Zoom meeting, each poll was launched one at a time and therapists were asked to complete the poll. The poll question was open for roughly two minutes or less depending how long it took therapists to respond then an open discussion was conducted to further understand the areas within the main topic. The top five subjects for discussion were play, sensory, feeding/eating, toilet training, and speech. The poll questions can be found in **Appendix D**. 11 therapists were present for the Zoom call with a variety of different disciplines, which was an attendance rate of 17.2%. Within each subject, eight to ten subtopics were created and used for the poll questions. The therapists were asked to answer the poll questions and were allowed to select multiple answers. The results of the Zoom meeting are presented in **Table 1** and were used to guide the determination of future educational topics not already created.

Based on the information gathered, my Doctoral Capstone project consisted of creating updated educational resources for caregivers. I created a list of resources which was compiled and organized for easy access to resources for families and practitioners. In total, 49 educational resources were created with a wide range of topics. The final list of educational resources can be found in **Appendix E**. The links to the resources were all put on one document for therapists to view and sorted into different categories including activities of daily living, motor skills, eating/feeding, play, sensory, speech, and miscellaneous.

 All resources were created using the online platform Canva in variations of flyers, social media posts, and infographics. Free images were used through Canva, and no identifying images were used for privacy reasons. All resources were moved into PediPlay's Drop Box to maintain ownership of resources after the discontinuation of the Capstone Project. Additionally, the PediPlay therapists examined all the resources to ensure accuracy. Also, an outsider was used to examine resources and ensure accurate health literacy.

As part of the dissemination plan with this project, I met with staff at PediPlay to talk about how these resources will be posted and distributed. Barb was given access to edit these resources, so they can change information on them after I leave if needed. Additionally, she said these resources will be posted on PediPlay's Facebook for individuals to access and eventually PediPlay's website. Additionally, all on staff therapists were sent links to view and download these resources. The hope is that practitioners will utilize these resources and share them with families they provide services to.

Project Outcomes

Lastly, a final list of resources and post-survey was sent to on staff therapists to gather information of their increased satisfaction levels with their access to resources. The survey was made through Survey Monkey and sent out online via email. The post-survey consisted of three questions such as "after accessing the published resources, how satisfied are you now with your access to resources" and "how likely are you to share these resources with the families you provide services to?" The final part of the survey included an open-ended prompt that allowed therapists to type their answer. This question asked, "do you have any questions, comments, or concerns?" The complete survey can be found in **Appendix F**.

The post-survey was sent to 57 therapists, with a response rate of 17.4%. Data was collected from the post-survey from March 28th through April 3rd for therapists to access and complete with a reminder email about when the survey would close, and all responses need to be completed. The results of the post-survey can be found in **Figure 2** and were used to determine the effectiveness of this project. Of the 10 therapists that completed the survey, 30% of therapists stated they were satisfied and 70% of therapists stated they were extremely satisfied with their access to resources after the completion of this project. Additionally, 70% of therapists said they

were very likely and 30% said they were likely to share these with families. One comment from a therapist included "Thanks so much for all the time and effort you put in to create the resources. It will be extremely helpful and convenient to be able to provide to families out in the field. They are a great balance of simple, straightforward, and easy-to-digest paired with sufficient detail to be very valuable. Can't thank you enough for those!"

Additionally, all the therapists who completed the survey stated these resources will be helpful and they appreciated the hard work in creating these resources they don't have the time to find online or create. Also, a few therapists stated they will download these resources and save them on their desktops to be able to easily share them with families. These findings support the objectives for this project which was to increase therapist's satisfaction levels to their access to resources. The results were that there was an increase in satisfaction levels from the pre-survey to the post-survey, which will motivate practitioners to share these resources with families and positively impact the child's success in life. Due to the increase in therapist satisfaction, this project was beneficial to update resources for families and the hope for this project is that therapists will share these resources with families they service.

Summary

This Capstone Project was completed using the OT scope of practice which was appropriate for the pediatric population due to occupational therapist's wide range of knowledge in topics such as sensory, play, activities of daily living, and fine motor skills. Additionally, occupational therapists are educated on the importance of caregiver education for improved family involvement and patient outcomes. The purpose of this project was to increase implementation of therapeutic interventions into daily routines of families receiving services.

This 14-week project consisted of determining and creating caregiver education handouts for families in the community.

On staff therapists were recruited to determine the specific education topics based on the need in current practice. Data was gathered through surveys and Zoom calls to determine the topics for the caregiver resources. A total of 49 resources were created using the online platform, Canva, consisting of six main topics of feeding/eating, motor skills, play, sensory, speech, activities of daily living, and others. These resources were checked with practitioners based on their scope of practice and sent out to all on staff therapists for suggestions.

At the end of the project, a post-survey was sent to all on staff therapists to gather their satisfaction levels after the development of resources. The results were that there was an increase in satisfaction levels from the pre-survey; dissatisfied (12%), neither satisfied nor dissatisfied (42%), satisfied (42%), and extremely satisfied (4%) to the post-survey; satisfied (30%), and extremely satisfied (70%). Additionally, 70% of therapists said they were very likely and 30% said they were likely to share these with families. With the creation of these resources' practitioners, will be able to educate caregivers on different strategies to implement in their daily routine outside of therapeutic services. This will be beneficial for members of the community to allow them to access updated and evidence-based resources about various topics related to their children's functioning.

Conclusion

The focus of this project was to develop caregiver education resources to provide therapists with evidence-based resources to distribute to families. This was accomplished by creating 49 resources with a variety of main topics. The target population for these resources is families in the community with children with or without a disability. The hope is that

practitioners will utilize these resources and share them with families they provide services to. Prior to this project, PediPlay's resources were outdated and unorganized, so this project was beneficial for PediPlay staff so that they can share updated, reliable resources for families. The project demonstrates the necessity for creating updated caregiver education resources for increased therapist satisfaction to access of resources. With the creation of updated resources, therapists stated they were more likely to share these resources with families they serve for improved services to the families they provide. Due to the known benefits of caregiver involvement and PediPlay therapists stating these resources would be effective in improving services to the families they provide; practitioners should continue to be educated on the importance of caregiver education for increased family involvement.

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Table 1

Zoom Results

	Play	**Sensory**	**Feeding/ Eating**	**Toilet Training**	**Speech**
#1	Milestones associated with play	Deep pressure activities, Heavy work	Feeding therapy, Positioning	Establishing a routine	Basic signs to teach your child
	9/11 (81.08%)	9/11 (81.08%)	8/11 (72.70%)	8/11 (72.70%)	11/11 (100%)
#2	Recommended toys for age-appropriate play	Picky eaters due to sensory	Bottle feeding, Feeding developmental milestones	Hygiene, Clothing management	Recommended shows
	8/11 (72.70%)	7/11 (63.36%)	7/11 (63.36%)	7/11 (63.36%)	9/11 (81.08%)
#3	Different types of play, Incorporating speech into play, Sensory play	Establishing a sensory diet	Food hierarchy, Thickened liquids, Facial massage	Communicating the need to use the restroom	Recommended books
	7/11 (63.36%)	6/11 (54.54%)	5/11 (45.40%)	6/11 (54.54%)	6/11 (54.54%)

Figure 1

Pre-Satisfaction Level with Access to Resources
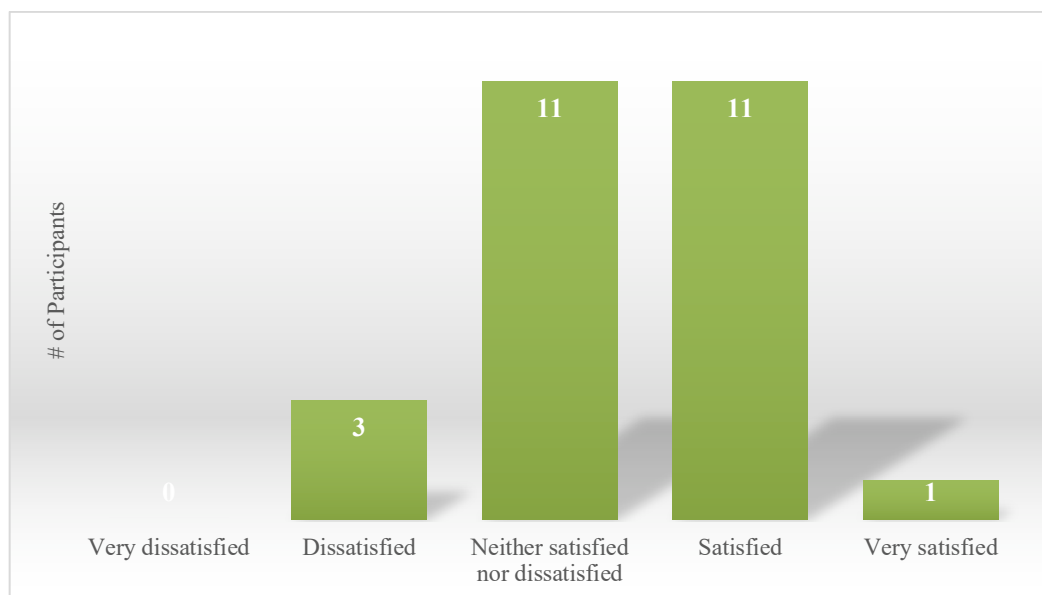
Figure 2

Post-Satisfaction Level with Access to Resources
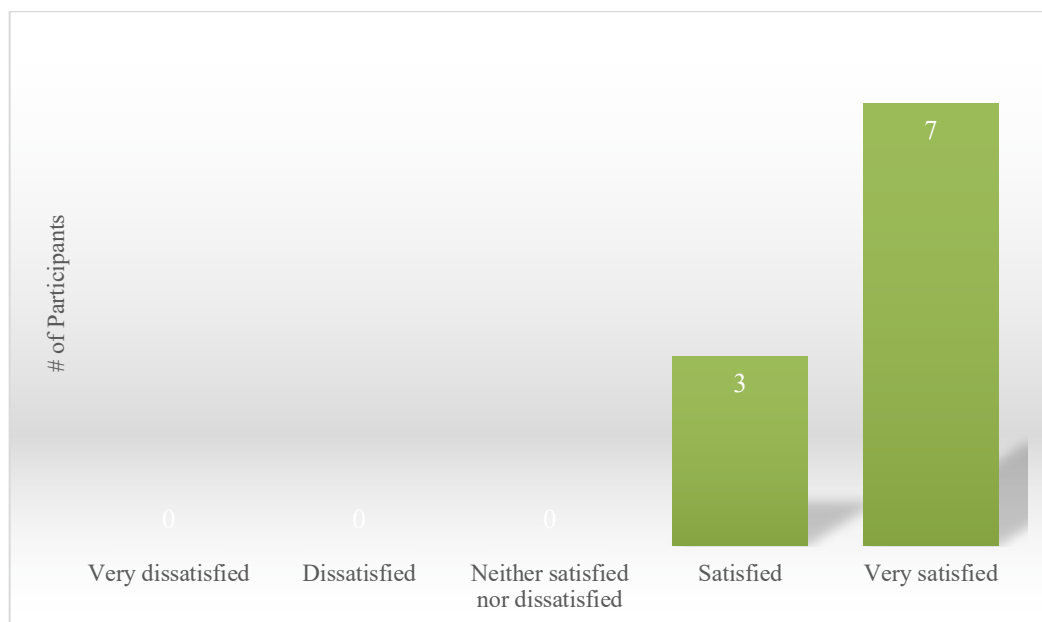
Appendix A

Pre-Survey

1. Please select your discipline.
   o Speech Therapy
   o Occupational Therapy
   o Physical Therapy
   o Developmental Therapy
2. What topics are you currently providing caregivers information on? Check all that apply.
   o Sleep
   o ADL training
   o Toilet training
   o Sensory
   o Grasp
   o Feeding
   o Eating
   o Speech
   o Articulation
   o Breathing
   o Gait
   o Positioning
   o Adaptive Equipment
   o Range of motion
   o Stretching/ Exercise
   o Gross Motor Skills
   o Fine Motor Skills
   o Play
   o Other
3. What types of resources are you providing to caregivers?
   o Handouts (pdfs, infographics)
   o Videos
   o Images
   o Other
4. What platform do you use when searching for caregiver education resources?
   _____
5. How satisfied are you currently with your access to resources?
   o Very satisfied
   o Satisfied
   o Neither satisfied nor dissatisfied
   o Dissatisfied
   o Very dissatisfied
6. What topics would you like more information/resources on? (Within the scope of practice of all disciplines) _____

Appendix B

List of Resources from Pre-Survey Results

What topics would you like more information/resources on? (Within the scope of practice of all disciplines)

1. Parents are always asking us about community resources/group so that could be nice!
2. How to get access to medical equipment, information on how to get the Medicaid waiver
3. Caregivers do seem to have a lot of questions about behaviors.
4. Parent resources in diff languages
5. Reflex Integration
6. Behavior Management and Emotional Regulation
7. Speech and behavior
8. Sensory
9. Strategies for toe walkers. Sensory strategies for children with sensory processing, activities for torticollis, gait training
10. How to apply for Medicaid Waiver and disability. Local resources for housing, food, utilities assistance, diaper and formula assistance, furniture, etc. Local ABA centers. Ways to get an autism diagnosis (Riley takes over a year!)
11. I have many kiddos that have quite a few characteristics of ASD without diagnosis. Perhaps topics on benefits of early assessment
12. I think I'd like more resources for play groups for families, easily accessible handouts for sensory, fine motor, and language activities.
13. Early intervention autism
14. Potty training
15. Behavior issues
16. Sleep
17. Anxiety
18. Social Emotional
19. Examples, videos, of real life play to encourage language, and supporting children with Autism.
20. Behaviors, Sleep, Routines, Technology (i.e., screen time), etc.
21. rare diagnoses (like where to tell caregivers to look for info) / lip/tongue tie / swallow studies explanations (MD offices don't do a very good job with these)
22. Picky eating/sensory
23. Handouts. Waiver info. Free resources.
24. Emotional regulation
25. Developmental ages for children (e.g., what they should be accomplishing @ what age)
26. Parent friendly, single topic upbeat videos

Appendix C

FUSE Fair Caregiver Survey

1. What challenges do you face at home with your child that you wish you had more information on? Check all that apply.
    o   Going to sleep
    o   Staying asleep
    o   Frequent tantrums
    o   Inappropriate behaviors (not getting along with others, violence towards others, etc.)
    o   Potty training
    o   Having accidents at night
    o   Daily hygiene (taking a shower, brushing teeth, hair washing, etc.)
    o   Unable to sit still during a movie or other activity
    o   Being bothered when someone touches them
    o   Being bothered by loud noises, strong smells, etc.
    o   Eating habits
    o   Being more interested in technology then other toys
    o   Playing with siblings
    o   Communicating with others
    o   Not listening/obeying you
    o   Other
2. What challenges do you face in the community with your child that you wish you had more information on? Check all that apply.
    o   Paying attention in school
    o   Difficulties in class with crafts (coloring, writing, holding a pencil, cutting, etc.)
    o   Difficulties in PE class (running, jumping, throwing a ball, kicking a ball, etc.)
    o   Getting along with classmates
    o   Unable to remain seated during class
    o   Being bothered when someone touches them
    o   Being bothered by loud noises, strong smells, etc.
    o   Staying in line during transitions
    o   Difficulties with making new friends
    o   Difficulties with transitioning to other activities
    o   Not listening/obeying authority
    o   Difficulties with going through the cafeteria line
    o   Meltdowns in public
    o   Complaining/ whining about activities
    o   Other

Appendix D

Zoom Poll Questions

1. Within play, what topics are you currently providing caregivers information on? Check all that apply.
   o Milestones associated with play
   o Importance of play
   o Different types of play
   o Incorporating speech into play
   o Sensory play
   o Importance of play with both genders
   o Recommended toys for age-appropriate play
   o Other
2. Within sensory, what topics are you currently providing caregivers information on? Check all that apply.
   o Compression vests
   o Weighted lap pads
   o Fidgets
   o Establishing a sensory diet
   o Interoception
   o Deep pressure activities
   o Heavy work
   o Picky eaters due to sensory
   o Hypersensitivity vs hyposensitivity
   o Other
3. Within feeding/eating, what topics are you currently providing caregivers information on? Check all that apply.
   o Disorders associated with feeding and eating
   o Feeding therapy
   o Feeding developmental milestones
   o Food hierarchy
   o Tongue thrusts
   o Adaptative equipment
   o Positioning
   o Bottle feeding
   o Thickened liquids
   o Facial massage
   o Other
4. Within toilet training, what topics are you currently providing caregivers information on? Check all that apply.
   o Communicating about the need to use the restroom
   o Establishing a routine
   o Awareness
   o Clothing management
   o Motor skills (balance, strength, etc.)

- o   Pericare
- o   Hygiene (washing and drying hands)
- o   Physical adaptations and modifications
- o   Developing a reward system
- o   Other

5. Within speech, what topics are you currently providing caregivers information on? Check all that apply.
   - o   Recommended books
   - o   Recommended shoes
   - o   Disorders associated with speech and language
   - o   Milestones associated with speech
   - o   How to set up AAC devices
   - o   AAC device hygiene
   - o   Basic signs to teach your child
   - o   Other

Appendix E

Final List of Resources

1. [Activities for Torticollis](#)
2. [Animal Walks](#)
3. [ASD & Echolalia](#)
4. [Benefits of Early Intervention](#)
5. [Benefits of Play](#)
6. [Books to Encourage Your Child to Read](#)
7. [Community Resources](#)
8. [Deep Pressure Activities](#)
9. [Difference in Disciplines](#)
10. [Early Games to Promote Social Skills](#)
11. [Feeding Therapy](#)
12. [Fine Motor Activities](#)
13. [Games to Improve Executive Functioning](#)
14. [Gross Motor Activities](#)
15. [Heavy Work Activities to Try at Home](#)
16. [Household Chores](#)
17. [Is My Child a Picky Eater?](#)
18. [Objects to Build an Obstacle Course](#)
19. [Picky Eaters- Is it Sensory or Oral Motor?](#)
20. [Pre-Crawling and Crawling Activities](#)
21. [Play is Therapy!](#)
22. [Recommended Show to Promote Speech](#)
23. [Recommended Toys for Age-Appropriate Play](#)
24. [Red Flags for ASD](#)
25. [SLP Screening vs. Evaluation](#)
26. [Sensory Play](#)
27. [Sensory Activities Before Bed](#)
28. [Sensory Garments- What are They?](#)
29. [Sensory Terms](#)
30. [Setting Your Child's Plate](#)
31. [Signs to Teach My Child](#)
32. [SLP Disorders](#)
33. [SLP Terminology You Need to Know](#)
34. [Songs to Encourage Speech](#)
35. [Stages of Play](#)
36. [Strategies for ADHD](#)
37. [Strategies for Picky Eaters](#)
38. [Strategies to Prevent Burnout](#)
39. [Strategies for Toe Walker](#)
40. [Tantrums or Sensory Meltdowns? What's the difference?](#)
41. [Tips to Help Your Child Fall Asleep Faster (Infographic)](#)
42. [Tips to Help Your Child Get Dressed Faster](#)

Appendix F

Post-Survey

1. After accessing the published resources, how satisfied are you now with your access to resources?
   a. Very satisfied
   b. Satisfied
   c. Neither satisfied nor dissatisfied
   d. Dissatisfied
   e. Very dissatisfied
2. How likely are you to share these resources with the families you provide services to?
   a. Very likely
   b. Likely
   c. Neither likely nor unlikely
   d. Unlikely
   e. Very unlikely
3. Do you have any questions, comments, or concerns?

   _____

Appendix G

Weekly Planning Guide

Week #	DCE Stage (Orientation, screening/evaluation, implementation, discontinuation, dissemination)	Weekly Goal	Objectives	Tasks	Date Complete
1	Orientation Screening/Evaluation	Determine how to get needs assessment information from therapists	Get familiar with the building and staff Complete SWOT analysis	Create a weekly schedule with goals and plans for each week Finish the survey and send to the participants Send email to therapists to set up shadowing Set up meeting with Bri	January 13th
2	Screening/Evaluation	Meet stakeholders and learn publishing guidelines for resources	Update MOU with site coordinator Meet all stakeholders involved in the project	Finalize MOU Meet with Bri about publishing guidelines Create a schedule when shadowing sessions/working on the project Begin researching literature based on the results Work on the introduction of paper	January 20th
3	Screening/Evaluation	Develop assessment for project	Establish pre/post assessment	Start shadowing sessions	January 27th

				with site coordinator	Work on background for paper Start receiving survey responses back Create a master list of caregiver education topics from survey	
4	Implementation	Research literature for caregiver resources	Develop clinical skills in specialized area of scope of practice		Continue shadowing sessions Gather research articles on topics Begin developing intervention binder Organize and take inventory on current caregiver education resources within the facility	February 3rd
5	Implementation	Develop caregiver education resources	Develop clinical skills in specialized area of scope of practice		Continue shadowing sessions Determine what platform to use for creating resources Gather research articles on topics	February 10th
6	Implementation	Create caregiver education resources	Provide educational resources within OT/PT/ST scope of practice		Continue shadowing sessions Create handout resources	February 17th

			Build skills in creating resources (part of OT's role)	Meet with Bri to approve format and design after completing a few resources	
7	Implementation	Create caregiver education resources	Provide educational resources within OT/PT/ST scope of practice Build skills in creating resources (part of OT's role)	Finish shadowing sessions Gather interventions seen in sessions Create handout resources	February 24th
8	Implementation	Create caregiver education resources	Provide educational resources within OT/PT/ST scope of practice Build skills in creating resources (part of OT's role)	Research any trainings or opportunities to advance knowledge in feeding/eating Develop intervention binder	March 3rd
9	Implementation	Create caregiver education resources	Provide educational resources within OT/PT/ST scope of practice Build skills in creating resources (part of OT's role)	Participate in trainings if available Work on intervention binder Host Zoom meeting to better understand topics	March 10th
10	Implementation	Create caregiver education resources	Provide educational	Finish editing all resources	March 17th

			resources within OT/PT/ST scope of practice Build skills in creating resources (part of OT's role)	Go over intervention binder with site mentor Send resources out to therapists for feedback	
11	Implementation	Checking education resources for publishing Send post assessment	Create survey to be sent out to therapists and send out	Compile resources into accessible location for families and therapists to access Send out survey again to gather data on therapists' satisfaction levels with access to resources	March 24th
12	Implementation	Determine conclusions/benefits of project	Create graphs for project on finding within Excel Note significant findings in data collected	Put resources in Dropbox Determine conclusions from surveys Work with website creator on making sure resources are in correct format and compatible with website preferences	March 31st
13	Discontinuation	Finalize analyzation of data collected and draw conclusions	Assemble PowerPoint and schedule a time to present Start drawing conclusions	Start writing the conclusion of the scholarly report. Create PowerPoint to show findings and present to site mentor	April 7th

			based on findings		
14	Dissemination	Disseminate project to site	Present findings to site mentor and other staff who are interested	Schedule a time to present findings Discuss with site mentor findings and future recommendations on how to keep project sustainable	April 13th