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COPE : Children's Openness to Personal Experiences

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Note: This document describes a Capstone Dissemination project reflecting an individually planned experience conducted under faculty and site mentorship. The goal of the Capstone experience is to provide the occupational therapy doctoral student with a unique experience whereby he/she can demonstrate leadership and autonomous decision-making in preparation for enhanced future practice as an occupational therapist. As such, the Capstone Dissemination is not formal research.

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Executive Summary

In the United States, there are millions of children under 18 years old that experience and express grief due to the loss of a loved one. Children express grief longer than most adults which may account for the high risk of developing difficulties. More specifically, children that have lost a loved one may express unhealthy behaviors in their environment within the first year. Literature and research identified a clear need for a grief and bereavement program for children who have lost a loved one.

The goal of COPE: Children's Openness to Personal Experiences is to decrease negative reactions related to grief and enhance the quality of life and coping skills of children. The objectives of the program aim to improve the child's coping skills, quality of life, well-being, and decrease his/her negative reactions. The program will be a week long and cycle four times in the summer months of June and July. At least ten children per session in the Lucas, Wood, and Monroe counties will attend COPE at Good Grief of Northwest Ohio. Children of any gender and ethnicity that have lost a loved one are welcome to attend the community center that hosts the program.

Each session will consist of five occupation-based workshops that will address quality of life, positive grief reactions, coping strategies, well-being, and open communication. Each session will begin with educational information on the topic of the day before starting a hands-on occupation. The evaluation for the program will come from many aspects. Effectiveness of the program will be assessed using pre and posttest measurements of the Piers Harris Children's Self-Concept Scale-Second Edition (Piers-Harris 2, 2002) and the Jimerson-Youth Common Grief Reactions Checklist-Caregiver Report (Jimerson, 1998-2002). In addition, the staff, participants, and key stakeholders will evaluate the satisfaction of the program.

Introduction

Program Goal

The goal of COPE, a grief and bereavement program of Good Grief of Northwest Ohio is to decrease negative reactions related to grief and enhance the quality of life and coping skills of children.

Definitions and Explanations

Quality of life is "A client's dynamic appraisal of life satisfactions (perceptions of progress toward identified goals), self-concept (the composite of beliefs and feelings about themselves), health and functioning (including health status, self-care capabilities), and socioeconomic factors (e.g., vocation, education, income)" (American Occupational Therapy Association, 2009). Coping skills are the ability to re-learn how to carry on with a healthy lifestyle after a stressful experience.

Sponsoring Agency

The COPE program will be sponsored by the Good Grief of Northwest Ohio, located in Toledo, Ohio. Good Grief of Northwest Ohio is a children's grief program providing support to those who have lost a sibling, parents, grandparents, or friend. Good Grief of Northwest Ohio is among one-hundred and fifty other grief organizations across the country. The mission statement of Good Grief of Northwest Ohio is, "To create awareness of and support for grieving children and their families, and to provide a safe atmosphere where healing can take place. It is our goal that with an organized, community-based program, we will help children work through and process their emotions, share their feelings and experiences so they can become emotionally healthy." The COPE, a grief and bereavement program, will be appropriate to Good Grief of Northwest Ohio because the camp will work on enhancing the quality of life of the children and

thus, the adults and older adults in the children's life. This program will also help children to cope and come to terms with the dying process through education, activities, and development of programs. An organizational chart of Good Grief of Northwest Ohio is provided in Appendix A. The occupational therapist who will direct this program would report to the Program Coordinator, Areka Foster. Areka is in charge of coordinating programs, so it is fitting that the occupational therapist would first report to her on matters regarding a new program offered at Good Grief of Northwest Ohio.

Review of Literature

Recent research and literature has concluded that children do have the ability to experience and express grief. In fact, children often experience grief over a longer period of time than adults (Fiorelli, 2010). This may account for the reason that children and teens are at a higher risk for developing difficulties after the death of the child's loved one (Goodman, 2009). Considering the above information, children are at risk for problems within the first year after the loss (Goodman, 2009). During these difficulties, children can express unhealthy behaviors during grief emotions that need to be addressed right away (Fogarty, 2000). This implies that there is a need for a program to enhance the lives and overall quality of life of children that have lost a loved one.

In the United States, there are approximately five million children under the age of eighteen that are grieving the loss of a parent (Children's Grief Education Association, 2011). This has significantly increased since 1999 when the U.S. Social Security Administration reported that "1.9 million youngsters under age 18 (or more than 2 percent of American children) have lost one or both parents" (Rainbows International Headquarters, n.d.). This statistic does

not take into consideration the number of children that experience grief from a loss of someone other than a parent, such as a grandparent, sibling, relative, or close friend.

To support children during the coping process it is essential to have a basic understanding of the normal grief emotions and behaviors children may express. Often children do not realize that their grief emotions are normal and healthy (Fogarty, 2000). As adults, "we have come to expect certain reactions from children when dealing with death" (Goodman, 2009). Children may express different emotions based on their ability to understand the situation, the desire to protect those who are living, the change of roles, feeling different or alone, and concern about the future. To have knowledge over these normal emotions that the child may express are important to begin helping the child.

Children's normal grief reactions are based around physical and cognitive symptoms and behavior changes (Fiorelli, 2010). Normal physical reactions of grief that a child may express are frequent headaches, stomach aches, fatigue, lack of energy, muscle aches, throat tightness, skin rashes, hyperactivity and hypersensitivity, changes in eating habits, difficulty breathing, changes in sleep habits, and odd and/or frightening dreams (Fiorelli, 2010). In addition to normal grief reactions in the physical domain, children may also express reactions in the cognitive domain. Normal cognitive symptoms that a child may express is the inability to concentrate, becoming obsessed or preoccupied with the loved one who has died, becoming preoccupied with death and the meaning of death, carrying around objects that was once owned by the dead loved one, constantly looking at photos of the loved one who has died, hallucinating in thinking he or she can see the loved one who has died, and adopting roles or mannerisms of the loved one who is dead. Behavioral changes that may be expressed by the child are emotional shock, denial, sadness, depression, guilt, shame, self-blame, anger and acting out, regressive

behavior, fear, anxiety, panic, jealousy, and acceptance (Fiorelli, 2010). These physical, cognitive, and behavior reactions are commonly seen as normal grief in children. Over time and with grief support most children will renew a sense of well-being after these painful reactions. With help from the COPE program, children will receive the support they need to help the process of renewing a sense of well-being.

In addition to understanding normal grief in children, one must also understand what emotions and/or reactions to expect at different age groups. Fiorelli (2010) explains the concept of death in different age groups based on the child's development level and chronologic age. Children from infancy to 2 years old do not have the cognitive capability to understand the concept of death. At this age, children live in the present and become aware of separation and react to the emotion of the adults in their environment. Reactions of infants could be crying, searching for the loved one who died, and change in sleep and eating habits (Goodman, 2009). The next age group discussed in Fiorelli (2010) is the preschool age group of 2 to 4 year olds. At this age group, children have a difficult time understanding the concept that their loved one is gone forever. The child may feel as if death is temporary and the loved one will come back. During 4 to 7 years of age, Fiorelli (2010) described that this age group often believes death is their fault. The child may feel that the death of a loved one is his or her fault because of negative feelings or behaviors the child had exposed in the past. Similar to the age group of 2 to 4 year olds, this age group may feel that death is reversible and only temporary. In the next age group of 7 to 10 year olds, children want to see death as reversible but they begin to see that death is final and forever. Ten to twelve year olds try to attempt to understand the biological and emotional process of death. Fiorelli (2010) explains adolescent, 13 to 15 year olds, as a time when the child establishes a unique identity and have physical changes happening to him/her.

With all of these new changes, this age group goes into isolation mode when grief strikes. The next age level of adolescence, 15 to 18 year olds, are very similar as they stop communicating during the grief process. This age group starts to become insecure about the future and question the meaning of life. If the COPE program was not available to children, children may decline in their developmental milestones (U.S. Department of Health and Human Services, 2012) and potentially have negative or inappropriate physical, cognitive, and/or behavior difficulties that would commonly be seen in schools, neighborhoods, and in the community (Fiorelli, 2010).

In addition to the previous review of normal emotions, Fiorelli (2010) discusses guidelines for helping bereaved children express their grief emotions. These guidelines state that it is important to allow children to express grief in their own way, not to pressure the child to resume normal activities before ready, and allow children to feel comfortable talking about death and grief. It is also essential to be available to listen, communicate with the child that it is normal to have and express feelings, and avoid expressions that suppress grief. However, make sure to intervene if the child is taking on the role and mannerisms of a bereaved adult, do not hide feelings from children, allow the children to express religious and/or spiritual concerns, and allow children to remain in their environment (Fiorelli, 2010).

After reviewing studies that involved the normal emotions of children that are grieving, it is important to explore the impact of occupational interventions when working with children who are grieving. Intervention programs are definitely needed for this population, as occupational interventions are designed to help the patient's quality of life. Therefore, occupational interventions need to focus on allowing the child to express his/her physical and emotional behaviors while working towards healthy coping strategies to increase the child's quality of life after the death of a loved one.

To demonstrate the effectiveness of occupational interventions targeting children that are grieving the death of a loved one, Crepeau and Cohn (2009) explored the importance of storymaking. An intervention designed for storymaking allows the occupational therapist to listen to stories from the child's point of view and experience. Often times, a subliminal message about the child's feelings can be provided in the storymaking. This is because storymaking is a way a child can express his/her feelings without having to verbally tell someone how he/she is feeling. Through this type of intervention, the occupational therapist can work with the child in any difficulties that may have been expressed in the story (Crepeau & Cohn, 2009).

As demonstrated through the literature review, it has been found that children grieve by expressing many different emotions and it is a very difficult time in the child's life. Recognizing these emotions and incorporating interventions that educate the children about the death of a loved one will help the process of restoring children's normal well-being. According to Fiorelli (2010), Sigmund Freud believed that children did not have the ability to mourn and only during adolescence did the children acquire the ego to grieve. However, based on the above literature it clearly concludes that children do experience and express grief. In fact, as stated earlier, children are at risk for problems within the first year after the loss (Goodman, 2009). With the help of COPE, children will be able to express grief openly and begin the healing process sooner to reduce risk for future problems.

Program Need

Prior research and literature concluded that children experience and express grief during the loss of a loved one. In fact, children often experience grief over a longer period of time than adults (Fiorelli, 2010). This may account for the reason that children and teens are at a higher

risk for developing difficulties after the death of their loved one (Goodman, 2009). During these difficulties, children can express unhealthy behaviors during grief emotions that need to be addressed right away (Fogarty, 2000). This implies that there is a need for a program to enhance the lives and overall quality of life of children that have lost a loved one.

The review of the literature identified, through demographic statistics, that there is a high need for this program. According to the Children's Grief Education Association (2011), "In the United States, approximately 4.8 million children under 18 are grieving the death loss of a parent." This is a significantly high number and does not even include the loss of someone other than a parent, such as a grandparent, sibling, relative, or a close friend. These children are at a high risk of experiencing problems within the first year after the loss of a loved one (Goodman, 2009). The amount of children that go through grief each year, and the potential problems within the first year, proves that the need for a summer program will be highly beneficial.

In addition, review of the literature provided evidence that children do grieve and should be helped during the grieving process (Goodman, 2009). The COPE program will help children during the grieving process. With this program, the children will work their way to a healthier well-being through the coping process. It is important to talk openly about the death of the loved one and "help them work through their feelings…" (MHA, 2013). The program will give children that opportunity to openly talk with peers, express their emotions, work on occupations of daily living that have become difficult since the loss of a loved one, and just to be educated on how they feel is a normal stage of the grief and bereavement process. If this program was not available to children, children may decline in their developmental milestones (U.S. Department of Health and Human Services, 2012) and potentially have negative or inappropriate emotional

and social difficulties that could be manifested in schools, neighborhoods, and in the community (Fiorelli, 2010).

Research and literature has provided that there is a need for this program. Through a semi-structured interview, experts in the grief and bereavement field also stated the importance of the need for this program. A semi-structured interview was conducted at Good Grief of Northwest Ohio with the Program Coordinator, Areka Foster, to determine a need for a grief and bereavement summer program. The Program Coordinator of Good Grief of Northwest Ohio is an expert in working with children that are grieving and was able to answer the questions and provide additional information to direct the need of the summer program. Overall, Areka identified a need for a summer camp program for children that are grieving and acknowledged that Good Grief of Northwest Ohio would be supportive of this program. Areka affirmed the need for a summer camp program because it would help the children express their thoughts, work on coping strategies, and obtain social interaction with other children that are grieving. See Appendix B for the semi-structure interview and responses.

Also, though a semi-structure interview, the target population stated the importance of the need for this program. A semi-structured interview was given to ten individuals that have either lost a parent or grandparent. All interviewee's reported that it would have been beneficial to communicate with others about this difficult time or known how to express their feelings. They also had a common response that they had a lot of mixed feelings and it would have been helpful to have these feelings explained to them. Many of the interviewee's reported trying to stay strong for the rest of his/her family and not being able to grieve alone. See Appendix C for the questions that were asked during the semi-structured interview. Responses were not given to protect confidentiality.

Occupationally Based Program

Occupational therapy involves a patient engaging in an occupation to achieve a higher quality of life. Based on the definition of occupational therapy and the impact that engaging in meaningful occupations has on individuals, all interventions within this summer program will be occupation-based. The COPE program will not be lectures, but occupation-based programs where the child can interact and have hands-on experience.

Given the high statistics of children who have lost a loved one, it is very likely that an occupational therapist will interact on daily basis with children who are grieving (American Occupational Therapy Association, 2012). Therefore, according to the American Occupational Therapy Association (2012) it is important for an occupational therapist to provide occupation-based strategies to support the children during the grieving process by using meaningful occupations. The American Occupational Therapy Association (2012) reports it is important for the occupational therapist to help children to get back to their normal routine and activities after grief has struck. It is important for the children to get back to their normal activities because this can help to increase the feelings of well-being. Occupational therapists can also use occupation-based strategies by talking to the child's teacher to help modify assignments or environment to decrease behavioral difficulties that may arise. Another role an occupational therapist can address in childhood grief is to encourage participation and play with others. This will help to decrease feelings of isolation that the child may be feeling since the loss of a loved one. The last occupation-based strategy given by the American Occupational Therapy Association (2012) discuses the importance of occupational therapists to provide creative activities and to create memorials with the child that is grieving. By providing these creative interventions such as drawing, journaling, arts and crafts, coping kit, aquatic therapy, designing memory boxes and

picture frames, and storymaking, it will help to foster self-expression that the child may have difficult expressing to others. These occupation-based interventions will also allow for the child to feel connected to the person who died by designing the memory boxes and picture frames.

Based on prior literature it was evident that occupations are needed in the COPE program. Bruce and Borg (2009) focus on the importance of expressing oneself through art as an intervention, also referred to as expressive assessments. Based on drawings and paintings, an occupational therapist can determine how a child may feel at a given time, the child's ability to stay focused on an occupation, and observe any symbolic representations a child may be showing through art. Another intervention that Bruce and Borg (2009) discussed was building a city. This intervention is designed to give children toys that relate to a city, such as people, cars, and buildings. After they receive these toys, the children are to design a simulated city as a group. The occupational therapist can observe the children to see if they work together, if the city is chaotic or disordered, and help get an idea on how safe the children feel in their community. According to Bruce and Borg (2009), this intervention has been used with grieving children. The outcome of this intervention was supportive in allowing children to work through their feelings of loss and lack of control through the death by building a city that was safe.

Model of Practice

The model of practice that will be used during this program is the Existential-Humanistic Psychodynamic. Existential-humanistic approach was designed from many theories or therapies from "Gastalt or field theory, perceptual psychology, organismic theory, phenomenology, Rogers' client-centered therapy, Frankl's logotherapy, plus others" (Bruce & Borg, 2002). Since this model of practice has evolved over the decades, the most common theorists associated with existential-humanistic psychodynamic model are Jean-Paul Sartre, Albert Camus, Paul Tillich,

Franz Kafka, Martin Heidegger, Karen Horney, Robert White, Heinz Hartmann, Harry Stack Sullivan, Alfred Adler, Otto Rank, Erich Fromm, and Erik Erikson (Bruce & Borg, 2002). This model was, however, most commonly seen in literature from Carl Rogers, Abraham Maslow, Rollo May, Sidney Jourard, Fritz Perls, and Clark Moustakas (Bruce & Borg, 2002).

The existential-humanistic psychodynamic model views how psychological concepts influence an individual's behavior, engagement in occupations, and well-being (Bruce & Borg, 2002). Based on this, the model focuses on patients finding a healthy way of coming to terms with these everyday emotional, physical, and cognitive difficulties. According to Strisik and Strisik (2012), the existential-humanistic psychodynamic model works on these difficulties through multiple therapeutic methods. The psychodynamic approaches that occupational therapists commonly use are ones that focus on an individual expressing the sense of self, working on self-control, being able to feel safe, finding meaning in occupations and self, and working on defense mechanisms (Cole, 2005). These different therapeutic methods used will work towards a healthier quality of life.

This model of practice is relevant and logically compatible with COPE because this program focuses on the psychological concepts of grief that influences a child's behavior, occupations, and well-being. Additionally, the program will work towards a healthy and healing grief through occupation-based interventions while helping to ensure that the child feels safe in his/her environment.

Government Initiatives

The program, COPE, addresses current governmental initiatives. A governmental initiative related to this program, from Healthy People 2020, addresses health-related quality of life and well-being (U.S. Department of Health and Human Services, 2010). Health-related

quality of life is the well-being of the individual's life as it refers to the positive aspects of the individual's emotions and life satisfaction. Well-being is when an individual feels satisfied and healthy in life. This program, COPE, addresses this governmental initiative because the goal for the program is to enhance the quality of life of children that have lost a loved one in their life. It is important to do this through increasing the child's satisfaction in life.

Another governmental initiative, from Health People 2020, that the COPE program addresses is educational and community-based programs. The goal of this topic is to enhance the quality of life of an individual through increasing quality, availability, and effectiveness of educational and community programming (U.S. Department of Health and Human Services, 2012). The COPE program addresses this governmental initiative because it will go beyond traditional health care settings, as it will be a community-based program that focuses on improving the quality of life of the child. This program also addresses this initiative because it ensures a healthy and safe environment in the community for the children.

An additional new topic to Healthy People 2020 that the COPE program addresses is early and middle childhood. The goal of this topic is to document the health and well-being of early and middle childhood. This topic states that early and middle childhood is an important time in a child's life because it is when the child reaches developmental milestones. The topic goes on to discuss how these developmental milestones can be delayed when children experience stressors and other negative risk factors. Healthy People 2020 suggest implementing interventions that address social determinants of health through ideas such as creating supportive and safe environments for the child (U.S Department of Health and Human Services, 2012). The COPE program addresses this governmental initiative because it aims to create a safe and

supportive environment for a child. This program also helps enhance a child's quality of life by providing the coping skills necessary after a major stressor.

National Trends and Mandates

According to the Children's Grief Education Association (2011) the population of children under the age of 18 that are grieving a death of a parent is around 4.8 million. This is not including a death of a grandparent, sibling, relative, or a close friend. This number is significantly high and it is the hope of the program to reach out to these children who are dealing with the death of a loved one to increase their quality of life through a coping process.

The National Mental Health Association (MHA) (2013) discusses how difficult the loss of a parent can be to children. It discusses how losing a parent can affect a child's sense of security and the child can become very confused about grief and the way he/she feels. It is important to talk openly about the death of the loved one and "help them work through their feelings…" (MHA, 2013). The expectation of the COPE program is to educate the children on the dying process and allow them to learn ways to cope with their everyday life. This will help the children to feel a sense of security, hence, increasing the child's well-being.

Objectives

Program Goal

The goal of COPE, a grief and bereavement program of Good Grief of Northwest Ohio, is to decrease negative reactions related to grief and enhance the quality of life and coping skills of children.

Program Objectives

- Objective 1: Participants will be able to identify four healthy coping skills by the end of the program.

- Objective 2: During a focus group at the end of the program, participants will self-report an increase in quality of life compared to the reports of the previous focus group.
- Objective 3: Six weeks after conclusion of the program, participants will report higher scores of perceived change in his/her well-being, as measured by Piers Harris Children's Self-Concept Scale-Second Edition (Piers-Harris, 2002), compared to scores prior to the program.
- Objective 4: Six weeks after conclusion of the program, participants' caregivers will report a statistically significant decrease in negative reactions related to grief, as measured by Jimerson-Youth Common Grief Reactions Checklist-Caregiver Report (Jimerson, 2002), compared to scores prior to the program.

Marketing and Recruitment of Participants

Marketing Plan

For the COPE program, main stakeholders are important to approach in the marketing campaign. A stakeholder that is very important for support and promotion of this program is the Good Grief of Northwest Ohio because this is the sponsoring agency. This facility will be asked to send out marketing materials in the facility newsletter and refer the appropriate population. In addition, children's support groups, funeral homes, pediatricians' doctor offices, and hospitals in Lucas, Wood, and Monroe counties will be contacted and asked to promote the program by displaying marketing materials and referring the appropriate individuals to the COPE program. Finally, teachers, counselors, and superintendents at Lucas, Wood, and Monroe county schools will be contacted since the potential participants attend school on daily basis. The teachers and counselors will be asked to provide marketing materials and refer the camp to the appropriate children. The superintendents will also be asked to provide marketing materials to the

appropriate parents and/or caregivers and to refer children to counselors to learn more about the camp. The target of the marketing strategies would be children that have lost a loved one and the child's parents/caregivers residing in Lucas, Wood, and Monroe Counties. The plan for marketing involves creating and delivering brochures, creating flyers for a special event, and advertising at a local radio station.

A marketing material that will be utilized for this program is creating and delivering brochures to Good Grief of Northwest Ohio, local schools, funeral homes, support groups, hospitals, and pediatricians' doctor offices, as described earlier. A brochure is a good marketing strategy because it contains more information about the program, contact information, and hours then the program can give in a newspaper advertisement or a business card. The brochure is also effective because it can use a language that will prompt readers to contact more information about the program. This brochure will contain the goal of the program, a description of the program, detail about activities that will be available, dates of the program, and contact information. It will also be designed with the target population in mind; therefore, it will be easy to read, the content will be clear, and it will be eye catching. In the future, the brochures will contain written testimonials from the target population. The brochure will be designed and delivered to the locations by the occupational therapist developing the program which will save on cost. It will also be cost efficient because the brochure will be printed on regular paper as opposed to cardstock. The largest cost associated with the brochure is the use of color ink to make it eye-catching to the target population.

Another marketing material that will be utilized to promote the program is passing out flyers that will be distributed at Good Grief of Northwest Ohio, local schools, funeral homes, support groups, hospitals, and pediatrician doctor offices to announce the hosting of a special

event. The special event will be a time when the targeted population can ask questions and learn more about the program. Good Grief of Northwest Ohio will send out the flyers they receive to the targeted population. The local school, funeral homes, support groups, hospitals, and pediatrician doctor offices will have the flyers to hand out for the targeted population to gather. The flyer will contain important information about the sponsored event, such as the description of the program, location and time of the event, contact information, and food that will be provided during the event. The flyer will also, like the brochure, be designed with the target population in mind. It will have simple vocabulary and content, and the flyer will be eye-catching to children and his/her parents and/or caregivers. Offering food at the special event will also intrigue the audience since the event will be during the evening. The costs that will be associated with the flyer are printing copies, using color ink, and postage to send flyers from Good Grief of Northwest Ohio. Other related costs will be buying food and drinks for the individuals that attend the special event. To reduce costs, the flyer will be designed and delivered to the locations by the occupational therapist developing the program. Also to reduce associated costs, the event will be held at the sponsoring agency; Good Grief of Northwest Ohio's satellite location at CedarCreek.

In addition, contacting the local radio station, WVKS 92.5 Kiss FM, will be another marketing strategy to promote the program and invite the target population to a special event (See Appendix D). An advertisement in the local radio station will be practical since the majority of individuals in the world listen to the radio every day. According to News Generation, Inc. (2012) the "radio reaches 92% of all U.S. consumers every week", and WVKS 92.5 Kiss FM, Toledo's number one hit music channel, reaches to Lucas, Wood, and Monroe counties (On The Radio.Net). Therefore, the radio station will be able to reach out to the target

population to promote the special event and the program. The cost that will be associated with this marketing tool will be paying the radio station for a "Super Saver Package" (Power 92.5 FM, n.d.) that consists of a 45 second advertisement played two times in the peak hours of the morning and afternoon drive and two times in the evening between six and midnight for four months.

Inclusion Criteria

The source of potential participants includes children of any gender and ethnicity that have lost a loved one in their life. The expected number of participants in the COPE program is between ten to twelve individuals a week. The camp will have four, one week cycles over the summer; therefore, the expected number of participants over the summer will between forty to forty-eight participants. Two of the cycles will have children that are under the age of twelve and the other two cycles will be children above twelve years old. The cut off at age twelve was decided because this is the age when children start to understand the concept of death. The camp will be offered to participants every other week in June and July, switching between one week being children under twelve years old and the next week being children above twelve years old.

In addition to inclusion criteria, demographic data for each participant will be collected prior to the first day of camp through a phone call interview with the child's parents and/or caregivers. Demographics that will be collected include age, gender, the relationship of the dead loved one to the child, and the length of time since the death. After the demographic data is collected, data will be calculated and recorded.

Recruitment

Recruitment and marketing for the COPE program will begin four months prior to the start of the program. At the four month mark, the brochures and flyers will be delivered to the

Good Grief of Northwest Ohio, local schools, support groups, funeral homes, hospitals, and pediatrician doctor offices. The special event where the potential target can ask questions and learn more about the program will be held every other Tuesday evening for the four months. A short, 45 second, advertisement will be completed at WVKS 92.5 Kiss FM radio station to be played each day over the four month period. Potentially interested participants will contact the occupational therapist to inquire more about the program and to attend the special event. By phone call, participants will be given a brief interview to ensure that the child meets the inclusion criteria and to provide the most efficient way to get a hold of the participant for future information regarding the program.

After recruitment for participants, the occupational therapist directing the program will organize a meeting with each child and his/her parents and/or caregivers prior to the start of the program to complete intake forms. The meeting will discuss dates and times of the programs, what to expect, demographic data of the child, and the type of occupations the child will be engaged in during camp. This will include a list of anything the child will need to bring during his/her time at camp. Also during this time, the occupational therapists will administer the Piers Harris Children's Self-Concept Scale-Second Edition (Piers-Harris, 2002) and Jimerson-Youth Common Grief Reactions Checklist-Caregiver Report (Jimerson, 2002) on the child and parents and/or caregivers. All documentation received during this time will be stored in a locked drawer at the office of Good Greif of Northwest Ohio to ensure confidentiality of all members. Along with this documentation, each day of the camp the occupational therapist will observe and take notes over each child. These notes will contain the child's performance during each occupation and attitude during camp. At the end of the day the occupational therapist will write up a

progress note that is given to the child's parents/caregivers. All documentation will be organized and kept on file for future evaluation.

Programming

Program

Once enrolled in the COPE program, participants will be expected to attend all five sessions in the week to meet the goals of the program. Due to the different age groups in the cycles the occupations will be modified on age appropriateness. The location of the program will be at a community center that offers classrooms, a kitchen, and a pool. Each session will be a closed group that will be from 9 a.m. to 12 p.m. The rationale for this time is to ensure that lunch would not be an issue. A variety of occupations will be focused on to increase the child's quality of life, reduce negative behaviors, learn healthy coping skills, and renew a sense of well-being. To ensure that these occupations help the child, the child will be required to complete two pretest assessments prior to camp and the two posttest assessments six weeks after the program. In addition, the children will participate in a focus group at the start of the first day and again on the last day of the program. After the program there will be no formal discharge, therefore, the children will leave after asking any questions and receiving arts and crafts made during camp. The children can attend the camp again the following year, as new material will be offered.

Program Assessments

The first assessment that will be administered prior to and six weeks after camp will be the Piers Harris Children's Self-Concept Scale-Second Edition (Piers-Harris, 2002). The child will fill out his/her own form unless he/she cannot read or write, in this case the occupational therapist will fill out the form. This self-concept scale includes the total (TOT) score and six domain scale scores. The six domain scale covers a 60-item yes or no questionnaire over physical appearance and attributes, intellectual and school status, happiness and satisfaction,

freedom from anxiety, behavioral adjustment, and popularity. The scores are then tallied up in each domain. High scores represent a high self-concept whereas low scores indicate a negative self-concept (See Appendix E). This assessment is appropriate because it observes the child's self-concept which is part of the child's overall well-being. Being able to identify if the child has a negative self-concept allows the occupational therapist to work on those areas to increase the child's well-being. This assessment fits with the existential-humanistic psychodynamic model because the model focuses on an individual expressing the sense of self for a healthier quality of life.

The second assessment that will be given prior to and six weeks after camp is the Jimerson-Youth Common Grief Reactions Checklist-Caregiver Report (Jimerson, 2002). This assessment contains a list of common grief reactions seen in children and teens. The caregiver is to rate if the common grief reactions of the bereaved child and/or teen as not experienced at all, a little, a lot, or currently a problem (See Appendix F). This assessment helps provide information of what grief reactions the child is experiencing. This fits along with the existential-humanistic psychodynamic model because finding out these grief reactions helps to find a healthy way of coming to terms with everyday difficulties associated with the grief reactions.

In addition to these assessments, a focus group will be held at the first and last session of the program with questions that relate to the child's quality of life. The focus group questions will be structured and asked to the children as a group. The focus group will address any concerns and needs of the program and provide time for feedback from the children. As stated earlier, any documentation received or about the children of COPE will be stored in a locked drawer at the office of Good Grief of Northwest Ohio to ensure confidentiality of all members.

Session One

The first session of the camp will begin with the introductions. During the first 15 minutes, the occupational therapist will introduce him/her and the staff while explaining what the child's week will hold. Also, during this time the occupational therapist will discuss what the children will be doing that day and break the children into smaller groups depending on the child's age. This will allow the children that are in the 12 and under sessions and the 12 and above sessions to be placed into even smaller groups that have children that are the same age or have the same concept of death. The next 45 minutes, the children will break up into their age group and begin a focus group. For the focus group the children will sit around a circle, introduce their name, and answer the focus group questions. The focus group will be purposeful to understand how the children perceive their quality of life. The focus group will ask questions that address any concerns of the children, and questions related to quality of life. The reason for these questions is to help identify how the child perceives his/her quality of life now and if it changes by the end of the program. The staff in charge of each age group will write down the answers and give it to the occupational therapist for viewing and to be locked up for confidentiality reasons.

After a 10 minute break, the next hour will address normal grief emotions that the children may express (Fiorelli, 2010). This is an important topic because often children do not realize that their grief emotions are normal and healthy (Fogarty, 2000). During the first half hour the staff will discuss the normal reactions defined by Fiorelli (2010) by asking the children how they sometimes feel and explain how normal those feelings are during grief. The next half hour will be dedicated to occupations that allow the children to express their normal feelings. The staff will have the children express their feelings through arts and crafts and building a city (Bruce & Borg, 2009). Examples of arts and crafts that a child may engage in are drawing a

picture, journaling, making a memory box, and anything else that allows the child to express his/her feelings. In this time, children will also express their feelings through building a city. Building a city can help a child express his/her feelings because it allows the child to design how he/she may perceive his/her environment. The children will be given toys such as people, cars, and buildings to build a city as group. This occupation is often used on children during grief for the children to express how safe they feel in the environment and work through their emotions with peers (Bruce & Borg, 2009). In the last few minutes, the staff can then express how doing these occupations allows the child to express his/her feelings in a healthy and normal way. It will also be a time when the occupational therapist can discuss ways for the child to feel safe in his/her environment. Related to the existential-humanistic psychodynamic model, these occupations help the occupational therapist observe how the child's grief influences his/her engagement in occupations (Bruce & Borg, 2009).

In the last hour a 10 minute break will be given before addressing behaviors in the Jimerson-Youth Common Grief Reactions Checklist-Caregiver Report (Jimerson, 2002). During the first 20 minutes the staff will discuss the importance of nutrition and physical health, as some of the questions of the assessment deal with nutrition and physical health. In the last half hour of the first session, the staff and children will come up with a healthy nutrition and physical plan for when the children are not eating or when they experience severe headaches and stomachaches. Preparing a healthy physical plan is important part of the existential-humanistic psychodynamic model because Bruce and Borg (2009) state how essential it is to find a healthy way of dealing with everyday physical difficulties.

Session Two

In the first 15 minutes of the second day, the occupational therapist will address any questions and send the children into their group. The occupational therapist will also explain that from here on out the children will go right to their group. The next 35 minutes will involve the staff discussing how today will be focused on healthy coping skills. Identifying healthy coping skills will benefit children during cognitive and behavioral difficulties that are described by Fiorelli (2010) and Jimerson-Youth Common Grief Reactions Checklist-Caregiver Report (Jimerson, 2002). The staff will describe many of the cognitive and behavioral difficulties that children often have during grief. By engaging in the supportive occupations of aquatic therapy and practicing material of a take-home coping kit it will help children renew a sense of well-being in their everyday life (Fiorelli, 2010).

A 15 minute break will be given before the next hour of aquatic therapy, during this time the children will change into swimsuits. The pool will be located at the location of the camp for easy access. The importance of aquatic therapy will be described to the children as a healthy coping strategy because the warm water relaxes muscles and helps reduce stress. This therapeutic method will work towards a healthier quality of life [as described in the existential-humanistic psychodynamic model]. During this hour the staff will play games in the water such as Marco-Polo and/or passing a ball around and saying a favorite memory about the child's loved one.

A 15 minute break of changing out of swimsuits will be given before starting the next intervention. During the last hour the participants will receive a coping kit and practice the materials in the take-home coping kit. A coping kit will be given to the children that includes breathing techniques, expressive art ideas (Bruce & Borg, 2009), stretching techniques, and calming activity ideas for the children to take home and utilize. The coping kit will be age

appropriate as each handout will show and demonstrate pictures for when the child is referring back to the coping kit. The coping kit will also provide kid-friendly language for better understanding of how to utilize the coping kit. Each technique and item in the coping kit will be demonstrated during the last hour of the second day. This provides the children an opportunity to not only receive instructional materials but also ask questions and practice the techniques in a naturalistic environment. This coping kit is essential for the child to turn to when he/she does not know how to deal with a grief emotion and to work on defense mechanisms. Working on defense mechanisms is a large part of the psychodynamic approach to increase a healthier quality of life (Cole, 2005).

Session Three

In the first 15 minutes of the third day, children will report to their group. The staff will start by discussing how today will be about quality of life with the focus of self-concept. Special attention will be given to the Piers Harris Children's Self-Concept Scale-Second Edition (Piers-Harris, 2002) when discussing self-concept. Also during the 15 minutes, the staff will explain what self-concept means, give examples of positive self-concepts, and how important it is to focus on oneself (Cole, 2005). This will be presented to the children by the staff writing this information on the blackboard in the room.

The next hour and twenty minutes the children will engage in a storymaking occupation that revolves around the child. Storymaking is a helpful way for a child to express his/her feelings without having to verbally tell someone (Crepeau &Cohn, 2009). These stories give the staff the opportunity to focus on the child's point of view and how each child may feel. The staff will explain to the children that they can make up any story that involves them. The staff will give an example that they have made up. The staff will then give the children the option of

telling the made-up story to their peers or telling only the staff when they are done. Children that are only telling the staff their stories can tell the staff at anytime were the last 30 minutes will be for any children that would like to share their stories with everyone. After all stories have been expressed a 10 minute break will be given.

The next 20 minutes, the children will stand in a circle and pass around a ball making sure every child receives the ball at least once. When the child receives the ball he/she will state or describe one positive thing about himself/herself. After the ball has circulated around the room to all of the children, the child with the ball will state one positive thing about the peer he/she passes the ball to next. The ball will go around to all of the children before ending this intervention. The purpose of this intervention is for the child to be able to identify and view a positive self-concept of him/her. To have a positive self-concept of oneself will help increase the child's quality of life. A 5 minute break will be given after this intervention.

In the last 40 minutes of the third day, the children will receive a paper with their name on it and a writing utensil (depending on the age group). Next the staff will explain, each child's paper is to circulate around the room and each child will have approximately a minute to write something positive about the child's paper he/she has at that time. The staff will have on the board some of the positive self-concepts that the children can put on the paper if they are having difficulties coming up with ideas. The staff will go on to state that after the minute, the paper will pass to the next child until the paper gets back to the original child. If the group cannot write, a child will be asked to come to the front of the room while the peers go around the room saying something positive about the child standing. The staff will be writing down everything the peers say for each child. This paper will be described to the children as important to look at

when they are feeling sad or down to help the child remember how important he/she is to so many people in the world.

Session Four

The first hour of the fourth day will begin with the staff explaining in 5 minutes to the children that today will focus on the lost loved one. It will be a time for the child to openly talk about his/her loved one, discuss any daily difficulties the child may experience since the death, and engage in occupations related to the child's loved one. Therefore, the next 45 minutes will be dedicated to openly talking about the child's loved one. During this time children will go around the room answering questions the staff asks to keep the group going. Each child will answer the question before the staff asks the next questions. Questions that will be asked may include "what is your favorite memory of your loved one?", "what did you enjoy doing with your loved one?", and/or "what did your loved one enjoy doing?." These questions will help open up other discussions about the child's loved one. A 10 minute break will be given before moving into the next intervention.

In the next hour, children will express any difficulties they are currently experiencing in their occupations of daily living. This may include not eating right, not sleeping at night, or not having anyone teach them how to ride a bike, tie shoes, play sports, etc. The child will express this difficult occupation of daily living by individually telling the staff member. The staff member will write these occupations down for each child. Depending on what the child states as a difficulty, the staff will work one on one or in groups on those occupations. For example, if there are a number of children having difficulty tying their shoes, the staff will work with these children in a group. Another example is if one child has difficulty sleeping at night, the staff will work one on one with that child on a healthy sleeping plan. Therefore, many staff members and

volunteers will need to be available for this intervention. This occupation will allow for the child to enhance his/her quality of life. A short 10 minute will be given before the last hour of occupations.

The last hour the children will engage in occupations related to the child's loved one. The child will be asked to bring in some material from home for this occupation. The child will have four stations that he/she will circle around during the hour. Each child will be put at a station for 15 minutes before going to the next station. The first station will allow the children to design a bracelet out of old buttons from the dead loved one. At the second station, the children will make a pillowcase. At the third station, the children will design a picture frame that they can put a picture of them and their loved one in. The last station will allow the children to design a memory keychain with a picture of the loved one. A staff member will be at each station to help the children during this occupation. The occupations will have a meaningful significance to the child and help the child feel the presence of the loved one. When the children are done, the staff will say a few words about grief and the importance to openly express their feelings.

Session Five

The last day will be focused on the child enjoying his/her life through a celebratory breakfast. The first hour will involve the children making breakfast as a group. The breakfast food will depend on what the children decide as a group to make the prior day. The children will then make the breakfast while interacting and talking to their peers. After the food is made, the children will eat the breakfast as a group. This natural interaction during breakfast will allow the children to share and talk about anything that comes to mind. The ability to talk openly is described as a guideline for helping bereaved children express their emotion in Fiorelli (2010). After this fun occupation, the next 30 minutes will consist of a 10 minute break before 20

minutes of discussion on what has been taught throughout the camp. During this time the children can ask any questions related to the past four days.

In the last hour and half of the program, parents/caregivers will be asked to attend a program conducted by the occupational therapist while the children participate in a focus group. The parent/caregiver group will begin with introductions in the first 15 minutes. The next 30 minutes the occupational therapist will discuss normal grief reactions and guidelines for helping bereaved children express their grief emotion as described by Fiorelli (2010). After this helpful information is given to the parents/caregivers, there will be a 15 minute open discussion on other grief reactions or guidelines the parents/caregivers have seen with his/her child. The next 15 minutes will be a time when the occupational therapist explains what the children did during the week and explain the coping kit the children will be taking home. In the last 15 minutes, there will be time for any feedback and suggestions for a future camp. The occupational therapists will also remind the parents that in six weeks he/she will be contacting the parent/caregiver and the child to do the two posttest assessments. Since the occupational therapist deals with the care coordination, resources will be provided to the parents/caregivers on support groups around the Lucas, Wood, and Monroe counties for the children and parents/caregivers. While this parent/caregiver session is going on, the children will be in another room participating in a focus group regarding the child's time at the camp and overall quality of life. After the focus group, the children will be asked to identify four healthy coping strategies that the child can practice in his/her own life. The children will identify these four healthy coping strategies by writing them down or if the child cannot write he/she will individually identify them to the staff members. To end the camp, the children will gather arts and crafts that they have made during camp before a final farewell.

Program Evaluation

Outcome Evaluation for each Objective

The outcome evaluation for each objective is important for the overall effectiveness of this program. Each objective is stated with the evaluation of each below.

- Objective 1: Participants will be able to identify four healthy coping skills by the end of the program.

This summative evaluation will be measured by the child self-reporting four healthy coping skills. Each child will need to write down four healthy coping skills on the last day of camp after the focus group. If the child cannot write he/she will individually identify four healthy coping skills to a staff member. The responses will detect if the children learned coping skills throughout the camp by naming coping strategies mentioned during the prior sessions.

- Objective 2: During a focus group at the end of the program, participants will self-report an increase in quality of life compared to the reports of the previous focus group.

A focus group will be used as a summative evaluation measure for this objective. The focus group questions will be asked to each child by the occupational therapist on the first day of COPE, and again on the last day of the camp. Each child's answers will be documented. The pretest and posttest answers will be compared and documented to identify an increase in the child's quality of life.

- Objective 3: Six weeks after conclusion of the program, participants will report higher scores of perceived change in his/her well-being, as measured by Piers Harris Children's Self-Concept Scale-Second Edition, compared to scores prior to the program.

The Piers Harris Children's Self-Concept Scale-Second Edition (Piers-Harris, 2002) will be used as a summative evaluation measure for this objective. This assessment will be administered

to each child by the occupational therapist prior to the start of COPE, and again six weeks upon conclusion of the camp. The pretest and posttest scores will be compared and documented to identify any perceived change in the child's well-being.

- Objective 4: Six weeks after conclusion of the program, participants' caregivers will report a statistically significant decrease in negative reactions related to grief, as measured by Jimerson-Youth Common Grief Reactions Checklist-Caregiver Report, compared to scores prior to the program.

The Jimerson-Youth Common Grief Reactions Checklist-Caregiver Report (Jimerson, 2002) will be used as a summative evaluation measure for this objective. This assessment will be administered to each child's parents/caregivers by the occupational therapist prior to the start of COPE, and again six weeks upon conclusion of the camp. The pretest and posttest scores will be compared and documented to identify any decrease in negative reactions related to grief in the children.

Process Evaluation Procedures

Each assessment will be used to evaluate the efficiency of the program and will be put into program files under each child's name. To ensure attendance of the children, they will be required to sign-in each day of the week at COPE. Before leaving camp each day, a formative evaluation of each child will be used for evaluation. This will be done through self-report on if the child understood the day or has any questions/suggestions. This formative evaluation will provide the staff with any necessary changes that need to be made to meet the needs of the children. On the last day of camp instead of this formative evaluation, a summative evaluation will be given before the final farewell to provide any changes that will need to be made to the upcoming cycles (See Appendix G). Along with this, a summative evaluation will be given to

the children's parents/caregivers at the end of the parents/caregivers group (See Appendix H). This will provide feedback on the camp to ensure that the parents/caregivers are satisfied and believe that his/her child is satisfied with the camp. The camp will also have a licensed and registered occupational therapist to ensure expert knowledge in the topics taught throughout the camp. The occupational therapist will ensure the programs are occupational-based and delivery of the program is on time.

Perceptions of Key Stakeholders

A formative evaluation will be conducted with the key stakeholders at Good Grief of Northwest Ohio and the staff/volunteers in the evening of the second session. Each agency personnel and staff/volunteer members will be given a formative evaluation to measure his/her satisfaction and judgment of the program thus far (See Appendix I). This will also be a time for any questions, suggestions, and/or concerns to ensure that the agency personnel and staff/volunteer members are pleased with the delivery of the program.

Timeline

<u>January</u>

- Complete needs assessment
- Find a location for the summer program
- Plan programming
- Communication with the sponsoring agency and stakeholders

<u>February</u>

- Begin marketing
    - Make flyers, brochures, and radio advertisement
- Provide and communicate marketing tools around the Lucas, Wood, and Monroe counties

- Meet on every other Tuesday in the evening for the special event
- Recruit participants
- Plan programming
- Recruit staff/volunteers
- Communication with the sponsoring agency and stakeholders

March

- Provide and communicate marketing tools around the Lucas, Wood, and Monroe counties
    - Print out more flyers and brochures, if needed
- Recruit participants
- Meet on every other Tuesday in the evening for the special event
- Plan programming
- Recruit staff/volunteers
- Communication with the sponsoring agency and stakeholders
- Order assessments and documentation

April

- Provide and communicate marketing tools around the Lucas, Wood, and Monroe counties
    - Print out more flyers and brochures, if needed
- Recruit participants
- Meet on every other Tuesday in the evening for the special event
- Recruit staff/volunteers
- Plan programming
- Purchase supplies for the camp
- Communication with the sponsoring agency and stakeholders

May

- Provide and communicate marketing tools around the Lucas, Wood, and Monroe counties
    - Print out more flyers and brochures, if needed
- Recruit participants
- Meet on every other Tuesday in the evening for the special event
- Communication with the sponsoring agency and stakeholders
- Communicate with location of camp to make sure everything is ready
- In-service for staff/volunteers (2 days for two weeks, 2 hours long)
- Finish any last minute programming
- Purchase supplies for the camp
- Meet with and administer Piers Harris Children's Self-Concept Scale-Second Edition and the Jimerson-Youth Common Grief Reactions Checklist-Caregiver Report with Cycle 1 children and parents/caregivers; Gather data demographics of the children; Provide information on the camp

June

- Provide and communicate marketing tools around the Lucas, Wood, and Monroe counties
    - Print out more flyers and brochures, if needed
- Recruit participants
- Meet with staff/volunteers for any last minute information
- A week to prepare any last minute things
    - Purchase any other supplies
    - Setting up tables or classrooms
    - Put together coping kit for the children

- Cycle 1: First week (M-F) COPE program with children under 12 years old
    - Day One
        - Sign in
        - Children will be welcomed by occupational therapist and staff/volunteers
        - Break into groups depending on age
        - Focus group
        - Discuss normal grief reactions
        - Arts and crafts: drawing a picture, making a memory box
        - Building a city
        - Discuss the importance of nutrition and physical health
        - Make a healthy nutrition and physical plan
        - Formative evaluation through self-report about the day
    - Day Two
        - Sign in
        - The occupational therapists will address any questions
        - Send child to group-next day children will report to their group right away
        - Discuss healthy coping skills
        - Describe cognitive and behavioral difficulties seen in children during grief
        - Aquatic therapy: Marco-Polo, passing a ball around saying favorite memory about the child's loved one
        - Receiving and practicing material of a take-home coping kit
        - Formative evaluation through self-report about the day

- Formative evaluation in the evening with agency personnel and staff/volunteers on his/her satisfaction thus far
- Day Three
  - Sign in
  - Report to group and discuss the days topic (quality of life with the focus on self-concept)
  - Explain the definition of self-concept, give examples of positive self-concepts, and how important it is to focus on oneself
  - Storymaking
    - Share story
  - Stand in circle and pass around ball stating positive characteristics of self and peers
  - Write down one positive characteristic of each peer in the group
  - Formative evaluation through self-report about the day
- Day Four
  - Sign in
  - Report to group and discuss the days topic (focus on the lost loved one)
  - Openly answer questions around the group about the loved one
  - Expressing difficult occupations of daily living
  - Work on these occupations of daily living that were expressed
  - Engage in occupations related to the child's loved one: design anything that has significance to the child
  - Decide what food to make the next morning

        - Formative evaluation through self-report about the day
    - Buy food for breakfast
    - Day Five
        - Sign in
        - Report to group
        - Make breakfast and eat together
        - Recap on the days prior
        - Parent/caregiver group
            - Introductions
            - Discuss normal grief reactions and guidelines for helping bereaved children express their grief emotion
            - Open discussion
            - Explain what the children did during camp and the coping kit
            - Feedback/suggestions for the future
            - Reminders for posttest assessments
            - Resources for other support groups
            - Summative evaluation on personal and child's satisfaction
        - Focus group for children
        - Identify fourth healthy coping strategies
        - Summative evaluation on the child's satisfaction
        - Gather arts and crafts made throughout the camp
        - Final farewell
- Week off camp

    - Evaluate COPE
    - Purchase more supplies
    - Make any changes
    - Put together coping kit for the next round of children
- Meet with and administer Piers Harris Children's Self-Concept Scale-Second Edition and the Jimerson-Youth Common Grief Reactions Checklist-Caregiver Report with Cycle 2 children and parents/caregivers; Gather data demographics of the children; Provide information on the camp
- Cycle 2: Second week (M-F) COPE program with children over 12 years old
    - See Cycle 1
    - Plus any changes made from prior cycle
- Communication with the sponsoring agency and stakeholders

July

- Week off camp
    - Evaluate COPE
    - Purchase more supplies
    - Make any changes
    - Put together coping kit for the next round of children
- Provide and communicate marketing tools around the Lucas, Wood, and Monroe counties
    - Print out more flyers and brochures, if needed
- Recruit participants
- Meet with and administer Piers Harris Children's Self-Concept Scale-Second Edition and the Jimerson-Youth Common Grief Reactions Checklist-Caregiver Report in Cycle 3

with the children and parents/caregivers; Gather data demographics of the children; Provide information on the camp

- Cycle 3: Third week (M-F) COPE program with children under 12 years old
    - See Cycle 1
    - Plus any changes made from prior cycle
- Week off camp
    - Evaluate COPE
    - Purchase more supplies
    - Make any changes
    - Put together coping kit for the next round of children
- Meet with and administer Piers Harris Children's Self-Concept Scale-Second Edition and the Jimerson-Youth Common Grief Reactions Checklist-Caregiver Report to the Cycle 4 children and parents/caregivers; Gather data demographics of the children; Provide information on the camp
- Cycle 4: Fourth week (M-F) COPE program with children over 12 years old
    - See Cycle 1
    - Plus any changes made from prior cycle
- Meet with and re-administer Piers Harris Children's Self-Concept Scale-Second Edition and the Jimerson-Youth Common Grief Reactions Checklist-Caregiver Report to the Cycle 1 children and parents/caregivers for the 6-week follow-up
- Communication with the sponsoring agency and stakeholders

<u>August</u>

- Provide and communicate marketing tools around the Lucas, Wood, and Monroe counties

    - Print out more flyers and brochures, if needed
- Meet with and re-administer Piers Harris Children's Self-Concept Scale-Second Edition and the Jimerson-Youth Common Grief Reactions Checklist-Caregiver Report to the Cycle 2 children and parents/caregivers for the 6-week follow-up
- Meet with and re-administer Piers Harris Children's Self-Concept Scale-Second Edition and the Jimerson-Youth Common Grief Reactions Checklist-Caregiver Report to the Cycle 3 children and parents/caregivers for the 6-week follow-up
- Communication with the sponsoring agency and stakeholders

<u>September</u>

- Provide and communicate marketing tools around the Lucas, Wood, and Monroe counties
    - Print out more flyers and brochures, if needed
- Meet with and re-administer Piers Harris Children's Self-Concept Scale-Second Edition and the Jimerson-Youth Common Grief Reactions Checklist-Caregiver Report to the Cycle 4 children and parents/caregivers for the 6-week follow-up
- Communication with the sponsoring agency and stakeholders

<u>October</u>

- Provide and communicate marketing tools around the Lucas, Wood, and Monroe counties
    - Print out more flyers and brochures, if needed
- Analyze all data
    - Summarize evaluations and file them
- Make changes to program, if needed
- Communication with the sponsoring agency and stakeholders

<u>November</u>

- Provide and communicate marketing tools around the Lucas, Wood, and Monroe counties
    - Print out more flyers and brochures, if needed
- Communication with the sponsoring agency and stakeholders
- Make changes to program, if needed

December

- Provide and communicate marketing tools around the Lucas, Wood, and Monroe counties
    - Print out more flyers and brochures, if needed
- Make changes to program, if needed
- Communication with the sponsoring agency and stakeholders
- Send out letters to the participants that were involved in COPE to remind them about the camp starting up that summer

Funding

There are three potential funding sources to fund COPE. They are the Anderson's Fund Supporting Organization, the Stranahan Foundation, and the Toledo Community Foundation. All three grants, according to the Foundation Center (2009) are awarded to nonprofit and charitable organizations having an IRS exemption status of 501 (c)(3) of the Internal Revenue Service code. These foundations all relate closely with COPE's program goal. The goal of COPE is to decrease negative reactions related to grief and enhance the quality of life and coping skills of children.

The first funding source, the Anderson's Fund Supporting Organization, is a public charity in the Northwest Ohio and Southeast Michigan area. Funding has been created to enhance the quality of life for individuals and/or families. Grants support programs in the areas of education, social services, physical and mental health, neighborhood and urban affairs, natural resources,

and the arts (Rural Assistance Center, 2013). The reasoning for choosing Anderson's Fund Supporting Organization is because how well it fits with the COPE program. COPE, similar to the Anderson's Fund Supporting Organization, is designed to enhance the quality of life of the individuals in the Northwest Ohio and Southeast Michigan area. The coping skills that will be gathered through participation in this program can help increase the physical and mental health of the participants. Though this is a great funding source, it has been ruled out because the grant application states that new, untested programs are placed on a lower priority. As the literature provides that COPE is a much needed program, it is more appropriate to find a funding source that will consider it as a high priority.

The second funding source, the Stranahan Foundation, is an independent foundation to help individuals and organizations to become more independent. The Stranahan Foundation believes "in the courage to embrace change, and as necessary, to take the initiative to bring about positive change" (Stranahan Foundation, 2010). The Stranahan Foundation considers a grant by if the program falls in the priority areas of education, physical and mental health, ecological well-being, arts and culture, and/or human services. The rationale for choosing this funding source was due to the compatibility of the goals of both the Stranahan Foundation and COPE. The COPE program is intended to bring about positive change in children by decreasing negative reactions related to grief. Through participation in the camp, it is proposed that the interventions will fit into all of the priority areas described in the Stranahan Foundation (2010). The COPE program corresponds with the priority area of education as the program is designed to educate children on the grieving process. The camp fits in the physical and mental health priority area of the Stranahan Foundation, as the program educates the children to take better care of themselves and their families, as well as working on health crises. The next priority area, ecological well-

being, is similar to COPE because the goal is to enhance a child's well-being and return to a healthy environment. The camp falls into the area of arts and culture based on the camp's ability to improve quality of life through communication and self esteem that will be enhanced through participation. The program is also designed to have therapeutic value, which is stated as an important asset to the arts and culture priority area of the Stranahan Foundation (2010). Lastly, COPE fits into the human services priority area due to the camps support of children to meet basic human needs. However, the Stranahan Foundation will not be used as a funding source due to the application process. When applying for a grant the application process is very timely. The first step is to send a letter of inquiry, after that the organization will be accepted, then the organization has to send the application, next be awarded the funds, and finally the funds are available for the program. This whole process takes at least 6 months from start to finish. As beneficial as this program is to children, it would be in the best interest of the children to find a funding source with a quicker application process.

The final funding source, the Toledo Community Foundation, is also a public charity serving the area of Northwest Ohio and Southeast Michigan. The Toledo Community Foundation provides grants for programs that address the needs of the community. The Toledo Community Foundation's goal is to improve the quality of life of individuals and their families. It is said that "Since 1973, Toledo Community Foundation has worked with individuals, families and businesses, assisting them in making effective choices that match their philanthropic interests and needs while creating a better community for generations to come" (Toledo Community Foundation, 2005). The proposed program is to enhance the quality of life of the children. In relation to the Toledo Community Foundation, this program is designed to meet the needs of children and to create a safe community through the support and knowledge gained from this

camp. This similarity in the goals of the Toledo Community Foundation and COPE program was a determining factor in choosing this funding source.

According to the *Community Funds Guidelines* (2005), the grant application is considered two times annually. The proposal must be turned in by midnight on the deadline dates of January 15 and/or September 15. The proposal has to be submitted though the Toledo Community Foundation's online application. No hard copies will be accepted. The proposal must include the purpose and need, implementation, evaluation, sustainability, and project budget information to be reviewed. The proposal must also include attachments of the name and affiliation of the program's Board of Trustees, a brief background and history of the requesting program, the program's most recent audit, if an audit is not available then attach the unaudited income and expense statement and balance sheet, the programs operating budget, a copy of the tax exemption letter from the Internal Revenue Service, and the project budget information. The proposal and attachments will be carefully reviewed by the Toledo Community Foundation's professional staff and Board of Trustees. The Board of Trustees meets three to four months following each deadline to make a decision. Programs will be notified in writing if approved or denied of funding a week after the Board of Trustees takes action. According to the Foundation Center (2009), the Toledo Community Foundation has a total giving amount of $12,686,495.

For additional information contact:

Sarah Harrison, Senior Program Officer

Toledo Community Foundation, Inc.

300 Madison Avenue, Suite 1300

Toledo, OH 43604

419.241.5049

sarah@toledocf.org

Potential barriers in obtaining funding for the program should be considered. One barrier could be the lack of grants available for the topic of grieving and bereavement in children. Grieving and bereavement is a very intimate topic and there may not be a lot of funding that addresses such an intimate topic. Another barrier that could lead to not receiving a grant is the student's inexperience in grant writing. This lack of knowledge could result in making mistakes, not understanding the expectations of the grant, not finding the right type of funding for the program, and not having a strong proposal. All of these disadvantages could lead to not being approved for the grant. The last barrier that could result in not being approved for a grant is liability issues associated with the program. With the camp being for children that will engage in play, cooking, and swimming potential risks are associated. For example, in the worst case scenario children could get hurt, burned, or drown. Even with all of these risk factors, many foundations do not allow organizations to buy liability insurance with the grant money.

Budgeting and Staffing

Budgeting

A budget has been developed and provided for one year at COPE (See Appendix J). The budget provides supplies that are needed for the camp and justification for the cost of each item. The budget also provides the salary of the occupational therapist and three staff members. The occupational therapists hourly wage was based from the American Occupational Therapy Association's *2010 Occupational Therapy Compensation and Workforce Study* (2010). Since the staff members are not required to have credentials, these individuals will make minimum wage based on the U.S. Department of Labor (2013).

Staffing

The Program Director will be a part-time occupational therapist with the help of three staff members and volunteers. The occupational therapist must be licensed in the state of Ohio and Michigan and certified by the National Board for Certification in Occupational Therapy (NBCOT). The occupational therapist will be required to work approximately 20 hours per week and possibly less when the camp is not being run. The occupational therapist will have several job duties during the camp and on the months the camp is not in progress (See Appendix K). There will be a local flyer distributed to the community for the job opening of the occupational therapist (See Appendix L). The three staff members will be required to work approximately 76 hours for the entire year. Further information on the 76 hours will be provided below. During camp, the staff members will assist in helping the children during occupations. The staff members will be very hands-on and fill in if the occupational therapist has other obligations. The volunteers that will also be available to help with the camp will come from Level I and/or II students in occupational therapy programs in Ohio and Michigan, individuals from Good Grief of Northwest Ohio, and other students from The University of Toledo, Bowling Green University, and Owens Community College that need volunteer hours. All employees and volunteers must be CPR certified to be employed at COPE.

The occupational therapist will be required to work approximately 20 hours per week during the camp months of June and July. This is based on being at the camp for at least four hours a day to work on programming needs, progress notes, evaluations, and observations. This time will also include administrating assessments on the children that attend the camp and their parents/caregivers. The 20 hours a week will also be the meetings that will be held with the staff and stakeholders during the camp months. When the camp is not being run, it is expected that the occupational therapist will still put in approximately 20 hours a week working on marketing

strategies, recruiting potential participants, recruiting staff and volunteers, buying supplies, writing grants, meeting with staff and stakeholders, and analyzing data.

The staff members will be required to work approximately 76 hours. Sixty of those hours are based on working three hours a day during camp which equals to 15 hours a week, and the camp has four cycles (*3x5=15; 15x4=60*). The three hours a day will include the two hours of camp and an extra hour dedicated to setting and cleaning up. Eight hours of the remaining 16 hours, will be the in-service prior to the camp. The in-service is two hours long for two days over a two week period (*2x2=4; 4x2=8*). The last eight hours is based on the two hour formative evaluation that will be given on the second evening of each camp week (*2x4=8*).

Self-Sufficiency Plan

After the first year of COPE, a plan will be set up to continue funding the program after the grant. Since the initial supplies will already have been bought for the camp some of the costs will decrease the following camp year. In addition, the COPE program will request an admission fee from the children. This will help with any costs associated with the occupations the children engage in during camp. This could range from a fee of 20 to 50 dollars depending on what needs to be covered. After a successful year at COPE parents will not find the fee as an issue. The COPE program will also hire a certified occupational therapy assistant (COTA) to run the camp and report back to the occupational therapist. The occupational therapist will only analyze the COTA's results, administer assessments, and oversee programming of the camp. Hiring a COTA will decrease the salary budget by nearly half since a COTA makes less than an occupational therapist. The occupational therapist will only be paid hourly when needed. Another option to reduce the salary budget, as this is the most expensive area, is to have the 3 staff members be volunteers. Finally, the last option will be to contact an organization that offers

a grieving and bereavement support group to see if the organization would like to invest in combining programs. For example, Hospice of Northwest Ohio could agree to pay a certain amount to have the availability of sending the children in the support group to the camp. If a grieving and bereavement support group combines programs, that organization could provide supplies and their occupational therapist to save money.

Letters of Support

A letter of support from the sponsoring agency is important to have to show the support these individuals give to the COPE program (See Appendix M). In addition, some important individuals who can also be asked to write letters of support are listed below.

- Cynthia Schroeder, M. Ed
    - Employee at Hospice of Northwest Ohio

Ms. Schroeder is currently a bereavement counselor at Hospice of Northwest Ohio. She received her bachelor's in psychology and her masters in guidance and counselor education. Ms. Schroeder specializes in the grief and loss issues as she counsels children and their families during individual and support groups. Her letter of support would be beneficial to the COPE program because of her expertise and rapport with children and their families that have experienced a loss.

- Tamera Lewis
    - Parent of children that attended COPE

Tamera is the mother of three children that have attended the COPE program after her husband died. Tamera has expressed great gratitude towards the program when all three of her children showed improvements in their quality of life. As a concerned mother, she saw her children experience a lot of grief and start to head in the wrong direction (not doing homework,

becoming angry, etc.) Her letter of support would provide essential support to the COPE program because of her remarkable story and her wonderful experience at the program. This letter would help other parents/caregivers in the same situation see the importance of the COPE program.

- Dr. Barbara Kopp Miller, Ph.D.
    - Employee of The University of Toledo

Dr. Kopp Miller is the Administrative Director of the Center for Successful Aging at the University of Toledo. She specializes in community speaking on the topics of grief, loss, bereavement, and reactions to grief. Dr. Kopp Miller is also an Associate Professor in the department of occupational therapy at the University of Toledo. Her letter of support would be greatly appreciated due to her outstanding knowledge of grief and bereavement and occupational therapy. The letter would support COPE because it would show the importance of an occupational therapist directing the grief and bereavement program.

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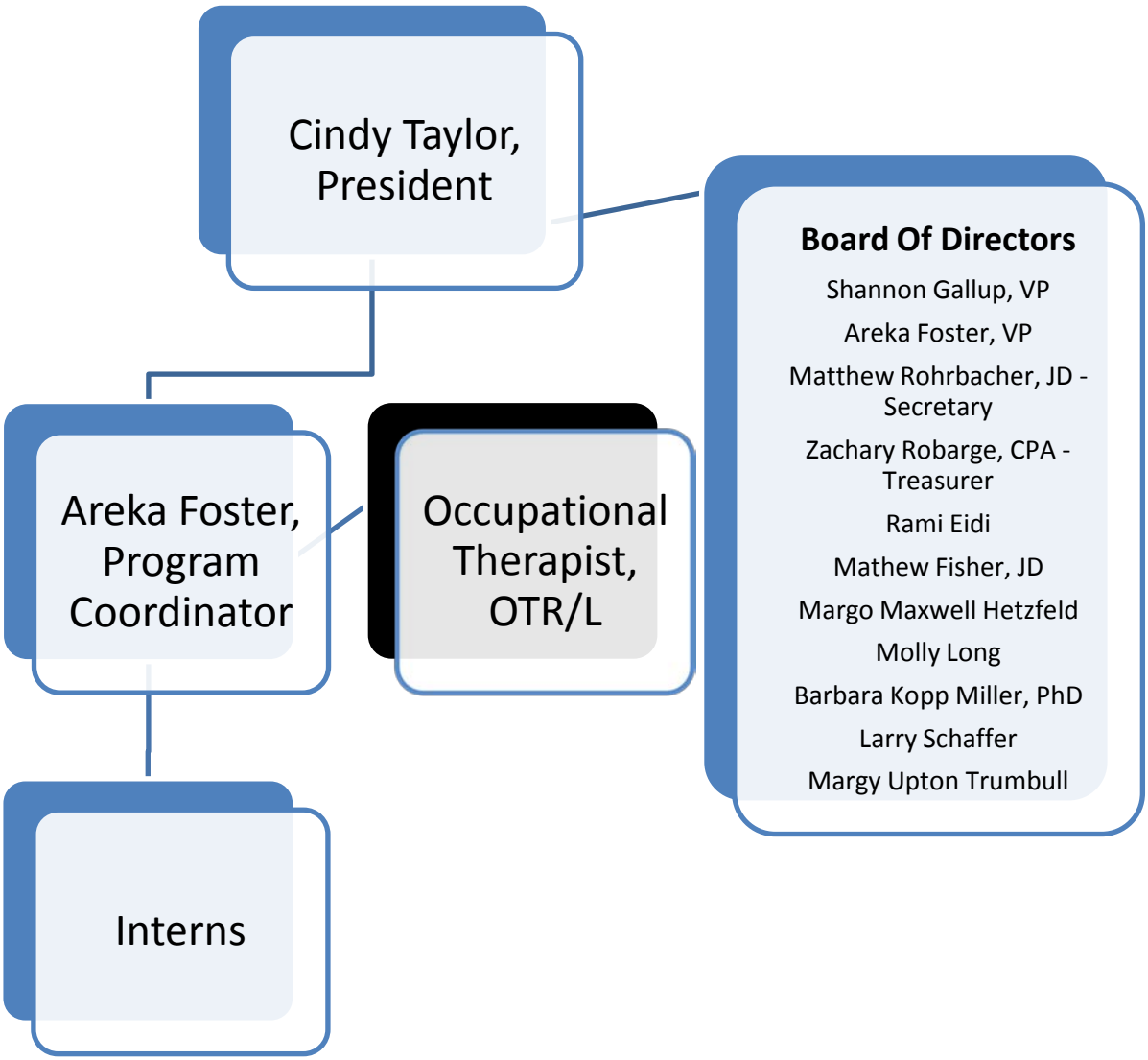
Appendix A

Organizational Chart for Good Grief of Northwest Ohio

Good Greif of Northwest Ohio



Appendix B

Semi-Structured Interview with Areka Foster

Site: Good Grief

Introduction

- Brief description of occupational therapy
    - Let me first explain occupational; it means doing something with meaning and purpose for example going on a walk, getting dressed, and other important occupations to an individual. Occupational Therapy involves a patient engaging in that type of occupation to achieve a higher quality of life.
- How occupational therapy can help with those in grieving and bereavement programs
    - We can help with roles, play therapy, finding out what children like to do and incorporating that type of occupation, helping with nutrient, etc.

Purpose of Interview

To discuss possible topics regarding grieving and bereavement programs

- Summer camp; holiday programs; a kit to cope

Interview Questions

1. Can you start by telling me a little bit about Good Grief and what you vision for the future?
    - *Good Grief of Northwest Ohio is a program for children and their families who have experienced the death of someone close to them. GGNWO will offer age specific support groups for children, teens and their parents. In the future, I hope that we will offer programming on more than one night per week with 5-10 participants in each age group. I also hope that we are able to offer loss specific groups for the adults (i.e.- spouse loss, child loss, suicide and other loss).*

2. What are some of the characteristics you have seen working with children in grief?
    - *Just as people are different, so are the responses to grief. Generally, I have seen anger, confusion, regression, somatic responses, anxiety, detachment, denial, fear, withdrawal, and avoidance in grieving children and teens. I have also seen honoring, connecting and remembering the deceased.*

3. Do you notice any difficulty in their normal occupations of daily living due to grieving? (not eating right, not sleeping, neglecting household chores, etc.)
    - *Grieving can affect many aspects of normal occupation. Families that are grieving may neglect healthy eating, household chores, self-care, and supervising or assisting the children. Children may regress or have difficulty focusing on education or activities of daily living.*

4. How often do you plan to interact or see the clients?

- *As program coordinator, I will be overseeing the volunteers that will be providing the programming for the children. I will have some interaction with the families when I do the initial intake interviews and in briefing and debriefing with the volunteers. I may need to follow up with families if they need additional services or referrals.*

5. What kind of programs would you like to see at Good Grief?
   - *The grief programming includes "companioning" the children, teens and adults in their own grief journey by providing a therapeutic space filled with age-appropriate activities and toys that will aid in the expression of their grief.*

6. What are some services that you think children can benefit from?
   - *I'm not sure if you are asking about during the programming or outside of programming at GGNWO, but I think that services offered to grieving children should be varied to accommodate different ages, developmental levels, communication styles, activity levels (or needs), learning styles and temperaments. I think that with that in mind, having a program like Good Grief or a day camp for grieving children would be beneficial.*

7. Do you think there is a need for a summer camp or a program similar to be developed here?
   - *I assisted with a grief bereavement camp in Bowling Green that was well attended. During the 11 years that I worked for Hospice of Northwest Ohio, we discussed the benefits of providing a summer camp. I do think a summer camp would be a great addition to the grief services provided in this area.*

8. Do you think the staff and administrators at Good Grief would be supportive of this type of program?
   - *I think that growth of the GG program will occur and once we have met our initial goals, the administrators and board would support growth towards a summer camp.*

9. Are there any additional resources or places you think would be beneficial to review or visit on the topic of grief and bereavement?
   - *No*

Appendix C

Semi-Structured Interview provided to target population

Semi-structured interview:

Introduction:

I am currently in my last semester as an Occupational Therapy Doctoral student. During the last semester we are to complete a capstone experience based on an area that holds personal meaning. I have decided to make a program development plan for children who have lost a loved one. Occupational therapy can help with those in grieving and bereavement programs by assisting the child with what roles to take on after the death of a loved one, incorporate play therapy, find out what children like to do and include that type of occupation into the program, and help with keeping a healthy diet during the grieving process.

I realize that you lost your loved one awhile ago, but I ask that you think back to when you were younger or if you would have been even younger when you lost your loved one. I will keep this interview confidential and not give names in my program development plan. Thank you for taking the time to fill this out!

Purpose of Interview

- To see if there is a need for a program that involves children who are grieving.

Interview Questions:

1. Who did you lose and at what age were you?
2. Was this your first loss that you experienced?
3. How did losing them affect you at that age?
4. How did you cope during this difficult time? Please provide examples of what helped you get through.
5. What was the most difficult thing about losing your loved one?

6. How did losing your loved one affect the rest of the family?
7. In your family, did you talk openly about the death of your loved one?
8. Was there anyone you could talk to about the death of your loved one, if so who? If not, would you have found it helpful to talk to someone about the grief you were feeling?
9. Did you understand the concept of death at the age you lost your loved one?
10. What do you believe would have helped you cope better with the death of your loved one?
11. Did you feel nervous or sad when you were away from home for a long period of time after the death of your loved one?

Thank you:

The purpose of these questions was to help me get a better understanding of how you handled grief and if a program would have been helpful to you. My idea is to create a summer program for children who are grieving so that they can be around other children going through a similar situation and have an outlet. If I find a need for the summer program, I plan on having it for 1 week duration for 4 hours a day. At the summer program, the children would be involved in play, complete activities that involve the loved one who had died, and be a place for openly talking about feelings the children may be experiencing. Is there anything else that you think should be included at this camp or do you have any other thoughts/or ideas?

Appendix D

Radio Station Advertisement at WVKS 92.5 Kiss FM

Radio Station Advertisement at WVKS 92.5 Kiss FM:

Do you have or know a child that has experienced a death of a loved one? Then COPE: Children's Openness to Personal Experiences is for that child. COPE is a grieving and bereavement program designed to renew a child's sense of well-being. Most children are at risk of potential problems within the first year after a death. This camp is here to help the child begin a healthy coping process. Do not have your child or a child you know miss out on this great camp. Contact Ali Hillard at Good Grief of Northwest Ohio to attend an event to learn more. The number is 419.450.6264, again call 419.450.6264.

Appendix E

Piers Harris Children's Self-Concept Scale-Second Edition (Piers-Harris, 2002)

Piers Harris Children's Self-Concept Scale, Second Edition (Piers-Harris 2)

WPS TEST REPORT

12031 Wilshire Blvd., Los Angeles, California 90025-1251

Version 1.110

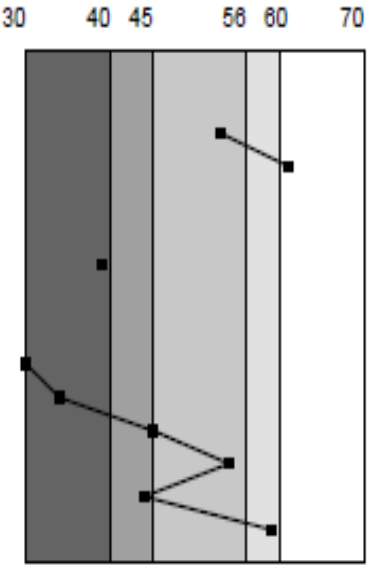
ID Number: 111
Age: 12
Gender: Male
Grade: 6
Ethnicity: Hispanic
Name: SAMPLE

Administration Date: 12/28/01
Processing Date: 12/28/01
Examiner ID Number: 999
Examiner Name: SAMPLE

Users of this WPS TEST REPORT should be familiar with the information in the Piers-Harris 2 Manual (WPS Product No. W-388B). The interpretations provided in this report are hypotheses about the client that must be verified against informed clinical judgment.

Summary of Scores

Scale	Raw	*T*	Range
Validity Scales			
Inconsistent Responding Index (INC)	1	53	Normal
Response Bias Index (RES)	34	61	Normal
Self-Concept Scales			
Total Score (TOT)	33	39	Low
Domain Scales			
Behavioral Adjustment (BEH)	3	<30	Very Low
Intellectual and School Status (INT)	5	34	Low
Physical Appearance and Attributes (PHY)	7	45	Average
Freedom From Anxiety (FRE)	12	54	Average
Popularity (POP)	7	44	Low Average
Happiness and Satisfaction (HAP)	10	59	Above Average



Validity Considerations

The Piers-Harris 2 includes measures that are sensitive to validity concerns such as exaggeration, response bias, and random responding. None of these indices raised any concerns about response validity for this child.

Self-Concept Scales

The self-concept scales include the Total (TOT) score and the six domain scales. The six domain scales measure specific aspects of self-concept. They can also be used to assess strengths and weaknesses in self-image.

On all scales, higher scores indicate favorable self-concept (i.e., high degree of self-esteem or self-regard), whereas lower scores are associated with more negative self-concept.

Total Score (TOT)

The TOT score is a measure of general self-concept. It is based on responses to all 60 Piers-Harris 2 items. This child's TOT score of 39*T* is in the Low range. He expressed serious doubts about his own self-worth. He likely has negative self-appraisals in several specific areas of functioning, which can be clarified by examining the domain scale scores and item responses. TOT scores in this range are frequently associated with disturbances in mood and behavior that may require therapeutic intervention.

Behavioral Adjustment (BEH)

The BEH scale measures admission or denial of problematic behaviors in home and school settings. This child's BEH score of 29*T* is in the Very Low range. He endorsed pervasive negative feelings about his own behavior. He is likely to feel that he frequently causes trouble, acts aggressively, and is unable to comply with the standards of conduct set by his parents and/or teachers. Very low BEH scores can be associated with a variety of psychological syndromes, especially disruptive behavior disorders such as conduct disorder, oppositional defiant disorder, and attention-deficit/hyperactivity disorder.

Intellectual and School Status (INT)

The INT scale represents a youngster's self-assessment of intellectual abilities and academic performance. The items also cover general satisfaction with school and future expectations about achievement. This child's INT score of 34*T* is in the Low range. He acknowledged numerous perceived difficulties in school-related tasks. Depending on the item responses, these problems may be academic and/or behavioral in nature. He may have a general sense that he does not fit in well at school and does not have the necessary "smarts" to succeed in his schoolwork. A low INT score may have varying significance depending on the child's prior history of academic achievement. In youngsters with a record of high achievement, a low INT score may indicate unrealistically high expectations from themselves or their parents. In youngsters with a record of low academic achievement or a history of learning or behavioral problems in school, a low INT score may reflect an internalization of the disappointment of parents, teachers, and other authority figures. Screening for learning disability and/or attention-deficit/hyperactivity disorder should be considered for this child.

Physical Appearance and Attributes (PHY)

The PHY scale measures a youngster's appraisal of his or her physical appearance, as well as attributes such as leadership and the ability to express ideas. This child's PHY score of 45*T* is in the Average range. He seems to have relatively balanced feelings about his physical appearance and strength. His specific positive and negative self-appraisals can be discerned by examining the item responses. This pattern of responses is similar to that of the typical student in the Piers-Harris 2 standardization sample.

Freedom From Anxiety (FRE)

The FRE scale assesses anxiety and dysphoric mood. Individual items tap a variety of specific emotions, including worry, nervousness, shyness, sadness, and fear. This child's FRE score of 54*T* is in the Average range. He endorsed mostly positive mood states,

but acknowledged a few negative feelings as well. These specific aspects of his emotional experience can be discerned by examining the item responses. This pattern of responses is similar to that of the typical student in the Piers-Harris 2 standardization sample.

Popularity (POP)

The POP scale represents a youngster's evaluation of his or her social functioning. The items tap perceived popularity, ability to make friends, and inclusion in activities such as games and sports. This child's POP score of 44*T* is in the Low Average range. He endorsed a mixture of positive and negative feelings with regard to his peer relationships. Although his score is considered to be within normal limits, he acknowledged more interpersonal difficulties than the typical student in the Piers-Harris 2 standardization sample. The nature of these concerns can be clarified by examining the item responses.

Happiness and Satisfaction (HAP)

The HAP scale assesses general feelings of happiness and satisfaction with life. This child's HAP score of 59*T* is in the Above Average range. He evaluated himself and his life circumstances in a generally positive way. He reported an overall sense of well being. He would tend to describe himself as cheerful, satisfied, lucky, and able to get along well with others.

Negative Self-Concept Item Responses

Listed below are the items that this child endorsed in the direction of negative self-concept. The items are listed by domain scale. The response choice (Y = *yes*, N = *no*) is provided in parentheses following each item. Provided in brackets is the percentage of respondents in the standardization sample who gave the same response as this child.

Behavioral Adjustment (BEH)

12. I am well behaved in school. (N) [16%]
13. It is usually my fault when something goes wrong. (Y) [21%]
18. I am good in my schoolwork. (N) [18%]
19. I do many bad things. (Y) [18%]
20. I behave badly at home. (Y) [13%]
27. I often get into trouble. (Y) [22%]
30. My parents expect too much of me. (Y) [42%]
36. I hate school. (Y) [33%]
38. I am often mean to other people. (Y) [15%]
45. I get into a lot of fights. (Y) [17%]
58. I think bad thoughts. (Y) [25%]

Intellectual and School Status (INT)

5. I am smart. (N) [12%]
12. I am well behaved in school. (N) [16%]
18. I am good in my schoolwork. (N) [18%]
21. I am slow in finishing my schoolwork. (Y) [26%]
24. I can give a good report in front of the class. (N) [33%]
25. In school I am a dreamer. (Y) [41%]
34. I often volunteer in school. (N) [45%]
39. My classmates in school think I have good ideas. (N) [30%]
43. I am dumb about most things. (Y) [17%]

52. I forget what I learn. (Y) [31%]
55. I am a good reader. (N) [21%]

Physical Appearance and Attributes (PHY)

5. I am smart. (N) [12%]
33. I have nice hair. (N) [25%]
39. My classmates in school think I have good ideas. (N) [30%]
54. I am popular with girls. (N) [33%]

Freedom From Anxiety (FRE)

10. I get worried when we have tests in school. (Y) [48%]
17. I give up easily. (Y) [19%]

Popularity (POP)

1. My classmates make fun of me. (Y) [21%]
39. My classmates in school think I have good ideas. (N) [30%]
47. People pick on me. (Y) [26%]
54. I am popular with girls. (N) [33%]
57. I am different from other people. (Y) [73%]

Inconsistent Responding Pairs

The Inconsistent Responding (INC) index is a measure of random response tendencies. Listed below are the item pairs for which this child produced inconsistent answers. Please see the "Validity Considerations" section of this report to determine the interpretive significance of these responses.

14. I cause trouble to my family. (N)
20. I behave badly at home. (Y)

WPS PH2 TEST REPORT ID: 111 Page: 5

Item Responses:

1. Y	11. N	21. Y	31. Y	41. Y	51. N
2. Y	12. N	22. Y	32. N	42. Y	52. Y
3. N	13. Y	23. N	33. N	43. Y	53. Y
4. N	14. N	24. N	34. N	44. Y	54. N
5. N	15. Y	25. Y	35. N	45. Y	55. N
6. N	16. Y	26. Y	36. Y	46. Y	56. N
7. N	17. Y	27. Y	37. N	47. Y	57. Y
8. N	18. N	28. Y	38. Y	48. N	58. Y
9. Y	19. Y	29. N	39. N	49. Y	59. N
10. Y	20. Y	30. Y	40. N	50. Y	60. Y

Response Key

Y Yes
N No
- Missing Response

Number of Missing Responses: 0

This report was generated based on WPS TEST REPORT Microcomputer Data Entry.

END OF REPORT

Appendix F

Jimerson-Youth Common Grief Reactions Checklist-Caregiver Report (Jimerson, 2002)

Jimerson - Youth Common Grief Reactions Checklist - Caregiver Report - PRE

The following list contains common grief reactions of children and teens.
Please fill the circle indicating the degree to which the youth has experienced each item since the loss.

Youth's Name:	not at all/ none	a little/ sometimes	a lot/ often	currently a problem
Loss of appetite	O	O	O	O
Increased appetite	O	O	O	O
Difficulty falling asleep	O	O	O	O
Nightmares and/or night terrors	O	O	O	O
Bedwetting	O	O	O	O
Reappearance of toileting accidents	O	O	O	O
Stomachaches	O	O	O	O
Headaches	O	O	O	O
Frequent colds or other physical illness	O	O	O	O
Fatigue	O	O	O	O
Appears uninterested in typical activities	O	O	O	O
Irritability	O	O	O	O
Guilty feelings	O	O	O	O
Mood swings	O	O	O	O
Suicidal thoughts/behaviors	O	O	O	O
Panic attacks	O	O	O	O
Marked improvement in behavior	O	O	O	O
Marked worsening of behavior	O	O	O	O
Increase in activity	O	O	O	O
Decrease in activity	O	O	O	O
Often thinks about the loss	O	O	O	O
Shorter attention span	O	O	O	O
Short term memory loss	O	O	O	O

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SRJ - JYCGRC-CRpre V10.10.20

27032

	not at all/ none	a little/ sometimes	a lot/ often	currently a problem
Difficulty concentrating	O	O	O	O
Often distracted	O	O	O	O
Seems afraid to separate from caregiver(s)	O	O	O	O
Seems more anxious	O	O	O	O
Withdraws from friends and family	O	O	O	O
Displays immature behaviors	O	O	O	O
Aggressive towards others	O	O	O	O
Behaves destructively	O	O	O	O
Behaves compulsively	O	O	O	O
Steals	O	O	O	O
Increase in indepedence	O	O	O	O
Increase in dependency	O	O	O	O
Increase in caregiving behaviors	O	O	O	O
Increase in pleasing behaviors	O	O	O	O
Depressed	O	O	O	O
Hyperactive (excessive activity)	O	O	O	O
Abuses alcohol/drugs	O	O	O	O
School grades have improved	O	O	O	O
School behavior has improved	O	O	O	O
School grades have dropped	O	O	O	O
Behavior problems at school	O	O	O	O
Is concerned about own or other's safety	O	O	O	O
Reenacts the traumatic event	O	O	O	O
Difficulty Staying Awake	O	O	O	O

Office Use Only

SITE# ID#

SRJ - JYCGRC-CRpre V10.10.2009

27032

	not at all/ none	a little/ sometimes	a lot/ often	currently a problem
Seems more impulsive	O	O	O	O
Pessimistic expectations of future	O	O	O	O
Fears being ostracized by peers	O	O	O	O
Forsees a shortened future	O	O	O	O
Has flashbacks or re-experiences the event	O	O	O	O
Experiences nausea	O	O	O	O
Avoids reminders of the event	O	O	O	O
Diarrhea	O	O	O	O
Repeated distressing dreams	O	O	O	O
Trouble breathing	O	O	O	O
Is unable to remember parts of the event	O	O	O	O
Cries easily	O	O	O	O
Behaviorally imitates the deceased	O	O	O	O
Startles easily	O	O	O	O
Trembles or shakes	O	O	O	O
Is eating too much	O	O	O	O
Is not eating enough	O	O	O	O
Takes more risks (Please Specify)	O	O	O	O

Please note any additional reactions the child has had since the loss:

Appendix G

Summative Evaluation of the Children

Satisfaction of the Children at COPE

Purpose of this evaluation:

The purpose of this discussion was to identify if you enjoyed camp and if you would like to go to a camp again next year. We also wanted to make sure that at this camp you felt at ease and learned some ways to feel better when you are sad (meet your needs). Based on the answers you give us we will improve the camp next year to be even better!

QUESTIONS:

1. Did you have fun at camp?
2. What did you enjoy most at camp? (Storymaking, arts and crafts, making breakfast, swimming, learning coping skills, etc.)
3. What did you enjoy least about camp? (Is there an activity that you did not like or feel uncomfortable doing?)
4. What is something that you learned at camp? (Did you learn it is okay to grief, did you learn new coping skills, etc?)
5. Would you attend a camp like this again next year?
6. Do you have any suggestions on making the camp even better?

CLOSING:

- Any other questions
- Thank the children
- Farewell

Appendix H

Summative Evaluation of the Parents/Caregivers

Satisfaction of the Parents/Caregivers at COPE: Children's Openness to Personal Experiences

Please circle your answer:

1. I am satisfied with the topics and occupations that my child engaged in at camp.

   YES SOMEWHAT NO

2. I feel this camp has benefited my child.

   YES SOMEWHAT NO

3. My child seemed to enjoy the camp.

   YES SOMEWHAT NO

4. I am satisfied with how the camp was run.

   YES SOMEWHAT NO

5. I found the discussion with the other parents/caregivers and therapist helpful. (Just held)

   YES SOMEWHAT NO

6. Overall, I think that the program was effective.

   AGREE NEUTRAL DISAGREE

7. Please provide any additional comments or suggestions for improvement to this program.
   _____
   _____
   _____
   _____
   _____
   _____
   _____

Appendix I

Formative Evaluation of Agency Personnel and Staff/Volunteer Members

Satisfaction of the Agency Personnel and Staff/Volunteer Members at the COPE program

Please circle your answer:

1. I am satisfied with the topics in the sessions of the program.

   YES SOMEWHAT NO

2. I think the balance between grief information and participation in the occupational-based intervention is adequate.

   YES SOMEWHAT NO

3. I am satisfied with the time and length of the program.

   YES SOMEWHAT NO

4. I feel this program is beneficial to the children.

   YES SOMEWHAT NO

5. I am satisfied with how the program is run.

   YES SOMEWHAT NO

6. No major changes are needed thus far to the program.

   AGREE NEUTRAL DISAGREE

7. Please provide any additional comments or suggestions for this program.

   _____
   _____
   _____
   _____
   _____

Appendix J

Budgeting for COPE

Personnel					
Position	**Hours per week**	**Wage**	**Total Hours per Year**	**Fringe Benefits**	**Total**
Program Occupational Therapist	20	$35/hour	1040	---	$36,400.00/year
Staff member (3)	15	$7.85/hour	76	---	$596.60/year $1,789.80/year (3)
Subtotal:					**$38,189.80**

Program Supplies and Equipment				
Item	**Description and Justification**	**Quantity**	**Cost per Item**	**Total Cost**
Community Center	Needed for program; including kitchen, classrooms, and pool	20 days	$250.00 per day	$5,000
Ink Cartridges	Tri-Color Inkjet Necessary for printer	5	$16.99	$84.95
Standard Printer Paper	HP HPM1120 8.5 x 11 Multipurpose Paper, 500 sheets Necessary to print marketing tools, assessments, and handouts	10	$6.84	$68.40
Hanging File Folders	Smead Colored 25/Box; Necessary to keep documentation and records of each individual in the locked filing cabinet	2	$10.00	$20.00
Folders	50 folders/box; Necessary to contain participants information, handouts, overview of the program, etc.	2	$10.49	$20.98
Envelopes	5’x7’ 50sets/pack. Necessary to send out information to the participants	4	$12.54	$50.16
Stamps	Necessary to send out	100	$.44	$44.00

	information to participants			
Food	Necessary for special event and celebratory breakfast	--	--	$100.00
Radio Advertisement	Super Saver Package-2 commercials in peak listening hours (morning and afternoon) and 2 commercials each evening 6pm-midnight Needed for marketing strategy	4 months	$500 per month + 50 fee to write, voice, and produce the commercial	$2050.00
Occupation Supplies	Needed for occupations; including picture frames, key chains, building a city	--	--	$250.00
First Aid Set	Needed in case of an injury (Life guard kit)	--	--	$27.85
Miscellaneous	Notebook paper, crayons, and copies Necessary for occupations, documentation, and making copies for the camp (marketing, handouts, etc.)	---	---	$50.00
Subtotal:				**$7,766.34**

In-Kind Program Supplies and Equipment				
Item	**Description**	**Quantity**	**Cost per Item**	**Total Cost**
Computer	Necessary for creation of marketing materials and documentation	1	$500.00	$500.00
Desk	Necessary for occupational therapist to assume a workspace	1	$200.00	$200.00
Chair	Necessary for occupational therapist to assume a workspace	1	$60.00	$60.00
HP Deskjet 3050a;	Necessary to print	1	$50.00	$50.00

Ink-Jet Printer, Copier, and Scanner	marketing tools, assessments, handouts, etc.			
Office Supplies	Pens, stapler, staples, dry erase marker, chalk. Necessary for documentation and for occupations	As needed	$50.00	$50.00
Folding Tables	Office Star 6ft Resin Center-fold Needed for occupations and special event	10	$69.74	$697.40
Folding Chairs	Triple Braced chairs Needed for seating of participants during sessions and special event	20	$13.45	$269.00
Locking File Cabinet	Office filing cabinet with lock Necessary to put handouts, evaluations, confidential material	1	$53.00	$53.00
Subtotal:				**$1,879.40**

Grand Total + In-Kind:	**$47,835.54**

Grand Total:	**$45,956.14**

Appendix K

Job Description for the Occupational Therapist

Job Description
Occupational Therapist

Position Title: Occupational Therapist, COPE Director

Reports to: Areka Foster, Program Coordinator at Good Grief of Northwest Ohio

Position Summary:
The occupational therapist will direct, implement, and run COPE; a grieving and bereavement summer program to enhance the quality of life of children. The occupational therapist will design and organize the occupation-based program for the camp. The program will be every other week in June and July, four times throughout the summer. The occupational therapist will be required to put in approximately 20 hours each week year around.

Work Setting:
Work is performed mainly in a community center that has classrooms and a kitchen. Depending on weather, some of the camp sessions may be held outside and in the community pool. When the camp is not in-session, there will be an office at the Good Grief of Northwest Ohio headquarters which is located in the Pillars Shopping Center.

Professional Qualifications:
- Certified and currently registered as an occupational therapist by NBCOT
- Currently licensed to practice by the state of Ohio and Michigan
- Certified in CPR
- Preferred experience in working with children

Position Responsibilities:
- Effective teaching skills
- Administer and interpret assessments
- Strong marketing skills
- Strong communication skills
- Strong organization skills
- Strong documentation skills
- Recruit participants and staff
- Recruit student volunteers
- Create interventions that are occupation-based
- Evaluate effectiveness of program
- Accept other duties as needed

Appendix L

Advertisement for Job Opening

Looking for:

Occupational Therapist for COPE

Part-Time

Good Grief of Northwest Ohio has an opening for a grant-funded, part-time, occupational therapist to direct a summer program for children that are grieving the loss of a loved one.

Position Involves:

- Directing a one week camp, four times in the summer
- Marketing, recruiting, and documenting when camp is not in-session
- Administrating assessments and analyzing the results
- Creative program ideas for children

Qualifications:

- Must be registered by NBCOT
- Must be licensed by the state of Ohio and Michigan
- Must be able to work some evenings

If interested, please send resume to:
Areka Foster, Program Coordinator
Good Grief of Northwest Ohio
5122 Heatherdowns Blvd, Suite 102
Toledo, Ohio 43614

Appendix M

Letter of Support

April 22, 2013

M. Allison Hillard
COPE: Children's Openness to Personal Experiences
Program Director
The University of Toledo
Toledo, OH 43606

Dear Ms. Hillard

This letter is written to communicate my greatest pleasure to support the COPE program for grieving and bereavement children.

In my experience in working with children who have lost a loved one, I see a great need for a camp. Children tend to experience grief for longer periods of time then adults. During grief, the children often do not know who to turn to or how to function without their loved one. The children are apt to have negative reactions, do not know ways to cope with their feelings, and have difficulties in their everyday life. Grief usually begins within the first year after the death because children do not openly communicate and shut out everyone in their life. The COPE program will work closely with children to regain those valuable skills to carry on after grief has struck.

Good Grief of Northwest Ohio, as well as the children in the Toledo area, would greatly benefit from the COPE program. I look forward to collaborating with you in the future on this much needed program.

Sincerely,

Areka Foster
Program Coordinator of Good Grief of Northwest Ohio