Developing Your Community Toolbox: An Online, Face-to-Face, and Hands on Training Program

Erin Wynne

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DEVELOPING YOUR COMMUNITY TOOLBOX: AN ONLINE, FACE-TO-FACE, 
AND HANDS ON TRAINING PROGRAM

A Doctoral Capstone Project
Submitted to the Rangos School of Health Sciences

Duquesne University

In partial fulfillment of the requirements for
the degree of Occupational Therapy Doctorate

By
Erin Wynne

December 2016
DEVELOPING YOUR COMMUNITY TOOLBOX: AN ONLINE, FACE-TO-FACE, AND HANDS ON TRAINING PROGRAM FOR A COMMUNITY

By

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Approved November 2, 2016

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ABSTRACT

DEVELOPING YOUR COMMUNITY TOOLBOX: AN ONLINE, FACE-TO-FACE, AND HANDS ON TRAINING PROGRAM FOR A COMMUNITY

By
Erin Wynne
December 2016

Dissertation supervised by Dr. Elena Donoso Brown

Many individuals with intellectual or developmental disabilities (I/DD) live in social isolation and rarely participate in programs offered in their local community. Environmental barriers, such as the limited knowledge and skills of some staff who work with these individuals and the negative attitudes members of the community have towards those with I/DD, limit the participation of this population. During the summer of 2016, this capstone project was completed at the Greater Plymouth Community Center (GPCC). Developing Your Community Toolbox is an educational program designed for GPCC staff and members. The goal was to increase the staff’s ability to support individuals with I/DD and to reduce any negative stereotypes community members may have of people with I/DD. Education was completed using online and face-to-face educational sessions to provide staff and members information on individuals with I/DD.
Full time staff participated in a six week online training program with a face-to-face wrap up. An additional hands-on role modeling component was used with summer camp staff to help them implement a variety of behavioral management techniques with campers. Members had the opportunity to participate in four different sessions to learn and interact with individuals with I/DD. The results of this program found that the use of online, face-to-face, and role modeling components helped to increase staff and members’ knowledge of certain topics related to individuals with I/DD. All staff who participated in this program felt that the topics covered in this training were informative, relevant and appropriate. Further research needs to be conducted on the effects educational sessions have on staff’s ability to support individuals with I/DD as well as members’ attitudes of those with I/DD.
ACKNOWLEDGEMENT

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I especially wanted to thank Adel and Karen who were also my mentors throughout this process. Your assistance, guidance, and knowledge helped to make my project a success. You both always went out of your way to ensure that I was getting the most out my DEC experience this summer. Thank you to all the staff at the Greater Plymouth Community Center for taking time out of your busy schedules to participate in my program this summer.
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LIST OF ABBREVIATIONS

Intellectual or Developmental Disabilities: I/DD

Greater Plymouth Community Center: GPCC

Ecology of Human Performance: EHP

Therapeutic Support Staff: TSS

Strongly Agree: SA

Agree: A

Disagree: D

Strongly Disagree: SD
Chapter One - The Practice Scholar Capstone Project

In 2010, the United States Census Bureau reported that approximately 15.2 million adults in America had some type of cognitive, mental, or emotional disability. Out of those 15.2 million people approximately 1.2 million of them are diagnosed with an intellectual disability (Brault 2012). Intellectual disabilities are considered to be a type of developmental disability. According to the National Institute of Health (2012), intellectual and developmental disabilities (I/DD) “are disorders that are usually present at birth and that negatively affect the trajectory of the individual’s physical, intellectual, and/or emotional development. Many of these conditions affect multiple body parts or systems.” These individuals often reach normal developmental milestones later than typical children and have difficulty with problem solving, reasoning, memory skills, communication and social skills which results in them being unable to live independently (National Institute of Health, 2012). With the proper support many of these individuals are able to hold jobs and live in group homes (Verdonschot, Witte, Reichrath, Buntinx, & Curfs, 2009).

Many adults with I/DD are now living in community settings that provide them with multiple opportunities to engage in a variety of self-selected community activities; however, many of these individuals continue to remain in social isolation due to a variety of personal and environmental barriers that limit their ability to participate in the community (Chng, Stancliffe, Wilson, & Anderson, 2013; Verdonschot et al., 2009). Individuals with I/DD often have decreased communication and social skills, which makes it challenging to interact with others particularly in novel situations or in stimulating and complex social environments such as a community event or program (National Institute of Health, 2012; Schleien et al, 2014).
Research suggests that the main environmental barriers that prevent participation are the limited knowledge and skills of some staff who work with this population as well as the negative attitudes of community members (Chng, Stancliffe, Wilson, & Anderson, 2013; Verdonschot et al., 2009). Multiple studies have found that providing education or training to staff members who work with this population results in increase knowledge of intellectual disabilities and decrease negative attitudes towards these individuals (Seewoorruttun & Scior, 2014).

The Greater Plymouth Community Center (GPCC) offers a variety of programs and services throughout the year that are geared for members of all ages who live in and around Plymouth Township. Throughout the year, members can participate in a wide variety of educational, cultural, self-improvement, and recreational classes and programs (Greater Plymouth Community Center, 2016). The GPCC rents rooms for meetings and birthday parties and offers childcare. Different classes such as stress management, low back pain management, and events like grandparent pool day or the fairytale ball are offered each month. The GPCC staff includes directors, swim and fitness instructors, camp counselors, and those working the front desk. According to the staff, GPCC strives to be an inclusive environment for all members regardless of ability. GPCC attempts to make accommodations for their members with disabilities so they can participate in activities at the center. For example, many members, especially children attending summer camps, use the facilities at GPCC or attend events and classes with an aide or wraparound. Nonetheless, the center currently only offers one program specifically designed for children with disabilities called the Civic Green Program, and no programs specifically designed for adults with disabilities.

A needs assessment using interviews and observations was conducted at GPCC in late February to early March of 2016. Observations at GPCC and interviews with staff and members
of GPCC helped to identify areas that both promote and inhibit community engagement. Interview questions were developed by the author with feedback from both mentors and peers. Six staff members of GPCC and the founder of Civic Green Program were each individually interviewed for approximately 20-30 minutes. Questions focused on topics such as staff’s roles and responsibilities, overall goals of GPCC, areas of improvement or additional services GPCC could provide. Throughout the interviews the program developer asked additional questions that were not in the original list of interview questions. Informal interviews also occurred with a few parents involved in the Civic Green Program. These interviews occurred during the program. Questions used with parents were different than those used with staff and were not in the original list of interview questions. Observations were collected throughout the community center and during the Civic Green Program. Observations focused mainly on physical space available at GPCC but also included some areas of social interactions. An additional informal interview was conducted in early April with staff members from Developmental Enterprises Corporation (DEC), a group home for adults with I/DD. This interview focused on determining what aspects of GPCC promoted or inhibited the participation of individuals with I/DD. Refer to Appendix A for a list of observations and interview guide used during the needs assessment.

The results of the needs assessment indicate that GPCC staff members reported limited knowledge and experience working with people with disabilities. In addition, many individuals with I/DD are accompanied by an aide when using GPCC facilities, yet GPCC staff felt they lacked an understanding of the role of aides; making them hesitant to offer assistance to members with I/DD. While GPCC staff reported limited knowledge and ability to support members with disabilities, they did express an interest to learn more about how to support these members to help make the community center as inclusive as possible.
According the staff at DEC, the cost of membership at GPCC was the main reason majority of their residents do not use the facility. However, the DEC staff reported that they felt that some community center staff members were unsure of how best to support their residents when using the center. The staff felt that this lack of knowledge makes it difficult for some of their residents to feel included and participate in activities at GPCC. These findings in combination with the evidence from the literature suggested that a staff training program which provides education and skill development is needed for inclusion of individuals with disabilities may be beneficial. The goal of the program, Developing Your Community Toolbox, was to educate staff and community members about individuals with I/DD to increase knowledge and skills related to interacting with individuals with I/DD and decrease member stigma. The ultimate goal being to reduce environmental barriers faced by individuals with I/DD, thereby changing the environment of GPCC to increase individuals with I/DD social participation.
Chapter Two - Review of Relevant Literature

Thesis Statement: Social participation is defined as being involved in activities that take place in social situations such as community, family, or peer activities (AOTA, 2014). The Occupational Therapy Practice Framework and the World Health Organization consider social participation to be an essential component of an individual’s life (Walsh, 2000). Participating in community programs has been shown to increase physical and emotional health and increase quality of life for individuals with I/DD (Chng et al., 2013). In order to experience these health benefits, individuals with I/DD need appropriate supports in place within communities that promote their participation. One of these supports could be a well trained staff and informed community.

The following questions were used to guide the literature review:

- What benefits does participating in the community have for people with I/DD?
- What barriers do individuals with I/DD face when trying to participate in the community?
- What techniques/strategies are used to increase staff’s knowledge about individuals with I/DD?
- What techniques/strategies are used to increase staff’s ability to work with individuals with I/DD?

Please refer to Appendix B for a summary of key articles used throughout this paper.

Synthesis of the Literature:

Over the past decade, more research has focused on studying the community participation of individuals with I/DD. Studies have found that being able to participate in the community is a common goal among individuals with both physical and cognitive disabilities and can offer them a variety of health benefits (Chng et al., 2013). However, when trying to participate in the community individuals with I/DD need to overcome a variety of both personal and
environmental barriers in order to be successful. Evidence has shown that there are ways to help support these individuals increase their participation (Chng et al., 2013; Seewooruttun & Scoir, 2014). One of the ways to do this is to educate both staff and community members on people with I/DD.

Community Participation: Valued Goal

Many individuals with both physical and cognitive disabilities often have a difficult time trying to participate in their local community. The social networks of people with I/DD are often constricted consisting primarily of family members, other individuals with I/DD, or paid staff members (Amado et al., 2011). As the amount of inclusive classrooms and schools has increased across the country the need for inclusive communities has increased as well (Amado et al., 2011). Furthermore, most people with any type of disability often have a goal related to community or social participation (Wilson et al., 2013). For adults with I/DD, community & social participation does not just refer to participating in groups and interacting with other individuals with I/DD but also refers to interacting and forming relationships with adults without I/DD (Wilson et al., 2013). Many individuals with I/DD often live within the community but are not always considered to be members of the community nor do they always feel that they belong in the community (Amado et al., 2011). Focus groups conducted by Abbott & McConkey (2006) found that individuals with I/DD felt that other members of their communities treat them differently and reported feeling left out due to their disability. This feeling of exclusion is one barrier that limits participation in programs by people with I/DD (Abbott & McConkey, 2006).

Community Participation: Health Benefits

Regardless of one’s ability, maintaining a healthy lifestyle is an important part of life (Center for Disease Control and Prevention, 2016). Being healthy helps people actively
participate in daily and meaningful activities while also preventing the development of additional health conditions (Center for Disease Control and Prevention, 2016). Active participation in the community provides multiple health benefits for people with and without disabilities such as having an increased quality of life, increased emotional and physical health, and increased self-esteem (Chng et al., 2013).

Communities offer opportunities for people to be physically active, to learn about healthy diets, and to develop relationships all of which are important to maintaining a healthy life (Davis et al., 2013; Office on Disability, 2005). People with I/DD are at a higher risk for developing other health conditions such as diabetes, obesity, heart disease, osteoporosis, mental illness than those without I/DD (National Institute of Health, 2014). Some of the health conditions that people with I/DD develop could possibly be prevented if these individuals were actively involved in their communities (Davis, Proulx, & van Schrojenstein Lantman-de Valk, 2013; Straetmans, van Schrojenstein Lantman-de Valk, Schellevis, & Dinant, 2007; Chng et al., 2013).

**Barriers to Community Participation**

Community Participation for individuals with I/DD is limited by both personal and environmental factors. Many individuals with I/DD struggle communicating and interacting with others (National Institute of Health, 2012). The inability to communicate one’s needs makes it difficult for people with I/DD to participate in their community (Chng et al., 2013). Many of these individuals also do not understand how to relate and interact with others so it is challenging for them to develop social relationships (Dusseljee et. al, 2011; Johnson, Douglas, Bigby, & Iacono, 2012). Being able to develop relationships is a key aspect of social inclusion and community participation (Johnson et al., 2012).
While individuals with I/DD have individual factors that limit their ability to participate, these are exacerbated by environmental barriers. Lack of support and access are the most commonly identified environmental barriers that prevent participation for this population (Chng et al., 2013). Research has illustrated how with proper planning and support individuals with I/DD are able to successfully participate in community groups (Chng et al., 2013). However, mainstream community groups are often not able to offer the necessary support to make participation possible for these individuals due to limited knowledge of staff or other members in the group (Chng et al., 2013).

Another barrier that has been identified by individuals with I/DD and their parents is the attitudes of staff and members of the community have toward this population (Schleien et al., 2014). Many people have misconceptions of those with I/DD which more often than not tend to be negative (Schleien et al., 2014). These negative attitudes not only make it harder for people with I/DD to feel welcomed in the community but also make parents hesitant to allow their child to participate in community programs (Schleien et al., 2014).

Chng et al. (2013) found that individuals with I/DD successfully participate in community programs when members of the program were open to this population. The more opportunities individuals have to interact with persons with I/DD the more likely they are to have positive views of them as well (Seewooruttun & Scoir, 2014). Evidence has shown after receiving education or training about individuals with I/DD, community members tend to view this population in more positive way (Seewooruttun & Scoir, 2014). Wiesel and Bigby (2014) found that community members are hesitant to interact with individuals with I/DD because they are unsure of what they should do and fear that they will embarrass themselves or the individual with I/DD. Therefore, it would seem necessary that not only the staff of community centers but
also those who attend community centers receive education on persons with I/DD in order to create inclusive communities.

**Increasing Skills of Staff**

An individual’s participation in community activities is affected by staff’s ability to provide support (Amado et al., 2011). Melville and colleagues (2005) reported that inadequately trained staff may lead to the discrimination of individuals with I/DD. In a systematic review by Seewooruttun & Scoir (2014) makes it clear that providing education or training to staff members who work with this population results in increase knowledge of intellectual disabilities and decrease negative attitudes towards these individuals. All of the training programs found throughout the literature consisted of face-to-face classes, job coaching, or a combination of the two. No research could be found on the use of online educational programs.

A meta-analysis focused on assessing if certain components of staff training affect the effectiveness of the training containing 55 studies found that the use of an in-service format was found most effective to increase knowledge. However, combination of an in-service format and coaching on the job format was most effective at changing behaviors of staff (van Oorsouw, Embregts, Bosman, & Jahoda, 2009). Programs that used a combination of formats were more effective when participants were given feedback on their skills because people tend to learn more when information is presented in a variety of ways (van Oorsouw et al., 2009; Wong & Wong, 2008).

**Summary:**

Personal and environmental barriers affect the ability of individuals with I/DD to successfully participate in the community. Not all of these barriers can be easily overcome; however, evidence has shown that educating staff and community members can help to reduce
stigma and discrimination and increase the community participation of those with I/DD. It is necessary for these individuals to be able to take full advantage of what is offered in their community in order for them to stay healthy and to have more control in their life.
Chapter Three - Theoretical, Conceptual or Quality Improvement Framework

The occupational therapy model of Ecology of Human Performance (EHP) states that the performance of an individual is dependent upon the interaction of three things: the person, the context, and the task (Cole & Tufano, 2008). The person refers to an individual and consists of their physical, cognitive, and psychosocial skills and abilities (Cole & Tufano, 2008). The task consists of all of the behaviors necessary to complete an activity or specific goal (Cole & Tufano, 2008; Dunn, Brown, & McGuigan, 1994). The context refers to both the environmental (physical, social, cultural) and temporal (developmental & chronological age, disability status, time) aspects of the person (Cole & Tufano, 2008). Individuals are functional when the demands of the task and context match their personal abilities (Cole & Tufano, 2008).

There are five different types of intervention that support creating the right fit between the person, context and task: establish/restore, alter, adapt, prevent, and create. Establish/restore refers to improving the person’s skills and abilities. Alter refers to selecting a context that matches the skills of the person (Cole & Tufano, 2008; Dunn, Brown, & McGuigan, 1994). Nothing about the person or environment is changed; the person performs the task in an environment where success is possible (Cole & Tufano, 2008). When change to the context is necessary to support performance, the adapt form of intervention is used (Cole & Tufano, 2008; Dunn, Brown, & McGuigan, 1994). Prevent is used to try to avoid future problems in performance. Create aims to construct situations that promote more adaptable and higher levels of performance for all individuals (Dunn, Brown, & McGuigan, 1994).

EHP was specifically designed so it could be used by various professions and applied in a variety of settings (Cole & Tufano, 2008). The designers of EHP intended for this model to be used within community settings and wellness programs (Cole & Tufano, 2008). Developing
Your Community Toolbox is a program that occurred within a community setting. While it is not considered to be a wellness program, there are clear connections that can be made between the model of EHP and this program. The different components of Developing Your Community Toolbox correlate with the interventions and components in the EHP model.

For this project, the person refers to the members and staff of GPCC. The task for staff of GPCC is to support members with I/DD. The task for members is to accept with individuals with I/DD into the community. The context includes both the environmental and temporal components of GPCC. The environmental component is made up of the social, physical, and cultural aspects of the environment. This includes things such as equipment, tools, role expectations, social routines, customs, and behavioral standards. The temporal components consist of things such as individuals’ chronological age, disability status, the time of day activities occur etc. This project is focusing on two different sets of person-environment-task interactions. The first is the interaction of staff members at the GPCC facility and their ability to support individuals with I/DD. The second person-environment-task interaction is GPCC members at the facility and their acceptance of individuals with I/DD.

This project primarily incorporates the use of the following three EHP intervention strategies: establish/restore, adapt, and prevent. Establish/Restore is used within the educational components of this program. Staff and members will be educated about individuals with I/DD. This will help to increase staff’s knowledge and ability to support persons with I/DD and will help to decrease members’ negative attitudes towards individuals with I/DD. This change in knowledge and ability of staff members as well as the attitudes of members will result in a change of context for members with I/DD which incorporates the adapt strategy. This change in context will allow members with I/DD to benefit from services offered at GPCC and will support
their social participation. Lastly, the prevent strategy is being used because increasing staff’s knowledge and members’ awareness of I/DD will help to reduce future issues faced by staff and reduce the stigma and discrimination individuals with I/DD face when participating in the community.
Chapter Four - Description of the Practice Scholar Capstone Project

Title of Project: Developing Your Community Toolbox

Overall Program Goals:

**Goal 1:** 90% of staff members at GPCC who attend the staff training will increase their knowledge of strategies to support individuals with intellectual or developmental disabilities within two months.

**Goal 2:** 90% of staff members at GPCC who attend the staff training will increase their ability to work with individuals with intellectual or developmental disabilities within two months.

**Goal 3:** 90% of members who participate in this program will increase their understanding of individuals with I/DD within 2 months.

Program Description:

**Brief Program Description**

This new program took place at the Greater Plymouth Community Center (GPCC). It aimed to increase the staff’s knowledge and ability to support members’ with I/DD participation in community programs and decrease community members’ negative attitudes of individuals with I/DD. This program can be divided into three different components: *Full Time Staff Training, Summer Camp Training, and Member Sessions.* The full time staff training was a 6-week online training program with one face-to-face session, for full time staff members to learn about individuals with I/DD and strategies to support their inclusion. During the Summer Camp training component, camp counselors were educated on how to use different behavioral management techniques to support campers with disabilities through an educational session and
role modeling. Lastly, the member sessions component provided community members the opportunity to attend four different members sessions to learn about individuals with I/DD.

Theoretical Framework

The occupational theory of Ecology of Human Performance (EHP) is an occupational therapy model that has been used to help design this program. In this program three different forms of interventions from EHP were used in the different sections of this program. By improving the knowledge and abilities of staff to provide support, individuals I/DD will hopefully be able to participate in more programs that are offered at GPCC. Educating members will help to reduce stigma persons with I/DD face when trying to participate in the community. These components will help to change the context of GPCC making it easier for persons with I/DD to participate. Refer back to Chapter Three for more information on how this model is applied to this program.

Rationale for Program Design

Full-Time Staff Training

Due to the varying job requirements, shift times, and high demands on staff during the summer season an online educational format was determined to be the most effective way to provide information to all full time staff members. The author was available to meet in person with staff members during the week to address any questions or concerns the staff had. Educational sessions as well as the final wrap-up session included the use of handouts, videos, and PowerPoints. This final session also provided the staff the opportunity to participate in group discussions. The use of multiple methods to present information such as instruction, group discussions, and videos has been found to be more effective than the use of just one because people tend to learn more when information is presented in a variety of ways (van Oorsouw et
al., 2009; Wong & Wong, 2008). Presenting information in a variety of ways allows individuals with a variety of learning styles to benefit from the training (Wong & Wong, 2008).

**Summer Camp Staff Training**

Role modeling was provided for the camp counselors to increase their ability to implement behavior management strategies. Van Oorsouw et al., (2009) found that programs were more effective when participants were given feedback on their knowledge and skills. Changes in behavior were higher when training programs included in-service and coaching on the job formats (Van Oorouw et al., 2009).

Multiple studies have found that educational sessions combined with direct contact with individuals with disabilities is the most effective way to both increase the knowledge and change attitudes of individuals who participate in training programs (Campbell, Gilmore, & Cuskelley, 2003; Seewooruttun & Scior, 2014). This is why the summer camp training and member session components consisted of educational sessions and opportunities for participants to interact with people with I/DD. A review of the literature found that the more opportunities individuals have to interact and work with people with I/DD the more likely they are to recognize the strengths and skills of individuals with I/DD. They are also more likely to have positive views of people with I/DD (Seewooruttun & Scior, 2014).

**Sample and Population**

**Full-Time Staff Training**

Staff were recruited from GPCC through convenience sampling methods. An email was sent to all full-time staff members informing them of the staff training program, what they would be expected to do, and if they would like to participate. All full-time staff members at GPCC (N = 20) were invited to participate in the six week training program.
**Summer Camp Training**

Camp counselors (N= 29) were recruited during the workshop presentation for summer camp. Counselors have been working at camp anywhere between 1-6 years and were either college or high school students or recent college graduates. Not all counselors (approximately 11) were present at session. Counselors not present had the opportunity to interact with author, if a child in their camp was identified to need more assistance. However, if no child was identified in their camp to need more assistance then counselors did not have any opportunity to interact with the author and learn about behavioral management techniques.

**Member Sessions**

Participants in member sessions consisted of members of the local community. Members of all ages and abilities were invited to attend sessions. Participants were recruited through the use of emails and flyers. Local Boy and Girl Scout troops, residential agencies, and programs for those with I/DD were contacted to participate in sessions. Flyers were posted in community center as well. A day before the last two sessions a reminder email was sent out to potential participants. Please see Appendix C for a copy of emails and flyers used for recruitment.

**Program Structure**

**Full-Time Staff Training**

Full-time staff participated in a six week online staff training program. The staff retrieved materials through EdPuzzle and their email to review at a time convenient for them. Prior to being able to view materials, staff were required to create an EdPuzzle account. Staff had the option to enter their name or an anonymous name in the account they created. Each week the author emailed containing the materials for that week to participants. The materials included a link to EdPuzzle and any handouts for the week. Staff had access to all materials throughout the
training once they were distributed. This allowed the staff the opportunity to review materials at any time during the course of the program and provided them with access to materials after the program ended. For example, if staff were unable to review materials for the first topic during week one then they could review them during week 2.

Each video was approximately 12 to 20 minutes. During the video, staff had to answer 3 to 4 questions based on the information provided in the training. Staff were asked to review materials in order, so if it was week 2 and staff should review week 1 materials prior to reviewing week 2 materials. Please refer to Table 1 and Appendix D for list of topics and objectives.

**Table 1: Timeline of Full-Time Staff Training Program**

<table>
<thead>
<tr>
<th>Week</th>
<th>Date</th>
<th>Topic</th>
</tr>
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<tbody>
<tr>
<td>Week 1</td>
<td>June 13</td>
<td>What is an I/DD?</td>
</tr>
<tr>
<td>Week 2</td>
<td>June 20</td>
<td>How to Manage Challenging Behaviors</td>
</tr>
<tr>
<td>Week 3</td>
<td>June 27</td>
<td>Role of TSS</td>
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<tr>
<td>Week 4</td>
<td>July 4</td>
<td>Stigma face by Persons with I/DD</td>
</tr>
<tr>
<td>Week 5</td>
<td>July 11</td>
<td>Person centered Approach</td>
</tr>
<tr>
<td>Week 6</td>
<td>July 18</td>
<td>Community Inclusion</td>
</tr>
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</table>

Full time staff members participated in a final wrap session approximately one month after the six week online program had been completed. This session consisted of a 45-50 minute presentation that briefly reviewed all of the topics that were included in the online training. Staff members were encouraged to asked questions throughout the session to clarify any information that was unclear. All staff members were invited to attend this session; however, members of the fitness department were unable to attend the session due to a previously scheduled mandatory training.

During this presentation staff members were divided into groups to complete a group activity. Staff were divided into groups based on the different departments they worked in. For example: all members in the administration department were in a group while all members of the
programming department were in a separate group. Each group was given a scenario of a situation they may deal with based on the department they work in. Each group had 10-15 minutes to discuss the scenario and decide how they should respond. Each scenario included 3-4 discussion questions for the group to answer. One person from each group was then selected to share their group’s scenario and questions with everyone. For example, a member from the aquatic department shared about what they would do if one child in a swim class, with other kids, was not listening to the instructor and kept jumping in the pool.

**Summer Camp Staff Training**

The summer camp staff training consisted of two components a one-time educational workshop and role modeling/coaching throughout the summer. The educational workshop was a 30 minute presentation where camp counselors were educated on different diagnosis of campers, how to manage challenging behaviors, and the role of therapeutic support staff or aids in summer camp. The camp counselors were given a copy of the PowerPoint to keep at this session. This handout was to be used a reference throughout the summer.

During summer camp, the author acted as a role model and coach for camp counselors to assist with managing difficult behaviors. The author spent approximately 4-5 hours a day three to four days a week with one of the camps who had identified children that need additional assistance. During the first two weeks of camp, the author primarily acted as an observer to gain an understanding of what is expected at camp. After gaining an understanding of what was expected at camp, the author began to instruct counselors about using different behavioral management techniques.

Due to the possibility of having different groups of campers each week, the author would spend time on Monday meeting with counselors and observing all age groups to determine what
campers would benefit from the use of behavioral management techniques. After campers were identified, the author spent time observing and interacting with the child to help determine what strategies should be used. After some strategies were identified the author demonstrated the strategies to the counselors. Throughout the remainder of the week/summer the author attempted to interact less with the child in order to provide counselors the opportunity to manage the child’s behavior. However, if a child was demonstrating a behavior and no counselor appeared to be stepping in the author would work with the child. If anytime the author was the closest to a child who could potentially injure another camper the author stepped to prevent other campers from being injured. The author would provide appropriate feedback to counselors when they attempted to use behavioral management strategies.

**Member Sessions**

Four member sessions were designed to support an increase in knowledge and decrease in stigma related to individuals with I/DD for members of GPCC. Two of these sessions were designed to be more educational based while the other two were more activity based. The education sessions were designed to last approximately one hour. During these sessions, there would be a PowerPoint presentation along with a short group activity. Throughout the session time was given for members to ask questions and handouts were created for participants to reference later.

The two activity sessions members could have participated in were a Nature Scavenger Hunt and Game Night. For the both activities all participants would first complete an ice breaker activity. When the ice breaker ended, participants would be divided into groups to complete either the scavenger hunt or game night activities. All activities in both sessions were able to be adapted based on the ages and abilities of the participants. After completing the main activities,
participants would be asked to share what they found and reflect on the experience. This discussion would be facilitated by the author.

Program Implementation

Full Time Staff Training Program

In order to carry out this component the program designer/implementer needed access to a laptop, computer, or tablet that can access the internet, Windows Movie Maker, Microsoft PowerPoint, and Word. Each of these materials was used to design the materials for the training program. An email account was also needed in order to gain access to EdPuzzle.

Staff members who participated in this program needed to be open and willing to complete the training. If staff members were not willing to participate or complete training assignments then the program would not be successful. Staff members also needed access to a Laptop, computer, or tablet with internet access, their own email account, and an EdPuzzle account to access training materials. The online training program began during the Week of June 6 and ended the week of July 25.

Summer Camp

The workshop presentation for the summer camp staff occurred on June 2 and included counselors from all four camps. GPCC offers four different summer camps for their members: Teen Camp, Day Camp, Mini People, and Playground Camp. The author spent majority of time spent with the Day Camp which was the 10 week and largest camp at GPCC. Of the time spent with this camp, majority of time was spent with the 8-9 age group (6 counselors) and when necessary with the 5-7 age group (7 counselors). The author spent 2 weeks assisting with Mini People camp which had the youngest campers (ages 4-6). The author did not spend equal amounts of time working with every counselor in each age group because counselors were
assigned to be at specific activities throughout the day. If the camper who was identified was not at that activity then the author did not interact with those counselors that day.

In order to implement this component of the program one would need access to a laptop/tablet with internet access and Microsoft PowerPoint. These were used to create and share the PowerPoint presentation with camp counselors.

Role Modeling and coaching camp staff began on June 13 and went until August 19 and only included counselors who worked at the Day Camp and Mini People. These were the only camps that had identified children who needed additional assistance. In order to carry out this program component the following resources were needed:

- Camps with campers who have ASD, ADHD, or who demonstrated difficult behaviors
- An individual who has expertise or background in using behavioral management techniques or working with children with ADS or ADHD

**Member Sessions**

The educational sessions and game night were scheduled to be held in a classroom located at GPCC and the Nature Scavenger Hunt was scheduled to be held at Harriet Wetherill Park. Refer to table 2 for the schedule of the member sessions. Please see Appendix E for the timeline of all program components.

<table>
<thead>
<tr>
<th>Date</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 30</td>
<td>What is an I/DD?</td>
</tr>
<tr>
<td>July 14</td>
<td>Stigma Faced by Persons with I/DD</td>
</tr>
<tr>
<td>July 30</td>
<td>Nature Scavenger Hunt</td>
</tr>
<tr>
<td>August 23</td>
<td>Game Night</td>
</tr>
</tbody>
</table>

In order for member sessions to be held access to a classroom and a park was needed. The use of a laptop/computer/tablet with access to the internet, Microsoft PowerPoint and Word was needed to create materials for each session. Materials and supplies for the different games
and activities used in the Nature Scavenger Hunt and Game Night are also necessary. Members attended sessions should be interested in working with or learning about individuals with I/DD. Members participated needed their own form of transportation to and from sessions.

**Future Implementation of Program**

To run the educational component of this program in the future the center could either consult with an occupational therapist or have a current staff receive training to conduct the staff training program again. There is currently no occupational therapy staff member at GPCC. Bringing an occupational therapist to the center to conduct training would most likely be more costly and difficult than having a current staff member conduct the training. It would be most feasible, convenient, and effective for a staff member at GPCC to be able to provide training for future staff members. At the end of this program all materials created and used will be provided to GPCC for future use. The use of online sessions throughout this program will make it easy for the staff to provide training to future employees. The presentation given to summer camp staff will be created into an online session as well so GPCC can use this instead of hiring an occupational therapist to complete the training. At least one staff member will have access to all materials to provide to future employees.

The role modeling and coaching for camp counselors is also a part of this program. In order to conduct this part in the future GPCC could consult with an occupational therapist, certified occupational therapy assistant, therapeutic support staff, or behavioral therapist. GPCC currently has no one on staff with any of these backgrounds and it would be expensive to hire one of these individuals full time. Depending on the needs of campers and members, TSS and behavioral therapists do come to GPCC. Having a TSS model and coach counselors for a few
hours a week during the first few weeks of camp would most likely be the most feasible, effective, & affordable way to offer this component of the program. **Program Evaluation:**

Both an outcome and process evaluation were used to evaluate this program. A pre/post-test design was used for the outcome evaluation while a mixed method design was used for the process evaluation. As part of the outcome evaluation, the author conducted behavioral observations during summer camp and had participants complete pre/post-test questionnaires or surveys that corresponded with their training group. To conduct the process evaluation both counselors and full time staff completed a satisfaction survey. Full time staff members attended one focus group session during the week of August 29. Please refer to Appendix F for a timeline of the Program Evaluation Process.

**Outcome Evaluation**

*Full Time Staff*

Prior to beginning the staff training program, the staff were asked to complete the Staff Training Pre-test Questionnaire on Survey Monkey® which was sent out during the week of June 6. At the end of the sixth week staff were asked to complete the Post-test Questionnaire also on Survey Monkey® which was sent out during the week of July 25. These questionnaires evaluated the staff’s knowledge of information taught in the training as well as the staff’s perceptions of their own ability. These questionnaires consisted of multiple choice, Likert scale, and open-ended questions.

Prior to implementing these questionnaires the author spent time researching the literature to determine what topics and questions should be included. The author based the content of the questions on the topics that would be covered throughout the training. Feedback
from peers, instructors, and mentors was given prior to the implementation of these questionnaires. Please refer to Appendix I for a copy of these instruments.

*Summer Camp Training*

Counselors were asked to complete Camp Counselor Initial Survey prior to attending the workshop presentation on June 2. This questionnaire was developed by the author to evaluate camp counselors’ knowledge of children with disabilities prior to them attending an informational workshop on these topics. It consisted of open-ended, multiple choice, and Likert scale questions. Prior to creating any questions in this survey the author researched the literature to determine what appropriate topics and questions should be addressed in this survey. Feedback was received from both peers and instructors throughout the development of this survey. An individual in the target population but not a GPCC camp counselor (i.e., adolescent/young adult learner) trialed the survey to determine if the difficulty of questions was appropriate. At the end of summer camp, counselors were asked to complete the Camp Counselor Post Survey. This survey repeats all questions in the Camp Counselor Initial Survey. Please refer to Appendix G for a copy of these instruments.

Behavioral observations occurred throughout the course of summer camp to determine if counselors were implementing behavioral management techniques. The Transtheoretical model of Behavior Change was used to observe change in camp counselors’ behavior over the course of this program. This model is made up of five stages: Precontemplation, Contemplation, Preparation, Action, and Maintenance (Leino, 2006). Precontemplation is where an individual have no intention of changing his/her behavior (Leino, 2006). Once an individual begins to debate about whether or not he/she should make a change he/she move into the second stage of this model which is Contemplation (Leino, 2006). Preparation occurs when an individual plans
to make a change within the next month and when an individual attempts to make changes but is unsuccessful (McGuire, 2004; Leino, 2006). When an individual changes their behaviors they enter the action stage. As soon as behavior has been changed for 6 months an individual enters the final stage, maintenance (McGuire, 2004; Leino, 2006).

In order to determine whether or not behavior change was present the author created a list of behaviors counselors would demonstrate for each stage of the Transtheoretical model. As the counselors were observed, the author added additional descriptions to each stage when necessary to further clarify the difference between the five different stages. This list of behaviors was referenced throughout the summer to determine what stage counselors were in. For example, camp counselors who asked questions and discussed how to use different behavioral management techniques but did not attempt to use the techniques were placed in the Contemplation Stage while counselors who were able to independently use behavioral management techniques, used them on a regular basis, or repeatedly tried to use them even after being unsuccessful were placed in the Action Stage. Please Refer to Appendix H for the Scale of the Transtheoretical Model of Change that was used to measure behavior change in camp staff.

**Member Sessions**

At the beginning of the member session, members were asked to complete the Member Pre-Survey. This is a 6 question survey that consisted of multiple choice, true/false, and short answer questions. This survey was intended to determine whether or not participants had experience with individuals with I/DD and was used to gain insight on their knowledge about individuals with I/DD. Please Refer to Appendix J for a copy of this instrument.

At the end of the member session, participants were asked to complete the Member Session Post-Survey. This survey consisted of five of the same questions from the Member
Session Pre-Survey as well as an additional four questions that asked for feedback about the presentation and their interest in working with individuals with I/DD in the future. This survey consisted of multiple choice, short answer, true/false, and Likert scale questions. Please Refer to Appendix K for a copy of this instrument.

Both of the questions in the surveys were developed based on the information that would be provided in the presentation. Prior to implementing these surveys, the author received feedback from mentors on how to improve surveys.

**Process Evaluation**

*Full Time Staff*

Full time staff completed the Full Time Staff Satisfaction Questionnaire prior to the wrap up session during the week of August 29. This questionnaire consisted of both open-ended and Likert scale questions to evaluate the staff’s opinions on the staff training program and their perspective of their own ability.

Prior to implementing this questionnaires the author spent time discussing with both instructors and mentors to determine what information should be gained from this questionnaire. After these discussions, the author drafted a list of possible questions to include. Feedback from peers, instructors, and mentors was given on these questions and appropriate changes were made. Please refer to Appendix M for a copy of this instrument.

A focus group was held after the final wrap-up session for full time staff members. This provided staff the opportunity to further elaborate on questions found in the Full Time Staff Satisfaction Questionnaire. Staff members were asked to provide feedback on the program, strengths and weakness of the program, and for any suggestions for improvement.
**Summer Camp**

During their final evaluation at the end of summer camp, counselors were given the Camp Counselor Satisfaction Survey at the same time they were given the Camp Counselor Post Survey. This satisfaction survey consisted of both open-ended and Likert scale questions to gather the counselors’ perception of the effectiveness of the training and their own abilities interacting with campers. Camp Counselor Satisfaction Survey was developed using the same process as the Camp Counselor Initial Survey except it lacked a trial with an individual from the target population. Please refer to Appendix L for a copy of this instrument.

**Data Analysis:**

Due to the anonymity of the surveys and questionnaires, a matched data analysis was not able to be completed. The data analysis of the surveys was completed using descriptive statistics. Results of all surveys and questionnaires were analyzed at a group level. For all multiple choice and true/false questions found in surveys and questionnaires the percentage of how many participants answered the question correctly was found.

For short answer questions and open-ended questions, the author created a list of possible correct answers prior to reviewing any responses. The author compared participants’ responses to the list to determine whether or not the response was correct. All answers were then recorded into a Microsoft Excel document. Answers were then coded to determine any common themes found throughout the responses. For short answer questions that required participants to list 2 or 3 correct responses, the author also keep track of many participants could correctly identify 1 or 2 responses.
Answers from the focus group questions were also analyzed using a coding method. During the focus group session, the author wrote down the staff’s answers to the questions. Answers were coded to determine any common themes found throughout the responses.
Chapter Five - Results

The findings from the pre-test materials show that majority (N= 30/46) of both full-time and camp staff members at GPCC and 33% of members (N=1/3) who participated in this program have previously worked or interacted with individuals who have a disability. Overall the results of this program suggest an increase in participants’ knowledge of individuals with I/DD. The results of this program will be further described in the following three sections: results of summer camp, results of full time staff, and results of member sessions. Each of these sections will then describe the results of all pre and post-test materials used to evaluate the program.

Results of Summer Camp:

Data from surveys/questionnaires in the tables is organized according the highest to the lowest percentage of correct responses from the pre-test.

Camp Counselor Initial Survey

A total of 29 camp counselors completed this survey. Results from this survey found that 69% (n=20) of camp counselors reported having worked with children with disabilities prior to this summer. Of the counselors who answered yes to this question, approximately 43% (N=7/16) had worked with children with disabilities in a school setting. Majority of counselors (N=26/28) either agreed or strongly agree with the following statement “I feel confident about working with children with disabilities” while only 7% (N=2) disagreed.

Four out the six knowledge based questions included in this survey were incorrectly answered by more than 2/3 of the group. These questions all focused on children with ADHD, strategies used to manage behaviors, and role of TSS. A small portion of counselors (N= 8/29) were able to correctly identify strategies to prevent behavioral outbursts but over half (N= 15/29)
were only able to identify one. The other 6 counselors either did not respond or were unable to identify any appropriate strategies.

Analysis of the responses to question 8 showed only 17% (N= 5/29) of the counselors correctly identify the specific role of TSS/aids at camp. Coding completed on this question showed that majority of counselors were able to identify that TSS/aids were present at camp to support or help a child, but camp counselors could not identify what type of specific support or help TSS/aids were supposed to provide. See Table 3 for all of the results of the knowledge based questions in this survey.

Camp Counselor Post Survey

All of the counselors (N=19) who completed this survey attended the camp educational session, completed the initial survey, and the author assisted with their group at camp. All of the camp counselors who completed this survey completed the Camp Counselor Satisfaction Survey as well. Over half of camp counselors (N=10/19) reported that this was their first year working at summer camp. All counselors who answered this survey either agreed or strongly agreed with the following statement “I feel confident about working with children with disabilities”.

Analysis of question regarding the role of TSS showed that all counselors were able to give a general description of what the role of a TSS was while 57% (N=11/19) could correctly identify their role and specifically identify what type of support TSS/aids provide to children with disabilities. Over half of camp counselors in this sample were able to correctly answer five out of the six knowledge based questions on the post-survey. However, for question five only one more person was able to correctly answer this question. The only questions less than half of camp counselors answered correctly had to do with identifying the characteristics of hyperactive
ADHD. See Table 3 for the results of the knowledge based questions in this survey and a comparison to the initial survey.

**Table 3: Results of Camp Counselor Initial & Post Survey**

<table>
<thead>
<tr>
<th>Question</th>
<th>% Correct from initial quiz (N=29)</th>
<th>% Correct from post survey (N=19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>What could trigger behaviors in a child who has autism?</td>
<td>86% (n=25)</td>
<td>74% (n=14)</td>
</tr>
<tr>
<td>Which of the following describes children who have autism?</td>
<td>59% (n=17)</td>
<td>63% (n=12)</td>
</tr>
<tr>
<td>Which direction would be most effective for a child with ADHD?</td>
<td>31% (n=9)</td>
<td>53% (n=10)</td>
</tr>
<tr>
<td>What is the role of a therapeutic support staff (TSS)/aid who works with a camper?</td>
<td>17% (n=5)</td>
<td>57% (n=11)</td>
</tr>
<tr>
<td>Name 2 things you can do to prevent difficult behaviors from occurring in children.</td>
<td>2 correct responses 28% (n=8)</td>
<td>1 correct response 52% (n=15)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 correct answers 89% (n=17)</td>
</tr>
<tr>
<td>Which of the following describes children who have hyperactivity ADHD?</td>
<td>7% (n=2)</td>
<td>16% (n=3)</td>
</tr>
</tbody>
</table>

**Behavioral Observations**

Counselors (N=16) who the author interacted with the most were chosen to be observed. Each counselor was placed at a stage of the Transtheoretical Model at the beginning and end of the summer. All camp counselors began at the precontemplation stage of the Transtheoretical Model. They all stated in some way that they did not realize how their behavior could affect the behaviors of their campers. Table 5 shows what stage counselors were in by the end of the summer. 87% of counselors (N=14/16) moved to a different stage by the end of the program. Majority of counselors (N=9/16) attempted to implement different behavioral techniques throughout the summer. However, the majority of these counselors (N=7/16), ended in the preparation stage of the model because they 1) did not use them on a regular basis, 2) still needed assistance from the author to implement them, 3) or gave up trying to use them after being
unsuccessful. The two counselors who were in the action stage were able to independently use behavioral management techniques, used them on a regular basis, or repeatedly tried to use them even after being unsuccessful. Refer to Appendix H for a Scale of the Transtheoretical Model used for behavioral observations.

Table 4: Stage of Transtheoretical Model Counselors Ended Program at

<table>
<thead>
<tr>
<th>Stage</th>
<th># of counselors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action</td>
<td>2</td>
</tr>
<tr>
<td>Preparation</td>
<td>7</td>
</tr>
<tr>
<td>Contemplation</td>
<td>5</td>
</tr>
<tr>
<td>Precontemplation</td>
<td>2</td>
</tr>
</tbody>
</table>

Camp Counselor Satisfaction Survey

All of the counselors (N=19) who completed this survey attended the camp educational session and the author assisted with their group at camp. Half of the counselors (N=8/16) reported that role modeling was more helpful while the other half (N=8/16) found instruction more helpful. Overall, all counselors reported the information provided in the training was informative, appropriate, and helpful as camp counselor. Over half of the counselors (N= 13/19) reported using the additional resources that were provided during the presentation. One suggestion that a counselor had was to incorporate more examples and role playing experience when teaching behavioral management techniques. When asked about any additional questions about working with children with disabilities, one counselor wanted to know how early a child could be diagnosed. All other counselors reported that they did not have any other questions. Refer to table 4 for the results of this survey.
**Table 5: Camp Counselor Satisfaction Survey (N=19)**

<table>
<thead>
<tr>
<th>Question</th>
<th>% SA*</th>
<th>% A*</th>
<th>% D*</th>
<th>% SD*</th>
</tr>
</thead>
<tbody>
<tr>
<td>The information provided in the presentation at orientation helped me as a counselor.</td>
<td>58%</td>
<td>42%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>(n=11)</td>
<td>(n=8)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The topics covered in the presentation were appropriate.</td>
<td>58%</td>
<td>42%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>(n=11)</td>
<td>(n=8)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt that having Erin at camp helped me to learn more about managing behaviors. (N=17)</td>
<td>53%</td>
<td>47%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>(n=9)</td>
<td>(n=8)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*SA= strongly agree, A= agree, D= disagree, SD= strongly disagree

**Results of Full Time Staff:**

**Full Time Staff Pre-Test**

100% of the staff who completed the pre-test were able to correctly answer questions about individuals with I/DD having basic human rights and emotions. Questions where less than 50% of the staff answered correctly focused on person first language, identifying types of ID, and strategies used to manage behaviors. The question that staff seemed to struggle with the most was related to person first language. The questions that were more difficult were mostly short answer while the questions that were easier were true/false. Please see Table 6 for more information on the knowledge based portion of the pre-test.

**Full Time Staff Post-Test**

Only 12 full time staff members completed the post-test. 100% staff members were able to correctly identify the basic human rights of individuals with I/DD. In contrast to the pre-test 9 out of 12 respondents were able to correctly answer a question about the use of person first language. Majority of the group was able to recognize that individuals with I/DD have emotions and to identify characteristics of autism. Questions that tended to be more difficult for staff members were related to identifying types of ID and identifying the responsibilities of a TSS. Please see Table 6 for more information on the knowledge based portion of the post-test and for a comparison to the pre-test.
Table 6: Comparison of Pre/Post-test Knowledge-based portion

<table>
<thead>
<tr>
<th>Question</th>
<th>% Correct on Pre-test (N=18)</th>
<th>% Correct on Post-test (N=12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals with intellectual disabilities are unable to have feel emotions such as happiness, sadness, anger.</td>
<td>100% (N=18)</td>
<td>91% (N=11)</td>
</tr>
<tr>
<td>Individuals with intellectual or developmental disabilities have the same legal, civil, and human rights as anybody else.</td>
<td>100% (N=18)</td>
<td>100% (N=12)</td>
</tr>
<tr>
<td>All of the following are benefits to participating in the community for persons with intellectual or developmental disabilities except:</td>
<td>83% (N=15)</td>
<td>100% (N=12)</td>
</tr>
<tr>
<td>Which direction would be most effective for children with autism?</td>
<td>72% (N=13)</td>
<td>75% (N=9)</td>
</tr>
<tr>
<td>Responsibilities of therapeutic support staff or direct support professional may include all of the following except:</td>
<td>72% (N=13)</td>
<td>75% (N=9)</td>
</tr>
<tr>
<td>Name three characteristics of an individual who has autism</td>
<td>50% (N=9)</td>
<td>83% (N=10)</td>
</tr>
<tr>
<td>All of the following affect the responsibilities of a TSS or aid except</td>
<td>56% (N=10)</td>
<td>41% (N=5)</td>
</tr>
<tr>
<td>What group of intellectual disabilities is defined by having an IQ between 40-55, have the ability to learn at a second grade level, ability to perform daily routines, &amp; need support in the community?</td>
<td>39% (N=7)</td>
<td>58% (N=7)</td>
</tr>
<tr>
<td>Name two things you can do to prevent difficult behaviors from occurring:</td>
<td>28% (N=6)</td>
<td>75% (N=9/12)</td>
</tr>
<tr>
<td>Give an example of a statement that uses person first language</td>
<td>6% (N=1)</td>
<td>75% (N=9)</td>
</tr>
</tbody>
</table>

Full Time Staff Initial Confidence Survey

Over half of the staff members (N=10/17) who completed this survey reported having previously worked with an individual with I/DD. Results from this survey showed that staff felt least confident describing different types of developmental disabilities, managing difficult behaviors, and using person first language. These were all the same areas that staff members had difficulty answering questions about in the pre-test. The highest level of confidence for staff
members (N=15/17) was reported for working with TSS and persons with I/DD. Please see Table 7 for more information regarding the answers to this survey.

Table 7: Full Time Staff Initial Confidence Survey (N=17)

<table>
<thead>
<tr>
<th>Question</th>
<th>% SA*</th>
<th>% A*</th>
<th>% D*</th>
<th>% SD*</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. I feel confident about working with individuals with intellectual or developmental disabilities.</td>
<td>11.8% (N=2)</td>
<td>58.8% (N=10)</td>
<td>29.4% (N=5)</td>
<td>0%</td>
</tr>
<tr>
<td>4. I am able to describe different types of developmental disabilities.</td>
<td>5.9%  (N=1)</td>
<td>35.3% (N=6)</td>
<td>58.8% (N=10)</td>
<td>0%</td>
</tr>
<tr>
<td>5. I feel confident I will be able to work with a person with an intellectual or developmental disabilities when they are demonstrating difficult behaviors.</td>
<td>11.8%  (N=2)</td>
<td>35.3% (N=6)</td>
<td>47%  (N=8)</td>
<td>5.9%  (N=1)</td>
</tr>
<tr>
<td>6. I feel confident about working with a TSS/aid</td>
<td>6%  (N=1)</td>
<td>82% (N=14)</td>
<td>12%  (N=8)</td>
<td>0%</td>
</tr>
<tr>
<td>7. I am confident in my ability to use person first language.</td>
<td>18.75%  (N=3)</td>
<td>25% (N=4)</td>
<td>50%  (N=8)</td>
<td>6.25%  (N=1)</td>
</tr>
<tr>
<td>8. I feel confident in my ability to make accommodations for persons with I/DD</td>
<td>17.7%  (N=3)</td>
<td>58.8% (N=10)</td>
<td>23.5%  (N=4)</td>
<td>0%</td>
</tr>
<tr>
<td>9. I can explain the importance of community inclusion for persons with I/DD</td>
<td>23.5%  (N=4)</td>
<td>41.2% (N=7)</td>
<td>35.3%  (N=6)</td>
<td>0%</td>
</tr>
</tbody>
</table>

*SA= strongly agree, A= agree, D= disagree, SD= strongly disagree

Full Time Staff Post Confidence Survey

All staff who responded to this survey (N=13) either agreed or strongly agreed with all statements presented to them in the survey except for statements 5 & 8. Statements 5 and 8 both require staff members to use different strategies or techniques to help persons with I/DD participate in the community. Please refer to table 8 for the remaining results of this survey.
Table 8: Full Time Staff Post Confidence Survey (N=13)

<table>
<thead>
<tr>
<th>Question</th>
<th>% SA*</th>
<th>% A*</th>
<th>% D*</th>
<th>% SD*</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. I feel confident about working with individuals with intellectual or developmental disabilities.</td>
<td>23% (N=3)</td>
<td>77% (N=10)</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>4. I am able to describe different types of developmental disabilities.</td>
<td>8% (N=1)</td>
<td>92% (N=12)</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>5. I feel confident I will be able to work with a person with an intellectual or developmental disabilities when they are demonstrating difficult behaviors.</td>
<td>23% (N=3)</td>
<td>62% (N=8)</td>
<td>15% (N=2)</td>
<td>0%</td>
</tr>
<tr>
<td>6. I feel confident about working with a TSS/aid</td>
<td>46% (N=6)</td>
<td>54% (N=7)</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>7. I am confident in my ability to use person first language.</td>
<td>38% (N=5)</td>
<td>62% (N=8)</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>8. I feel confident in my ability to make accommodations for persons with I/DD</td>
<td>38% (N=5)</td>
<td>54% (N=7)</td>
<td>8% (N=1)</td>
<td>0%</td>
</tr>
<tr>
<td>9. I can explain the importance of community inclusion for persons with I/DD</td>
<td>38% (N=5)</td>
<td>62% (N=8)</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

*SA= strongly agree, A= agree, D= disagree, SD= strongly disagree

Full Time Staff Satisfaction Survey

Overall, full time staff felt that the information and topics covered in this training program were appropriate, relevant, and informative. Analysis of the open-ended questions found that staff felt that the videos used in this training could be used in the future. In regards to the use of EdPuzzle, majority (N=67%) of staff could see these videos being used in the future. Staff reported that these videos could be incorporated into their training for both future full time and part time staff specifically camp counselors and after school staff. EdPuzzle was found to be easy to use among the full time staff at GPCC.

Through this training staff felt they learned how to use person first language which is supported by the increase of correct answers to this question found in the post survey. Staff also reported that they felt more confident about working and interacting with individuals with disabilities, gained a better understanding of the roles of TSS, and how to manage behaviors.
One staff member reported that after completing this training he now pays more attention to the how he interacts and engages in conversation with individuals with I/DD who come in with a TSS/aid. These reports match the increase in confidence found in the satisfaction and post survey.

Staff identified that the information/videos on managing challenging behaviors, using person first language, and role of TSS would most likely be used in the future. Staff reported the use of real life examples and different tips and techniques used throughout the videos were strengths of this training. The ability to complete training sessions on their own schedule was another component of the program staff found to be useful. Some suggestions for improvement included having a more hands on component to the training and using more detailed examples.

Almost all staff members who responded to the satisfaction survey (7/9) reported reviewing handouts and videos outside of the staff training. Six out of the seven reported reviewing them 1-2 times while the last individual reported reviewing them 3-4 times. Please refer to table 9 for the results of this survey.

<table>
<thead>
<tr>
<th>Question</th>
<th>% SA*</th>
<th>% A*</th>
<th>% D*</th>
<th>% SD*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I felt that the topics covered in this training were appropriate.</td>
<td>55% (N=5)</td>
<td>45% (N=4)</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>2. I feel more comfortable working with individuals with I/DD after completing this staff training program.</td>
<td>33% (N=3)</td>
<td>67% (N=6)</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3. The information provided in this training related to the work I do at the community center.</td>
<td>55% (N=5)</td>
<td>45% (N=4)</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>4. I found the videos used throughout this training to be informative.</td>
<td>45% (N=4)</td>
<td>55% (N=5)</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>5. I found the format of EdPuzzle easy to use.</td>
<td>45% (N=4)</td>
<td>55% (N=5)</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>6. How likely are you to use EdPuzzle in the future?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Likely</td>
<td>Somewhat likely</td>
<td>Not likely</td>
<td>Definitely not likely</td>
<td></td>
</tr>
<tr>
<td>11% (N=1)</td>
<td>67% (N=6)</td>
<td>22% (N=2)</td>
<td>0%</td>
<td></td>
</tr>
</tbody>
</table>

*SA= strongly agree, A= agree, D= disagree, SD= strongly disagree
Focus Group

In this focus group the following questions were asked to staff:

- What were the strengths of this program?
- What do you think could have been improved in this program?
- Do you feel you learned anything from this training program?
- Do you think that you will be able to use the videos from this training in the future?

Staff responses to these questions were similar to the results found in the satisfaction survey. Staff felt that the strengths of the program were the use of examples in the videos and the flexibility of the program. Staff felt that they were able benefit from the program because they could watch the videos at a time that was convenient for them. Many of the staff members felt that a hands on component would have been beneficial. They reported that they felt they learned how to interact with individuals with I/DD and how to use person first language. Staff reported that they planned to use the video for managing challenging behaviors with future camp and after-school staff.

Results of Member Sessions: The results of all member sessions will be described below.

Member Session 1

Four individuals attended the first session on *What is an Intellectual or Developmental Disability?* One individual came late to the session so this individual did not complete the pre-survey; therefore, all pre-survey data are from 3 individuals.

**Member Session 1 Pre-Survey (N=3)**

Prior to attending this presentation, one individual reported having interacted or worked with an individual (his son) who had I/DD before. Two out of 3 of the attendees agreed with the
following statement “I am nervous or feel intimidated about working or interacting with children with intellectual or developmental disabilities.” The other individual reported that they disagreed with this statement. Refer to table 10 for information on the remainder of the questions in this survey.

**Member Session 1 Post-Survey (N=3)**

After the presentation, two individuals out of three either disagreed or strongly disagreed with the following statement “I am nervous or feel intimidated about working or interacting with children with intellectual or developmental disabilities” while the remaining individual agreed with it. Two individuals agreed and one strongly agreed with the following statement “I am nervous or feel intimidated about working or interacting with children with intellectual or developmental disabilities.” Two out of three individuals reported that they would be interested in working with individuals who have I/DD in the future. Refer to table 10 for comparison of results from both pre & post survey.

After attending this session the percent of correct answers selected increased for questions 3. An increase of selected correct answers was not possible for questions 2 and 6 because all participants had already selected the correct answer. The only recommendation for how to improve the presentation that was reported by participants in the survey was to provide more information on Fetal Alcohol Syndrome.
<table>
<thead>
<tr>
<th>Question</th>
<th>% Correct Pre Survey (N=3)</th>
<th>% Correct Post Survey (N=3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Name 2 characteristics of autism spectrum disorders:</td>
<td>33% (n=1)</td>
<td>100% (n=3)</td>
</tr>
<tr>
<td>4. True/False: Individuals with intellectual disabilities do not have their own opinions, likes, and dislikes.</td>
<td>100% (n=3)</td>
<td>100% (n=3)</td>
</tr>
<tr>
<td>5. ADHD can be caused by all of the following EXCEPT:</td>
<td>66.6% (n=2)</td>
<td>66.6% (n=2)</td>
</tr>
<tr>
<td>6. Which of the following is a chromosomal disorder?</td>
<td>100% (n=3)</td>
<td>100% (n=3)</td>
</tr>
</tbody>
</table>

*Member Session 2-4*

No members of the community were able to attend this session; therefore, there are no data.
Chapter Six – Discussion

Developing Your Community Toolbox was designed to provide educational opportunities to staff and members of the GPCC. Overall, results showed that individuals who participated in this program gained confidence in their ability to work with individuals with I/DD. These results are similar to those found by Seewoorruttun and Scior (2014) and van Oorsouw and colleagues (2009). Both Seewoorruttun and Scior (2014) and van Oorsouw and colleagues (2009) found that training programs are an effective way to increase individuals knowledge of individuals with ID.

Full-Time Staff Training:

There is a potential to use online educational sessions to educate staff who work with people with I/DD. Staff found the EdPuzzle platform to be user friendly and allowed the training program to be flexible. This allowed staff with different work schedules the opportunity to all participate in the same training program. Staff felt that there is a potential to use the videos with future staff of GPCC. The use of online educational programs to increase staff knowledge about individuals with I/DD has not been found anywhere in the literature, therefore this program evaluation could serve as a model for how to incorporate such trainings into community centers.

The results from pre/post-test knowledge based survey were inconclusive due to the anonymity of the survey. However, the greatest change in correct responses was observed on the question regarding person first language. (Pre-test: n=1, Post-test: n=8). The post confidence survey showed that staff member’s confidence in the ability to use person first language increased (Pre-test: n= 7; Post-test: n=13). These results suggest that knowledge and confidence in the use of person first language was changed through this program. During the wrap-up presentation staff were able to correctly identify appropriate strategies to use when given a case scenario of a situation where an individual with an I/DD was demonstrating a challenging
behavior. This suggests that some knowledge in the use of behavioral management techniques may have been gained through this program.

Having only an educational component helped staff to gain some knowledge and confidence about working with individuals with I/DD; however, areas where staff still felt least confident had to do with implementing different strategies to support individuals with I/DD. Staff reported that they wish there was a more hands-on component to allow them to use the knowledge they gained in a real world setting. The use of different formats in programs has been found to help individuals gain more knowledge because information is presented in a variety of different ways (van Oorsouw et al., 2009; Wong & Wong, 2008). The use of face-to-face presentations and a job coaching format has been found to be most effective at changing individuals’ behaviors (van Oorsouw et al., 2009; Wong & Wong, 2008). Using a combination of these formats in the future could be used to help determine whether or not a training program helps to change staff’s behaviors towards individuals with I/DD.

**Summer Camp Training:**

From the results of the surveys from the camp staff, one cannot report that the training significantly increased counselors’ knowledge about children with disabilities but a small change may have occurred. For some questions the change in percentage from the pre-survey to the post-survey could have been caused by the decreased number of camp counselors who completed the post-survey and not by an increase of knowledge in counselors. However all counselors felt that the training was helpful and informative.

The use of an educational session and role modeling helped to promote behavior change in only 2 participants; however, majority of participants did attempt to use behavioral management strategies at least once. These results are different than those found by Wong &
Wong (2009) who found that the combination of formats in programs was more effective at increasing individuals’ knowledge. The limited amount of behavior change found in this program could be caused by the unequal amount of time the author spent with each counselor. The two counselors that demonstrated behavior change were the counselors the author interacted and assisted with the most because they always tended to be in the group or activity where a child who was identified to need more assistance was present.

**Member Session:**

Four member sessions were held but only one was completed due to the lack of attendance. The results from the one member session show that there is a possibility for educational sessions to increase the knowledge of community members about I/DD. Due to the small sample size in this program, no conclusion can be made. What the attempted implementation this component of the program did show is the need to find a way to gain community members’ interest in attending educational/activity sessions. One reason members may not have wanted to attend these session was due to the way the sessions were advertised. Typical members were not included in the needs assessment process. This lack of information may have impacted the ability to design and market sessions that members needed and were interested in. These sessions also occurred during the summer which is a difficult time for members to attend educational sessions offered at GPCC due to children being home from school, family vacations, and the want to participate in more outdoor activities.

**Limitations:**

There were several limitations in this project. The first limitation is the small number of participants in the member sessions. Only four members attended the first session which makes it difficult to say whether or not these sessions were effective or met the third goal of this program.
Another limitation was a lack of consistency in both available training. For example, not all campers who needed additional assistance returned to camp in subsequent weeks, limiting the number of opportunities counselors had to use techniques again with the same child. Furthermore, not all counselors had the chance to work with the author because not every group had a camper who needed additional assistance. The author also did not spend as much time with all counselors equally; therefore, some counselors had more of an opportunity to learn than others.

Another limitation in this project is that none of the surveys used had been tested for reliability or validity. Furthermore, due to the anonymity of the surveys and limited number of responses for the post surveys, a comparison between the pre and post-test results could not be made. Therefore, one does not know if the change found between the surveys is considered to be a real change or simply due to different a different set of respondents. Finally, there was also the potential for experimental bias because all of the participants knew that the author would be reviewing their surveys so they may not have answered the questions honestly.

**Recommendations for Future:**

Future research on the use of educational programs to increase staff and community members’ knowledge of individuals with I/DD should be conducted. Research should focus on the effectiveness of online training programs as well as the combination of online and job coaching or hands on formats. Research could also be conducted on individuals with I/DD and their families or care providers’ perspectives of GPCC. This would allow an insight on whether or not this training program has benefitted individuals with I/DD and helped them to participate in community activities. Lastly, research should be conducted on typical community members’
perspective of individuals with I/DD. This will help to determine how the community views this population and how they view the idea of inclusion.

If this program was going to occur again in the future, there should be a component where the full-time staff have the opportunity to work with members who have I/DD. This component provides the full time staff the opportunity to implement the knowledge they gained from the educational sessions into real life situations. They would be able to receive feedback on these interactions to further enhance their skills. It would also allow the researcher the opportunity to see any behavioral change in the full time staff members. In addition, a complete needs assessment at GPCC with its members needs to be conducted in order to better understand how the community views this topic and provide insight on how to gain community members’ interest for inclusion of individuals with I/DD.
Chapter Seven – Summary

Limited knowledge and skills of staff who work with individuals with I/DD and negative attitudes of community members makes it challenging for individuals with I/DD to participate in their local communities. The effect these barriers have on individuals with I/DD can be decreased by offering training and educational programs for community staff and members. A community staff and member education training program was implemented at a community center. This project shows that the implementation of an online and hands on training program for community center staff can help increase confidence in working with individuals with I/DD. All staff who participated in this program felt that this program was informative, relevant, and beneficial to them. Further research is needed to evaluate the effectiveness of these programs as well as educational programs for community members at large.
Bibliography


Appendices

Appendix A: Needs Assessment Observations & Interview Questions

Observations
- Staff interactions with each other and members
- How much space is available at community center
- If they are any members with disabilities observing what areas or programs they use in the community center, how other members and staff interact with them
- Seeing how things are run on a day to day basis
- Look for anything that would promote/inhibit an individual with an ID to participate at the community center

Interview Questions
Staff
- What does a typical day at GPCC look like for you?
- What are some of your responsibilities here at GPCC?
- What are some of the goals of GPCC?
- What do you think are the strengths of GPCC?
- Is there anything you think GPCC could improve?
- What would service would you want GPCC to add?
- How would you describe GPCC to someone who has never been here before?
- As a staff member what do think is important to know about working here
- Do you have any method of taking suggestions from members?
- Are there any aspects of the programs you think could be improved?
- Is there a type of program you wished was offered?
- Have you worked with individuals with disabilities?
- Is there anything you wish you knew before you worked with them
- Are there specific programs geared toward members with disabilities?
- Is there anything that you think promotes or limits their ability to participate at GPCC?

Civic Green Program
- What are goals of program?
- How did you decide to create this program?
- What was the biggest challenged you faced?
- What helped you to create this program?
- What do you think makes program successful?
- Is there anything else you wish you could offer in program?
- Do you think it would be more beneficial to target adults, children, or adolescents?
- I was thinking of creating staff training on how to work with individuals with disabilities. What do you think would be important to include?
- I wanted to create a program for individuals with IDD. I wanted it to focus on increasing their participation in community center while also educating them on how to live a healthy lifestyle. What do you think of that?
Appendix B: Summary of Key Articles

<table>
<thead>
<tr>
<th>Citation</th>
<th>Study Purpose/Research Question</th>
<th>Design</th>
<th>Sample</th>
<th>Data Collection Strategies</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbott (2006)</td>
<td>To discover how individuals with intellectual disabilities (ID) perceive barriers to social inclusion</td>
<td>Phenomenology</td>
<td>68 participants with I/DD (45 women) Ages: 21-82</td>
<td>Six focus groups</td>
<td>1. Barriers: -Staff lacks proper skills and training. -Staff needed be informed of opportunities in community -Transportation</td>
</tr>
<tr>
<td>Campbell (2003)</td>
<td>To explore methods used to change the attitudes of student teachers towards students with disabilities</td>
<td>Qualitative</td>
<td>274 education students studying early childhood, primary or secondary education at a University in Australia</td>
<td>Pre/Post Questionnaire</td>
<td>1. Changes in attitude towards disability were affected by both formal instruction &amp; direct contact with individuals with disabilities 2. Raising awareness of one disability (Down Syndrome) helped to change attitudes of other disabilities</td>
</tr>
<tr>
<td>Chng (2013)</td>
<td>To evaluate whether using Active Mentoring would increase community engagement in adults with ID, increase support from mentors for participation.</td>
<td>Non-concurrent multiple baseline design</td>
<td>3 females with ID. Ages: 51, 57, 64 All independent with basic self-care and ambulant</td>
<td>Data collected through direct observations Engagement Evaluations Included: - Total - Social - Activity - Supported - Independent</td>
<td>1. Active mentoring can be used in community settings 2. Mentoring can increase individuals social participation</td>
</tr>
<tr>
<td>------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Johnson (2012)</td>
<td>To investigate processes involved in developing positive relationships between individuals with severe ID and workers/family members</td>
<td>Constructivist grounded theory approach</td>
<td>Six adults with severe ID with symbolic but nonlinguistic communication skills Their family members (N= 20) and paid workers (N= 15)</td>
<td>Data collected over 4-6 months through observations and open-ended interviews</td>
<td>Five themes: 1. Recognizing individuality 2. Sharing the moment 3. Connecting 4. Feeling good 5. Sharing the message</td>
</tr>
<tr>
<td>Schleien (2014)</td>
<td>To discover parents perceptions of the recreation service delivery system, any obstacles they face, and what programs are effective</td>
<td>Qualitative</td>
<td>35 Parents of children with I/DD Ages of children ranged from 0 to over 20</td>
<td>Five 90 minute focus groups: Groups were based on age of child Included six open ended questions</td>
<td>1. Recreation is a valued aspect of quality of life 2. Constant struggle to find access to recreation opportunities 3. Parents are exhausted from trying to find opportunities &amp; feel isolated caused by community members negative attitudes 4. Parents battle with wanting inclusion and fear for child’s safety 5. Current lack of access is unacceptable</td>
</tr>
<tr>
<td>-----------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>------------</td>
<td>------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Straetmans (2007)</td>
<td>Analyze health problems of people with ID</td>
<td>Retrospective study</td>
<td>Data gathered from 71 practices</td>
<td>Review medical charts and consultations</td>
<td>Individuals with ID more likely to have other health conditions/complications</td>
</tr>
<tr>
<td>Wiesel (2014)</td>
<td>To discuss the dynamics of factors that influence opportunities and the nature of encounters for</td>
<td>Qualitative Study</td>
<td>22 participants were local residents of one of four areas</td>
<td>Data gather through surveys and interviews with participants</td>
<td>- Recognition encounters: actively acknowledge and</td>
</tr>
<tr>
<td>Citation</td>
<td>Study Purpose/Research Question</td>
<td>Design</td>
<td>Databases or Journals Searched</td>
<td>Studies included in Review</td>
<td>Findings</td>
</tr>
<tr>
<td>---------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>----------------------------</td>
<td>-----------------------------------</td>
<td>---------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Seewooruttun (2014) | To summarize articles that focused on increasing knowledge and decreasing negative attitudes of individuals with intellectual disabilities | Systematic Review         | 1. PSYCHINFO  
2. Web of Science  
3. PubMed | 22 articles (21 quantitative)  
Year: 1990-2014  
Sample Populations: all above 16 years old | 1. Education on ID was somewhat effective  
- Majority of studies that provided education to staff to increase knowledge were found to be effective |
<table>
<thead>
<tr>
<th>Reference</th>
<th>Study Objective</th>
<th>Methodology</th>
<th>Key Findings</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Van Oorsouw (2009) | To assess if certain components of staff training affect the effectiveness of the training | Meta-analysis | 1. Behavior Interventions  
2. Behavior Modifications  
3. Behavior Residential Treatment  
4. British Journal of Psychology  
5. Journal of Applied Behavior Analysis  
7. Journal of Intellectual Disability Research  
8. Journal of Organizational Behavior Management  
9. Mental Retardation  
10. Research in Disabilities  
11. PSYCHINFO | 55 studies were included | 1. Training that focused on changing skills of staff rather than skills of client was found to be more effective  
2. The use of in-service and combination of in-service & coaching on the job format were found to be most effective.  
3. The use of multiple techniques to present information was found most effective.  
- Authors recommend combination of in-service and coaching on the job formats in staff trainings. |
2. CINAHL  
3. PSYCINFO | 23 Quantitative Studies  
Year: 1996-2006 | 1. Individuals with ID who live in community settings participate more in community than those living in segregated settings  
2. Social Network of people with ID is small and consists mainly of others with ID  
3. People with ID less employed  
4. The longer they have lived in the community the more they participate  
5. Attend community programs with staff or other residents |
Email to Full-Time Staff

Hi everyone,

I am Erin Wynne the occupational therapy student who is here this summer. I wanted to give you all a description of what I will be doing this summer with you guys. I will be implementing a six week online staff training program through EdPuzzle. During this program you will learn more about individuals with intellectual or developmental disabilities. The goal of this program is to help you all to increase your understanding and your ability to support members who have intellectual or developmental disabilities. This will hopefully make your jobs easier and make it easier for members to participate in the variety of activities offered at the center. Each week I will send out a link to EdPuzzle for a video for you all to watch. These videos will be approximately 15 – 20 minutes long. During these videos, you may be asked to answer questions about the material you have just watched. Prior to viewing these videos, EdPuzzle will ask you to create an account. It will ask you to create a username and password. If you do not feel comfortable using your name, you can put in a fake name to complete the training anonymously. The first video will be sent out the week of June 13.

I understand that you all have busy schedules especially during the summer. If you are not able to watch a video the week I send it out, that is totally fine! Please watch them at a time that is convenient for you. I would ask that you do watch them in the order I send them out. If it is week 3 and you still have to watch week 2 please watch the week 2 video before week 3.

Later today I will be sending out 2 surveys through Survey Monkey for you all to complete before the training begins. One survey has 9 questions while the other has 10. The questions will be about information that will be addressed in the training videos as well as asked you to evaluate your ability to support members with intellectual or developmental disabilities. Your answers to these surveys will be anonymous and it should take you no more than 10 minutes to complete both surveys. At the end of the training, you will be asked to complete another two surveys. The information from these surveys will help determine how effective the training was and identify any unclear information.

I will also be having a wrap-up session during shutdown week to answer any questions you all have and to briefly go over what was in the training. If you could have all of the videos watched by then that would be great! If you have any questions or concerns now or at any time over the summer please let me know! I am looking forward to getting the chance to work with all of you this summer!

Erin
Email to Scout Troops:
Hello,

My name is Erin Wynne. I am currently an Occupational Therapy student completing my internship at the Greater Plymouth Community Center. The community center gave me your information because either the Boy or Girl Scout troop you are involved in has participated in an event at the community center within the past few years. As part of my internship, I am trying to help make the community center more inclusive for individuals with intellectual or developmental disabilities (I/DD). To help reach this goal I plan on having two sessions this summer where members of the community can come to learn more about individuals who have I/DD. There will also be two activity based sessions where members will have the opportunity to interact and socialize with individuals who have I/DD. One of these activities will be a Nature Scavenger Hunt that will take place at the Harriet Wetherill Park sometime in late July or early August. I was wondering if your troop or if anyone you knew would be interested in attending any of these sessions this summer. If you are interested or have any questions please email me back I will give you more information on these events and how you can participate.

Erin
Flyer for Member Sessions

Want to learn more about individuals who have Intellectual or Developmental Disabilities (I/DD)?

Do you know someone with an I/DD? Are you unsure of what to expect from individuals with I/DD? Do you not know what to do when you meet someone with an I/DD? Do you want to help these individuals become more involved in the community center?

Then come to these sessions on I/DD!

**Session 1:** What it means to have an Intellectual or developmental disabilities?

**Session 2:** Discrimination faced by individuals with Intellectual or developmental disabilities?

GPCC is collaborating with Duquesne University to offer these sessions. The presenter is an Occupational Therapy student who is interning here over the summer. These sessions are at no cost to you because they are meant to raise the community's awareness of those with disabilities.

Join us on June 30 & July 14
Time: 5:30
Location: Greater Plymouth Community Center in Arts & Crafts Room

If you have any additional questions or would like to RSVP please contact Erin Wynne at wynnee@duq.edu
Game Night

Want to get to know those in your community with Intellectual or developmental disabilities (I/DD)?

Come to Game Night!! Enjoy a night of playing all your favorite games and maybe even learn a new one while meeting new people in your community!

Some games will be provided but feel free to bring your favorite game from home!

GPCC is collaborating with Duquesne University to offer this activity. This activity is at no cost to you because it is meant to provide the opportunity for people with and without developmental disabilities to get to know each other.

Join us on August 23
Time: 6:45pm
Location: Arts & Crafts Room

If you have any additional questions or would like to RSVP please contact Erin Wynne at wynnee@duq.edu. Please RSVP by August 18.
Appendix D: Topics and Objectives for Staff Training

**Summer Camp Orientation Objectives:**
1. Participants will be able to identify the characteristics of ASD & ADHD.
2. Participants will be able to identify ways to manage difficult behaviors.
3. Participants will be able to describe the role of TSS/aids in summer camp.

**Full Staff Training Topics & Objectives:**

**Week 1: What is an I/DD?**
- Identify different types of DD
- Describe characteristics of ADHD, ASD, Down Syndrome, & ID

**Week 2: How to manage challenging behaviors?**
- Identify ways to deal with challenging behaviors
- Recognize why behaviors occur
- Identify ways to prevent behaviors from occurring

**Week 3: Role of TSS**
- Describe the role of TSS with children
- Describe the role of TSS with adults
- Recognize role of TSS in the community center

**Week 4: Stigma faced by persons with I/DD**
- Define what stigma is
- Identify stigma faced by persons with I/DD
- Recognize any prejudices they have

**Week 5: Person Centered Approach**
- Be able to use person first language

**Week 6: Community Inclusion**
- Recognize importance of community inclusion
- Identify how they can change the way they interact with persons with I/DD
Appendix E: Program Timeline

**Timeline of Program Implementation:**

**May 2016:** Development of Staff Training Materials

**June 2016:**
- June 2: Summer Camp Orientation
  - Counselors completed *Camp Counselor Initial Survey*
- Week of June 6: Email out Full time staff Pre-Test Materials
- Week of June 13: Week 1 of Full-time Staff Training- What is an I/DD?
  - Beginning of Role Modeling and Coaching Camp staff
- Week of June 20: Week 2- How to Manage Challenging Behaviors?
- Week of June 27: Week 3- Role of TSS
  - June 30: Member Session 1

**July 2016:**
- Week of July 4: Week 4- Stigma Faced by Persons with I/DD
- Week of July 11: Week 5- Person Center Approach
  - July 14: Member Session 2
- Week of July 18: Week 6- Community Inclusion
- Week of July 25: Email out Post-test & Satisfaction Survey
  - July 30: Member Session 3- Nature Scavenger Hunt

**August 2016:**
- Camp Counselors Complete *Camp Counselor Post Survey & Camp Counselor Satisfaction Survey*
- Full-Time Staff Complete *Satisfaction Survey*
- August 23: Member Session 4- Game Night
- Week of August 29: Wrap-up Session/Focus
Appendix F: Program Evaluation Timeline

**Timeline of Program Evaluation Plan**

**Greater Plymouth Community Center**

- **June 2, 2016**
  - Camp Counselors complete Camp Counselor Initial Quiz/Survey

- **Week of June 6, 2016**
  - Full Time Staff Training Pre-Test emailed out to full time Staff to complete
  - Analyze counselor surveys

- **June 6 - Beginning of July**
  - As soon as all full time staff complete Pre-Test, results will be analyzed

- **Week of July 25 & August 8**
  - Camp Counselors complete post survey

- **Week of July 25**
  - Full Time Staff Post Test emailed out

- **Week of July 4**
  - Analyzed results from member sessions

- **June 20 - Mid August**
  - Behavioral Observations during summer camp

- **Week of August 15**
  - Analyze results of camp post surveys, Email out satisfaction Survey

- **Mid August**
  - Analyze results of Counselor surveys & Full time staff satisfaction survey

- **Week of August 29**
  - Evaluate Results of Full time Staff Post surveys
Appendix G: Summer Camp Counselor Initial & Post Survey

Camp Counselor Survey

Please Circle Your Answer

1. Have you ever worked with children who have disabilities before?
   a. Yes
   b. No

2. I feel confident about working with children with disabilities.
   1. Strongly Agree
   2. Agree
   3. Disagree
   4. Strongly Disagree

3. Which of the following describes children who have autism?
   a. Poor eye contact, know everything about a specific topic, forgetful
   b. Get upset by changes in routine, unable to learn, can’t sit still
   c. Poor eye contact, may repeat certain phrases, may not like to be touched
   d. Can’t pay attention, dislike routines, do not care about other people

4. Which of the following describes children who have hyperactivity ADHD?
   e. Difficulty paying attention, can’t sit still, forgetful,
   f. Can’t sit still, always fidgeting, can’t wait their turn
   g. Can’t sit still, always fidgeting, constantly tapping their fingers
   h. Can’t wait their turn, difficulty paying attention, forgetful

5. Which direction would be most effective for a child with ADHD?
   a. “Johnny, please walk to lunch, you do not want to fall and get hurt.”
   b. “Johnny, please do not run to lunch, you will fall and get hurt.”
   c. “Johnny, when we go to lunch we walk.”
   d. “Walk!”

6. What could trigger behaviors in a child who has autism?
   a. Changes in routine
   b. Their diet
   c. Their communication ability
   d. All of the above

7. Name 2 things you can do to prevent difficult behaviors from occurring in children.
   1. 
   2. 

8. What is the role of a therapeutic support staff (TSS)/aid who works with a camper?
Camp Post Survey: Please Circle your answer

1. What camp were you a counselor of?
   a. Mini People Age group:
   b. Playground Age group:
   c. Teen Camp
   d. Day Camp Age group:

2. How many years have you been a counselor?

3. Did you attend summer camp orientation and complete the survey?
   a. Yes
   b. No If no then skip questions 6-11

4. Did Erin ever help out with a camper in your group?
   a. Yes
   b. No If no skip questions 15-17

5. I feel confident about working with children with disabilities.
   5. Strongly Agree
   6. Agree
   7. Disagree
   8. Strongly Disagree

6. Which of the following describes children who have autism?
   a. Poor eye contact, know everything about a specific topic, forgetful
   b. Get upset by changes in routine, unable to learn, can’t sit still
   c. Poor eye contact, may repeat certain phrases, may not like to be touched
   d. Can’t pay attention, dislike routines, do not care about other people

7. Which of the following describes children who have hyperactivity ADHD?
   a. Difficulty paying attention, can’t sit still, forgetful,
   b. Can’t sit still, always fidgeting, can’t wait their turn
   c. Can’t sit still, always fidgeting, constantly tapping their fingers
   d. Can’t wait their turn, difficulty paying attention, forgetful

8. Which direction would be most effective for a child with ADHD?
   a. “Johnny, please walk to lunch, you do not want to fall and get hurt.”
   b. “Johnny, please do not run to lunch, you will fall and get hurt.”
   c. “Johnny, when we go to lunch we walk.”
   d. “Walk!”

9. What could trigger behaviors in a child who has autism?
   e. Changes in routine
   f. Their diet
   g. Their communication ability
   h. All of the above
10. Name 2 things you can do to prevent difficult behaviors from occurring in children.
   1.
   2.

11. What is the role of a therapeutic support staff (TSS)/aid who works with a camper?
Appendix H: Scale of Transtheoretical Model of Behavior Change

Pre-contemplation:
- Counselors were unaware that changing their behavior could change how children with I/DD behave
- Counselors had no intention of changing their own behaviors or using behavioral techniques
- Counselors did not initiate or ask questions during conversations about behavioral management techniques or children with disabilities

Contemplation: (intending on making a stage within the next 6 months; weighing the pros/cons of change)
- Asking questions about behavioral techniques
- Discussing different techniques
- No attempt to use any techniques occurred

Preparation: (unsuccessfully taken some type of action to change)
- Tried to use technique but if it didn’t work first few times gave up
- Occasionally used techniques
- Still required assistance from the author to implement strategies

Action:
- Independently implemented techniques regularly with identified children
- Repeatedly tried to use techniques even if they were unsuccessful

Maintenance:
- No camp counselor would qualify for the stage because change of behavior or use of techniques was not able to occur for a long enough period of time
Appendix I: Staff Training Pre & Post-test Questionnaire

**Full Time Staff Training Pre & Post-test:** Surveys distributed through Survey Monkey

1. Name 3 characteristics of autism spectrum disorders:
   1. 
   2. 
   3. 

2. True/False: Individuals with intellectual disabilities are unable to feel emotions such as happiness, sadness, anger.

3. What group of intellectual disabilities is defined by having an IQ between 40-55, have the ability to learn at a second grade level, ability to perform daily routines, & need support in the community?
   a. Mild
   b. Moderate
   c. Severe
   d. Profound

4. Which direction would be most effective for children with autism?
   a. “Johnny, please walk to lunch, you do not want to fall and get hurt.”
   b. “Johnny, please do not run to lunch, you will fall and get hurt.”
   c. “Johnny, when we go to lunch we walk.”
   d. “Walk”

5. Name 2 things you can do to prevent difficult behaviors from happening.
   1. 
   2. 

6. Responsibilities of therapeutic support staff (TSS) or direct support professional working with an individual with intellectual or developmental disabilities may include all of the following except:
   a. Providing physical assistance
   b. Supporting an individual’s ability to make their own decision
   c. Providing transportation to community activities
   d. Cooking meals for individuals

7. All of the following affect the responsibilities of a TSS or direct support professional except
   a. The agency they work for
   b. The child they are working with
   c. The child’s family
   d. The school the child attends
8. Give an example of a statement that uses person first language.

9. True/False: Individuals with intellectual/developmental disabilities have the same legal, civil, and human rights as anybody else.

10. All of the following are benefits to participating in the community except:
   a. Increased self-esteem
   b. Increased physical & mental health
   c. Eating healthier
   d. Help develop social skills

**Full-Time Staff Training Confidence Survey:**

1. What department do you work in?
   - Aquatics
   - Fitness
   - Administration
   - Programming

2. Have you ever worked with individuals with intellectual or developmental disabilities before?
   - Yes
   - No
   If yes where________________________

3. I feel confident about working with individuals with intellectual or developmental disabilities.
   - 1 Strongly Agree
   - 2 Agree
   - 3 Disagree
   - 4 Strongly Disagree

4. I am able to describe different types of developmental disabilities.
   - 1 Strongly Agree
   - 2 Agree
   - 3 Disagree
   - 4 Strongly Disagree
5. I feel confident I will be able to work with a person with an intellectual or developmental disabilities when they are demonstrating difficult behaviors.
   1 Strongly Agree
   2 Agree
   3 Disagree
   4 Strongly Disagree

6. I feel confident about working with a TSS/aid.
   1 Strongly Agree
   2 Agree
   3 Disagree
   4 Strongly Disagree

7. I feel confident in my ability to make accommodations for persons with intellectual or developmental disabilities
   1 Strongly Agree
   2 Agree
   3 Disagree
   4 Strongly Disagree

8. I am confident in my ability to use person first language.
   1 Strongly Agree
   2 Agree
   3 Disagree
   4 Strongly Disagree

9. I can explain the importance of community inclusion for persons with intellectual or developmental disabilities
   1 Strongly Agree
   2 Agree
   3 Disagree
   4 Strongly Disagree
Appendix J: Member Session Pre-Survey

**Member Survey:** You do not have to write your name on this survey. Please Circle Your Answer.

1. Have you ever worked or interacted with individuals who have intellectual disabilities before?
   a. Yes
   b. No

2. I am nervous or feel intimidated about working or interacting with children with intellectual or developmental disabilities.
   a. Strongly Agree
   b. Agree
   c. Disagree
   d. Strongly Disagree

3. Name 2 characteristics of autism spectrum disorders:
   4. 
   5. 

4. True/False: Individuals with intellectual disabilities do not have their own opinions, likes, and dislikes.
   a. True
   b. False

5. ADHD can be caused by all of the following EXCEPT:
   a. Genetics
   b. Bad parenting
   c. Brain injury

6. Which of the following is a chromosomal disorder?
   a. Intellectual disability
   b. Autism Spectrum Disorder
   c. Down Syndrome
Appendix K: Member Session Post-Survey

**Member Post-Survey:** You do not have to write your name on this survey. Please Circle Your Answers.

7. Name 2 characteristics of autism spectrum disorders:
   6. 
   7. 

8. True/False: Individuals with intellectual disabilities do not have their own opinions, likes, and dislikes.
   c. True
d. False

9. ADHD can be caused by all of the following EXCEPT:
   a. Genetics
   b. Bad parenting
   c. Brain injury

10. Which of the following is a chromosomal disorder?
    a. Intellectual disability
    b. Autism Spectrum Disorder
    c. Down Syndrome

11. I am nervous or feel intimidated about working or interacting with children with intellectual or developmental disabilities.
    c. Strongly Agree
d. Agree
c. Disagree
d. Strongly Disagree

12. The information provided in the presentation will help me in the future.
    a. Strongly Agree
    b. Agree
c. Disagree
d. Strongly Disagree

13. I would be interested in working/interacting with individuals who have intellectual or developmental disabilities.
    a. Yes
    b. No

14. One thing I would change or add to this presentation would be

15. One question I still have is…
Appendix L: Camp Counselor Satisfaction Survey

Camp Satisfaction Survey
1. The information provided in the presentation at orientation helped me as a counselor.
   1 Strongly Agree
   2 Agree
   3 Disagree
   4 Strongly Disagree

2. The topics covered in the presentation were appropriate.
   1 Strongly Agree
   2 Agree
   3 Disagree
   4 Strongly Disagree

3. I used the additional resources provided at the presentation.
   Yes
   No

4. I felt that having Erin at camp helped me to learn more about managing behaviors
   1 Strongly Agree
   2 Agree
   3 Disagree
   4 Strongly Disagree

5. The method I felt was most effective was
   a. Role Modeling
   b. Instruction

6. When trying to teach behavioral techniques next time be sure to. . .

7. One question I still have about working with children with disabilities is. . .

Your responses to this survey are greatly appreciated. Thank You! Enjoy the rest of your summer!
Appendix M: Full Time Staff Satisfaction Survey

Full Time Staff Satisfaction Questionnaire

**Please Circle Your Answer**

1. I felt that the topics covered in this training were appropriate.
   - 1 Strongly Agree
   - 2 Agree
   - 3 Disagree
   - 4 Strongly Disagree

2. I feel more comfortable working with individuals with intellectual/developmental disabilities after completing staff training program.
   - 1 Strongly Agree
   - 2 Agree
   - 3 Disagree
   - 4 Strongly Disagree

3. The information provided in this training related to the work I do at the community center.
   - 1 Strongly Agree
   - 2 Agree
   - 3 Disagree
   - 4 Strongly Disagree

4. I found the videos used throughout the training informative.
   - 1 Strongly Agree
   - 2 Agree
   - 3 Disagree
   - 4 Strongly Disagree

5. I found the format of Ed Puzzle easy to use.
   - 1 Strongly Agree
   - 2 Agree
   - 3 Disagree
   - 4 Strongly Disagree

6. How likely are you to use EdPuzzle in the future?
   - 1 Very Likely
   - 2 Somewhat Likely
   - 3 Not likely
   - 4 Definitely not likely
7. Why or why not?

8. Have you looked at handouts/videos outside of staff training?
   Yes                   How often did you look at them?
   1. 1-2 times
   2. 3-4 times
   3. 4 or more times
   No                   If no, why not ____________________________

Please write your answers to the questions below:

9. Would you use these videos in the future? If yes, how? (For example: would you use it with part-time staff, full time, seasonal etc.)

10. Which topics of the training are you likely to use & why?

11. What do you feel were strengths of the staff training program were?

12. Are there any areas/topics you wish were included in staff training?

13. Next time this training is offered be sure to. . .

14. One thing I learned from this training was. . .

15. Any additional questions, comments, or suggestions about the training program...

Your responses to this survey are greatly appreciated. Thank You!