Program development plan: the Volume program self-advocacy for adults with developmental disabilities

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Program Development Plan: The *Volume* Program Self-Advocacy for Adults with Developmental Disabilities

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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.
# Program Development Plan for Adults with DD

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Executive Summary

In 1990, the Americans with Disabilities Act (ADA) was passed and provided equal rights to all individuals with disabilities. In the United States, according to the census in the year 2000, there were 49.7 million people that had an impairment or disability (Healthy People, 2012). In the past, individuals with disabilities lacked citizen rights and were discriminated against. The success of the ADA greatly depended on the grassroots alliances of individuals with developmental disabilities that advocated for themselves and others that created the Self Advocacy movement (Test, Fowler, Wood, Brewer, Eddy, 2005). Self-advocates view disability, as natural and perceive that society creates barriers. Since 1990, many individuals with developmental disabilities have opted to live and work in the community and have even undergone training programs in self-advocacy (Test et. al., 2005). However, most individuals still live at home with their families and have not had self-advocacy training (Freedman, 2000). Individuals with severe disabilities are less likely to be included in services (Chambers, Wehmeyer, Saito, Lida, Lee, Stingh, 2007). A quality of life study between individuals with developmental disabilities, families, and professionals in the field, revealed self-determination was viewed as most important by the individual themselves and least important by professionals (Shalock, Jenaro, Wang, Wehmeyer, Jiancheng, Lachapelle, 2005).

Wood Lane in Bowling Green, Ohio, currently serves 750 individuals of all ages with developmental disabilities in Wood County. The proposed program, Volume, will provide an opportunity for 40 individuals per year to increase self-advocacy skills for adults 18 years or older who choose to join.
Introduction

Program Goal

The goal of the Volume program is to increase self-advocacy skills in adults with developmental disabilities and their families. The term self-advocacy is defined as one’s capacity to express oneself by asserting one’s humanity without focusing on limitations (Test et al., 2005).

Site of the Program

The Wood County Board of Developmental Disabilities is the location and site for the Volume occupational therapy program. Wood Lane provides services to more than 750 individuals with developmental disabilities and their families. General services include: early intervention, vocational training, habilitation, employment, recreation, and education. Many of the programs directly involve the Bowling Green Community (Wood Lane Board of Developmental Disabilities [WLBDD], 2013). Employment and social opportunities are available to individuals through Wood Lane programming. Wood Lane owns one-third of the Bowling Green Community Center, shared with Parks and Recreation of Bowling Green and the Army/Navy, to promote community inclusion. The facility includes a gym, fitness area, locker rooms, and group work areas. Most often, Operations Recreation, Wood Lane Residential Recreation, and the Special Olympics use the community center. In the site’s organizational chart, the occupational therapist with adult clientele works under the Director of Adults Services (see Appendix A for organizational chart). Other occupational therapy services are provided in the Wood Lane School for early intervention services.

According to Liz Sheets, the Public Relations Coordinator, Wood Lane’s mission is to “(1) Ensure the availability of programs, services, and supports that assist in the choice and
achievement of a life of increased capability; (2) Ensure the absolute right to live, work and participate in the community through programs and services that facilitate and maximize development; (3) Assist and support families to achieve this mission; (4) Participate in community activities that will help educate and foster understanding and acceptance of persons with developmental disabilities” (WLBDD, 2013). The Volume program will support the mission of Wood Lane by incorporating its mission’s concepts into the program.

**Review of Literature**

Individuals with developmental disabilities are facing challenges throughout the world. According to the World Health Organization, (WHO), 15% of the world’s population lives with a disability; moreover, two to four percent of these individuals have difficulty with functioning in their daily lives (World Report on Disabilities, 2012). According to the United States census, there are 49.7 million people with some type of impairment or disability (Healthy People 2020, 2012).

Throughout the world, individuals with disabilities have a lower quality of life and are experiencing inequalities. Individuals can gain a higher quality of life by receiving needed access to community resources, technology, and support (World Report on Disabilities, 2012). In the United States, goals from Healthy People 2020 are set to promote community inclusion for individuals with disabilities. Some specific goals from Healthy People 2020 relate to the Volume program. These are: to remove barriers, provide technology, increase employment, increase the availability of employment, provide psychosocial support, and provide more support or knowledge to caregivers. Ohio has been ranked poorly within the United States in performance for individuals with developmental disabilities. Ohio’s performance of providing resources for individuals with developmental disabilities was ranked 48th out of 51 states, “one of the worst
performing states” (Bragdon, 2009). Ohio was also ranked very low in providing community resources and meaningful work to individuals with developmental disabilities (Bragdon, 2009).

Historically, it has been an epic battle for individuals with developmental disabilities to gain rights with freedom and individual choices (Test et al., 2005). The United States has created laws to provide equal rights; known as the ADA, however, individuals are still fighting for social inclusion to erase stigma that surrounds disability.

Self-advocacy arose out of an idea from a Swedish man named Nijre; named the, “normalization principle” in 1972 (Test et al., 2005). The Normalization Principal suggested that individuals with disabilities were very similar to those without disabilities and is not being provided with the same opportunities and access as individuals without disabilities, therefore, they are being discriminated against (Ward & Meyer, 1999). The Normalization Principle paved the way for self-advocacy as a social movement and current trend (Goodley, 2005; Ward & Meyer, 1999). Becoming a self-advocate meant to stand up for one’s own rights and stand up for others that cannot stand up for themselves (Ward & Meyer, 1999). The Self-Advocacy Movement, of people with disabilities, was fueled by American history like, Women’s right to vote and the Civil Rights Movement for black Americans. The People’s First Organization in 1974 was one of the first official self-advocacy groups; that year there were only 16 such groups. By 1994, there were 505 self-advocacy groups in the United States with 11,600 members (Ward & Meyer, 1999).

In 1990 came the biggest victory for individuals with developmental disabilities: The ADA, which provided equal rights and opportunities to individuals (Brown, 1999). Then in 1993, a national organization was founded called Self-Advocates Becoming Empowered (SABE). SABE supported community employment, financial responsibility, and professional
support for individuals with developmental disabilities (Goodley, 2005; Penell, 2001). The organization promoted self-determination, which allowed individuals to be in control of their own lives by making decisions and taking responsibility (Penell, 2001). Self-determination had become incorporated into public law in the 1992 Rehabilitation Act amendments. Self-determination and self-advocacy are related and often interchangeable. Through an extensive literature review, research has shown that the definitions of self-advocacy and self-determination often overlap (Test et al., 2005). Self-determination is specifically focused on an individual’s rights and choices. Self-advocacy has addressed individual’s rights and choices, but also includes their unique disability, communication, and the supports the global social movement for individuals with disabilities (Test et al., 2005). Individuals who are self-determined are more successful in self-advocating because they understand their citizen rights and their disability (Algozzine, Browder, Karvonen, Test, Wood, 2001). Therefore, self-determination is a part of self-advocacy.

Even though there has been successful policy change, not all individuals have become self-advocates: Individuals that have become self-advocates are challenged by today’s society. Leadership is needed to provide the public with education and awareness of individuals with developmental disabilities (Kielhofner, 2005; Test et al., 2005; Ward & Meyer, 1999). Common obstacles for individuals seeking leadership, include; a lack of experience in leadership positions, support in the community, or financial control (Pennell, 2001). Also families and staff can unintentionally become barriers to individuals.

Currently, many schools offer self-advocacy and life skills training to individuals who are adolescents or young adults transitioning (Sweeden, Carter, Molfenter, 2010). However, many adults have already missed the opportunity to receive transitioning services (Test et al.,
When students leave the school environment, they often leave unsupported and they do not become self-advocates (Test et al., 2005). However, individuals who had previously learned self-determination were more successful living and working independently (Wehmeyer & Palmer, 2003).

What about the adults who have missed the opportunity to become self-advocates? Self-advocacy skills can still be taught to adult individuals with developmental disabilities with successful outcomes through training (Brown, 1999; Test et al., 2005). From a literature review of self-advocacy training, a Conceptual Framework was created (Test et al., 2005). According to the framework, there are four parts in learning self-advocacy skills. These skills are: 1) the knowledge of one’s own rights, 2) the knowledge of one’s unique disability, 3) effective communication, and 4) leadership potential and skills (Test et al., 2005). The Volume program will use the four areas developed by Test and colleagues (2005) Self-Advocacy Framework to train adults with developmental disabilities how to advocate.

**Program Need**

Self-advocacy is the way in which individuals with developmental disabilities can promote equality and inclusion into their community. In my life, I have always been immersed in the disability field because my older sister was diagnosed with cerebral palsy at birth. I have witnessed her experience in the world from childhood. My sister is now 30 years old, and she has not received any opportunities to learn self-advocacy skills. Also my family has received little education about how to advocate on her behalf. I also have working experience in the disability field. For three years, I worked at Wood Lane as an AmeriCorps volunteer for the Adult Recreation program and for the Special Olympics of Wood County. I realized from my
experience, that my sister was not the only individual that would benefit from learning self-advocacy skills.

In Wood County, services are being addressed to individuals who are able to participate in self-advocacy groups like, People’s First of Wood County and the Speakers Bureau. Both groups address self-advocacy, but they do so at more of a political level. During an interview with an expert in the field of disability studies, Dr. Thomas Fish, Director of Social Work and Family Support Services at the Nisonger Center stated that self-advocacy should be a verb not a noun (see Appendix B for results of expert interview). Individuals should use self-advocacy in their daily life and it is not only for political reasons. Self-advocacy needs to be addressed both at the individual level and the political level (Test, 2005). At Wood Lane they do not necessarily promote self-determination at the individual level for everyone. During an interview, Liz Sheets, Public Relations Coordinator, shared that there are individuals, especially adults, who have not had the opportunity to learn self-advocacy skills (see Appendix C for results of interview with coordinator). She also reported that opportunities for choice and self-expression should be addressed.

To investigate the need for self-advocacy, staff members from Adult Services completed a formal needs assessment about their knowledge of self-advocacy for the individuals they serve. Jay Salvage, Director of Adult Services, sent out the online survey created on surveymonkey.com; via email to all of the Adult Services staff (see Appendix D for staff survey and results). Twenty-five staff members responded to the survey. Most staff members (87.5%) considered themselves as experienced working with adults with developmental disabilities. The majority of staff (67%) agreed or strongly agreed that they understood individuals’ civil rights enough to educate them. However, 62% of staff disagreed that individuals with developmental
disabilities understood their civil rights; and 50% disagreed (36% neutral) that individuals were not making their own choices in their daily life. Also, the majority of staff surveyed showed that individuals are unable to express their needs within the community. Conversely, 54% of staff agreed that the community of Bowling Green is accepting of the individuals they serve. Leadership skills are important according to staff; 83% agreed or strongly agreed. Finally the staff responded to the question, “Do you think that individuals with developmental disabilities would benefit from an individualized self-advocacy program?” All of the 25 staff members agreed, 100% that individuals with disabilities would benefit. One staff member commented, “Self-advocacy should be explained on an individualized level, tailored to meet the ability of the person to express themselves and meet their individual needs. Additionally a staff member said, “We don’t prepare individuals for the real world.” This indicates that self-advocacy skills need to be tailored to the individual lives’ of the adults at Wood Lane so that they can gain leadership skills, learn about their civil rights, and make their own choices in their daily lives.

Another survey on self-advocacy was distributed to understand the perspective of the individual with a developmental disability and/ or their parent (see Appendix E for individual survey results and Appendix F for parent survey results). Seven individuals and parents completed the survey. Individuals who were their own guardian were currently participating in self-advocacy groups at Wood Lane, but individuals who were not their own guardian have not participated. Four out of 5 parents did not consider their son or daughter to be a self-advocate; these 4 parents were guardians while the parent who considered their daughter to be a self-advocate was not a guardian. The 2 individuals surveyed, who were their own guardians, both considered themselves to be self-advocates. Only 3 individuals have had self-advocacy training in the past. All parents and individuals believed that they understood their rights under the
ADA; however, 5 out of 7 individuals did not believe that they had leadership skills. All individuals and parents agreed or strongly agreed that staff working at Wood Lane allowed them to make their own choices. However, all of the individuals and parents agreed or strongly agreed that they need assistance and support in making decisions in their daily life. In summary individuals that had guardianship with less severe disabilities, were more likely to report that they had self-advocacy skills. Individuals with higher cognitive skills are more likely to have self-determination skills. In a study that linked self-determination and IQ scores (n=500) there was a significant relationship between IQ scores and scores of self-determination (Wehmeyer and Garner, 1996). Furthermore it may be important to consider the capacity of an individual’s cognition. It will be important to consider a support system to compensate certain skills by educating supporters about self-advocacy.

A formal interview was completed with key informant, Melanie Stretchbery, the Superintendent of Wood Lane (see Appendix G for results of interview with superintendent). Melanie Stretchbery stressed how important families are to Wood Lane and any program that could benefit families would also benefit Wood Lane. Continuing education and direct care for families would only improve Wood Lane’s ability to serve their individuals. In an article by Wehmeyer (1998), it was found that there are not as many opportunities available to include individuals with a wide-range of developmental disabilities, especially those with severe disabilities. Stretchbery agreed and said that individual’s with a more intense need, or someone with a more severe disability, are not as likely to be included in self-advocacy groups or services.

At Wood Lane Industries a formal interview was completed with the occupational therapy department (see Appendix H for results of interview from occupational therapy personnel). The Certified Occupational Therapy Assistant (COTA), Mary-Beth Lavey, and
Occupational Therapist (OT), Rebecca Heideiggar, were interviewed and answered questions in regard to the self-advocacy program. They both considered the occupational therapy department as experts and enforcers of the ADA to staff and individuals. They agreed that a self-advocacy program would benefit individuals that they served and also provide a link between staff members and family. The occupational therapist was concerned about how the program would incorporate family members and the caregiver. She was concerned with the caregiver’s feelings and how to balance self-advocacy while supporting the caregiver. Furthermore, the occupational therapy assistant suggested that the occupational therapy practitioner must be available for families throughout the year. She suggested follow-ups with families with continued support.

**Further Investigation of Need**

Individuals with developmental disabilities are a population of individuals in which occupational therapy already serves. Traditionally in the *Medical Model*, occupational therapy aims to eliminate disability-creating goals for independence and normal functioning (Kielhofner, 2005; Redick, McClain, & Brown, 2000). This breaks down disability objectively and generates the idea that someone is *less than* because they are *less than* perfect (Barnes, 2012; Schillmeier, 2010). There are still concerns that occupational therapy practitioners are working in the *Medical Model* and aim to “fix” individuals’ disability. This view can create low self-esteem by viewing one’s disability negatively (Kielhofner, 2005). In the chapter, *Disability Studies*, in Kielhofner’s book, *Conceptual Foundations of Occupational Therapy Practice*, the term “social control” was used to describe how practitioners in rehabilitation become experts that define disability. They define a person’s disability and don’t allow the individual to define it (2009).

Another problem in occupational therapy is that occupational therapists are not proficient in educating individuals on their rights within the *American Disabilities Act III* (ADAIII)
(Redick, et al., 2000). One study about empowerment for individuals with disabilities concluded that occupational therapists lack knowledge of the *ADA Title III*. Out of 152 occupational therapists that served individuals in wheelchairs, the mean score on a quiz for knowledge of accessibility was 1.85 points out of 10 points. On a quiz about implementing provisions of the *ADA III*, occupational therapist had a mean score of 11.78 points out 40 points (Redick et al., 2000). To empower individuals, occupational therapists must be able to educate clients of their rights within the *ADA Title III*.

However, change can occur and is beginning to occur within occupational therapy practice. A more current view on disability perceives individuals as unique beings who view their disability as, natural, part of their identity called the Social Model (Leher, 2004; Schillmeier, 2010). The Social Model aims to eliminate discrimination by placing blame entirely on society. Society has created a world of discrimination by not considering access and viewing an individual as disabled (Schillmeier, 2010). Currently, the occupational therapy profession and disability advocates perceive the environment as a barrier for individuals with disabilities (Kielhofner, 2005). The *Social Model* in disability studies stands behind the idea that *society* and *architecture* can socially exclude individuals with disabilities (Barnes, 2012; Schillmeier, 2010). Changes in architecture can promote access for individuals with developmental disabilities. However, Schillmeier states that the *Social Model* actually creates oppression by creating two different groups of people: People with disabilities and people without disabilities (2010).

The most current view in disability studies, by Schillmeier (2010) in *Rethinking Disability Bodies, Senses, and Things*, is *The Social Concept*. The *Social Concept* highlights that interactions with people, things, and nature, *body, senses, and things*, should never become
separate from one another. We should see different interactions as *abling* and *disabling* to understand that all people are abled and disabled Schillmeier (2010). Therefore an individual’s occupational performance can be disabled, but a person cannot. Schillmeier’s (2010) theory corrects an idealistic way of thinking and accepts both medical intervention and equality, hence the *Medical* and *Social Model*.

With these perspectives in mind, there are many implications for a transformation in current occupational therapy practice, especially for adults with developmental disabilities. Leaders in the occupational therapy profession have already begun to change the perception. In Winnie Dunn’s book *Best Practice Occupational Therapy* (2011), she outlines a new focus on an individual’s strengths to work on occupational performance. For example, if an individual’s strength is motor control, but the person has difficulty communicating, a goal will be made to increase communication skills based on the strength in motor control. Therefore a goal could be for the individual to join an athletic team that relies on communication, like Basketball. Kielhofner (2005) and Dunn (2011), suggests that occupational therapy is shifting towards client-centeredness and family centered practice. The principal of client-centeredness and family-centeredness allows individuals receiving services to have control over their own goals and decisions (Kielhofner, 2005; Kielhofner, 2009; Dunn, 2011). If occupational therapy practitioners can focus on the *big picture* of the individuals’ lives it reduces power dynamics and they become a mediator of services (Lawlor, 1997). This is important when working with adults because it is promoting self-advocacy. It allows the client to get what they want out of services and promotes choice and encourages a higher self-esteem. In the article, *The Shifting of Power*, choice was listed as a means of reforming the system to promote self-determination (Penell, 2001). Individuals with developmental disabilities can make choices about their own lives and
become empowered through occupational therapy practice (Redick et al., 2000). It is an important part of self-advocacy for an individual to form their own identity and perceive their disability in their own way (Test et al., 2005).

According to the American Occupational Therapy Association (AOTA), “All people need to be able or enabled to engage in the occupations of their need and choice, to grow through what they do, and to experience independence or interdependence, equality, participation, security, health, and well-being” (American Occupational Therapy Association [AOTA], 2008). By promoting the values of AOTA, occupational therapist can work to empower individuals. These issues of disability bring change to the field of occupational therapy in a contemporary and empowering way

**Foundation of the Program**

The *Volume* program will be an occupation-based program; therefore it will be important to use occupations. Occupations, or tasks of daily living, will be used to promote self-advocacy skills in individuals with developmental disabilities. Test and colleagues *Self-Advocacy Framework* will be used as the foundation for learning self-advocacy skills (2005). The occupational model of practice that can incorporate the *Self Advocacy Framework* is Kielhofner’s *Model of Human Occupation (MOHO)* specifically the *MOHOST* assessment that can measure components of self-advocacy (Parkinson, Forsyth, & Kielhofner, 2004). Additionally Schillmeier’s disability theory on *The Social Concept* will complement the program and promote a beneficial perspective focusing on the individuals’ interactions or occupational performance in the natural environment. Furthermore, the philosophy from Dunn’s *Best Practice Occupational Therapy* (2012) will be translated from providing *best practices* to children to providing *best practice* services to adults with developmental disabilities. The
philosophy of Best Practice includes: Core knowledge, support participation, harness strengths in intervention, family-centered care, evidence-based practice, and collaborating with the community (Dunn, 2012, p. 1-13). Altogether the foundations of the program will promote a positive occupational identity.

**Model of Human Occupation**

The *MOHO* model encompasses the lifespan of individuals with or without disabilities focusing on volition, roles, routines, participation, skill, and environmental factors (Kielhofner, 2008). Often Kielhofner uses the word volition, which refers to an individual’s motivation for occupation (2008). In the *Volume* program individuals will potentially demonstrate volition in terms of being a self-advocate. Volition determines how an individual chooses an occupation, what they choose as their occupation, and how they perceive their performance of the occupation (Kielhofner, 2008). Therefore an occupational therapist would be best suited for understanding a person’s volition for building self-advocacy skills through occupation. Other important terms included in *MOHO* are: 1) personal causation, which refers to the individuals perception of their own identity, 2) values, or a person’s internal belief system, 3) habituation, which defines an individual’s routines and patterns, 4) roles, like a self-advocate, that shape an individual’s identity, 5) occupational participation refers to an individual’s willingness to participate in the intervention to learn self-advocacy skills, and 6) occupational adaptation that refers to creating an identity as a self-advocate in a positive and effective way (Kielhofner, 2008).

The *MOHO* model also considers the environment and how that affects the individual (Kielhofner, 2008). Individuals with developmental disabilities may have environmental barriers that can even be topics of self-advocacy. The *MOHO* uses a client-centered approach to understand the individual’s motivation to create goals unique to the individual. Client-
centeredness abstains occupational therapy practitioners from creating goals that disempower individuals (Kielhofner, 2005; Kielhofner, 2009).

The Volume program will use the MOHOST observational assessment. The OCAIRS interview assessment may be used along with the MOHOST to interview the individual or their supporter. The MOHOST relies on the occupational therapist’s professional judgment and rates an individuals’ occupational engagement (Parkinson et al., 2008). The MOHOST requires the participants to engage in occupation. Individuals will assist in defining their own goals for the program that are related to self-advocacy. The MOHOST measures volition and success during occupational participation (Parkinson et al., 2004). The assessment will highlight an increase or decrease in performance areas associate with the skills needed for self-advocacy.

- Knowledge of oneself – Motivation for Occupation section (Appraisal of abilities, Expectation of success, Interests, Commitment), Pattern of Occupation (Routine, Responsibility, Adaptability, Roles), Process Skills (Knowledge), Environment (Physical Space).
- Knowledge of one’s rights – pre-test and post-test on information regarding the ADA (not the MOHOST)
- Communication – Communication and Interaction Skills (Non-verbal skills, Conversation, Vocal Expression, Relationships, Self-Expression)

The MOHOST does not cover knowledge of citizen rights or self-expression. Self-expression will be added to the Communication category and an additional assessment will
assess individual’s knowledge of the ADA. A pre-test/post-test about citizen rights will be administered to confirm *Knowledge of one’s own rights* according to the ADA (see Appendix I for ADA pre/posttest). The individual and/or the family member will be given the pre/post-test. The Conceptual Framework of Self-Advocacy includes knowledge of rights as an important self-advocacy skill. The pre-test will be created in several different cognitive levels and it will be up to the clinical judgment of the therapist to decide what test and how it is given. The pre/posttest must be consistent. The concepts from the test will be discussed in individual intervention, with families, and during the group intervention.

**Principals of the Volume Program**

1) Individuals will participate in occupation-based interventions to promote self-advocacy skills.

2) Change in intervention will be driven by the clients’ occupational engagement and family values.

3) Individuals will gain a sense of volition to become a self-advocate.

4) The occupational therapist will use an individual’s personal interests to create strength-based, client-centered, and family-centered interventions.

5) The occupational therapist must translate an individual’s wants and desires (motivation) into occupational therapy goals that include self-advocacy.

6) Identify supporters of self-advocacy and promote education

7) Individualized interventions will promote self-determination and self-advocacy in the natural environment.

8) Group interventions will use collaborative occupations to participate in, interactions, self-advocacy, activism, and/or leadership.
9) Individualized and/or group interventions will take place at Wood Lane and/or in the community.

10) A positive occupational identity will result from occupational adaptation.

The program will aim to provide education to supporters.

The Volume program aims to provide individuals with developmental disabilities the opportunity to promote community inclusion on their own or with their supporters. Adults with developmental disabilities may benefit from occupational therapy services that promote positive social interactions and empowerment rather than focus on fixing the disability. The occupational therapist will work one-on-one with individuals and also as a facilitator for a group. The occupational therapist will use core knowledge, clinical judgment, and evidence-based practice (Dunn, 2011). The individual intervention will work on a specific need of self-determination/self-advocacy for client and their family. The intervention will aim to connect the family members and give the individual more opportunities in their daily lives to make choices. The program will provide support, ideas, and education to parents and siblings as a part of family-centered services (Dunn, 2011). The group intervention will aim to create relationships and interactions between people while providing opportunity to use self-advocacy skills and explore self-advocacy policy.

National and International Trends

The program will also address national goals within the Healthy People 2020 initiative. Some of the goals that will be addressed include: (Healthy People 2020, 2012)

1) Create an awareness of barriers in the community - barriers will be acknowledged and individuals will learn how to take action if change is needed.
2) Provide individuals with needed technology for communication - individuals who need assistance with communication will be set up with resources and information for assistive technology.

3) Provide skills that could potentially help with employment - Individuals who are employed are often more self-determined (Penell, 2001). Therefore individuals who learn self-advocacy skills may be learning important concepts that they could use in the workplace.

4) Facilitate needed supported system for an individual, and target family and supporters for advocacy education - The Volume program will address needed support systems because support systems are very important for sustained self-advocacy skills (Caldwell, 2010).

The International goal that the program will address is providing more resources, communication and support to individuals with developmental disabilities (World Report on Disability, 2012). Also a major international trend that the Volume program addresses is the self-advocacy movement (Test et al., 2005). However it will do so as part of the Social Concept rather than the Social Model. The Self-Advocacy Movement itself is a trend in which individuals all over the world are advocating for equality.

**Objectives**

The goal of the “Volume” program is to increase self-advocacy skills for adults with developmental disabilities.

1. At the conclusion of the 6-week program, adults with developmental disabilities will increase their occupational participation by obtaining higher score in one or more areas on the MOHOST that pertain to self-advocacy: Motivation for Occupation, Pattern of
Occupation, Communication, Process Skills, Interaction skills, and/or their Environment ratings, as compared to scores prior to the start of the program.

2. At the conclusion of the 6-week program, adults with developmental disabilities and/or their supporters* will gain knowledge of the American with Disabilities Act, by receiving higher scores on an individualized post-test then they did on the initial test.

3. At the conclusion of the 6-week program adults with developmental disabilities or their supporters will identify at least 3 places** where individuals can advocate in the community (verbal or written).

4. Six months after the conclusion of the program, individuals with developmental disabilities or their supporters will self-report at least 3 instances where they have used self-advocacy skills in the community.

*Supporter is defined as a person who supports an adult with developmental disabilities physically, socially, financially, or emotionally.

**Examples of places where an individual can advocate in the community would be a neighborhood, dentist office, or an elementary school.

Marketing and Recruitment of Participants

Marketing and recruitment will be very important for the success of the Volume program. The stakeholders at Wood Lane that will be approached for the marketing campaign will include the Human Resource Coordinator, the Director of Adult Services, the Operations of Recreation Coordinator, and staff at the Bowling Green Community Center. Currently Liz Sheets, the Human Resources Coordinator, is solely responsible for major marketing initiatives. I have already consulted her about some of the best methods for recruiting adults with developmental disabilities for the program. For the stakeholders, a letter or an email will be sent to them
directly describing important information and details regarding the program. The occupational therapist must be willing to meet with stakeholders to verbally discuss details about the *Volume* program.

The marketing campaign will be directed to adults with developmental disabilities and their families. Some individuals require assistance to sign up for programming; therefore parents or staff will also be directed as part of the marketing campaign. The campaign will begin at least 4 months before the start of the first program session and 1 month prior to the start of each program thereafter. The marketing information will include the name of the program, the contact information of the occupational therapy practitioner, and general information about the goal of the program. The *Volume* program has a lot of specific details for each participant, therefore the flyer will have the contact information to call Wood Lane and the secretary will direct future participants to the occupational therapists office. The occupational therapist will be responsible for providing more information to the future participants or to the family that is interested. A telephone call, email, or formal letter will be sent out with more specific details about where the program is located, how the program is set-up, and when the individual will start.

There are many different approaches for marketing at Wood Lane. Some of the ideas suggested by Liz Sheets use both traditional print methods and the Internet. Techniques for advertising are flyers both electronic and paper, word of mouth, website post, Facebook post (on Wood Lane’s Facebook page), and personal phone calls.

For the start of the program colored flyers will be posted around Wood Lane Industries, Wood Lane Community Employment office, and the Bowling Green Community Center (see Appendix J for program flyer). Colored flyers are very expensive to print, but I think they will be very effective at specific locations. To be most cost-effective black and white flyers will be
handed out directly to adults with developmental disabilities during work hours or a recreational activity. Flyers will also be sent electronically via email to the adults with developmental disabilities and their family members that are listed on Wood Lane’s server. To target the adults who participate in the Operations Recreation and typically live at home or on their own in the community the *Volume* program will send flyers along with their monthly mailing and list the *Volume* program on the programs calendar that is sent out once every two months. The information regarding printed flyers and mailing is listed in the budget.

Also, staff for Community Service Employment and Wood Lane Residential will be sent flyers via email. The email will inform them that they are allowed to refer individuals to the program or ask employees/residents if they are interested in joining. Word-of-mouth will also be a reliable form of advertisement after the start of the first program especially for individuals with developmental disabilities. Another form of advertisement will be a post on Wood Lane’s Facebook page. The program can post general information, no specific phone numbers, emails, or names, but it can acknowledge the program and explain that interested individuals need to contact Wood Lane for more information. The program information will also be sent to Wood Lane’s secretary so that she can direct any phone calls to the occupational therapist. Another way to use the Internet would be to create a post or commercial on the Wood Lane website. Furthermore, personal phone calls can be used to invite participants or to follow-up with individuals that have agreed to join the program. Some of the marketing will be delegated to adults with developmental disabilities that work in the office or would volunteer to assist.

**Target Population**

The targeted population of individuals will be adults for developmental disabilities age 18 and older in the Operations of Recreation program, Habilitation (LEO), and Community
Employment Services (CES) under the director of Adult Services. A target program will be the adult Operations Recreation program because these individuals live either independently or with their family. Individuals that participate in Habilitation or the LEO program will be targeted because these are individuals who may have more severe disabilities and less likely to have received self-advocacy services. Another group of adults that could potentially benefit from my program would be the CES adults working in the community. Although these individuals may be better at self-advocating they may have more pressure to self-advocate and need more skills. Community Employment Services (CES) will be targeted and individuals who work the least amount of hours will be prioritized.

The Volume program will be repeated a total of 7 times over the course of the year serving approximately 40 adults with developmental disabilities per year. Individuals will be scheduled into a fixed time slot for two individual interventions and one group session every week. Full participation and attendance is required. If emergencies, time conflicts, or absences occur an attempt will be made to reschedule an individual intervention. Group interventions will not be rescheduled.

Individuals will sign up by contacting the occupational therapist and set up a time over the course of the year when the individual can attend the 6-week program. The occupational therapist will choose the groups that work together because Wood County is very large and it would be logical to keep individuals in a relative geographical location. Since the occupational therapist will most likely be providing services at home it will be very important to coordinate driving for the interventions to keep the price of gas to a minimum and groups near one another. The occupational therapist will have an assistant from AmeriCorps Volunteer program provided by United Way of Greater Toledo. The AmeriCorps volunteer will be responsible for creating a
schedule that works best for all individuals and their families as well as the Wood Lane facility. If the occupational therapist is unable to contract an AmeriCorps volunteer due to state funding, then a volunteer will be requested through the volunteer coordinator, Emily Dunipace.

Demographic information that will be important for the occupational therapist to know is the individual’s age, the disability information, behavioral history, health and safety information, current occupational therapy goals if any, a list of supporters, and emergency contact information. Information in regards to an individual’s diagnosis, disability, age, address, and supporters, etc. will be obtained through the Director of Adult Services. The individual or family will update these documents through Wood Lane Industries at least once every year. The program will have access to these documents and will not make the individual or the families resubmit the information.

**Inclusion Criteria**

The Inclusion criteria includes: 1) individuals receiving services from Wood Lane and living within Wood County, 2) adults 18 years or older with developmental disabilities, 3) if an individual requires an aid they will need to participate in the program, 4) adults must be able to work safely with other group members to be included in a group, and 5) individuals may need some access to transportation.

**Programming**

The programming focus is to increase self-advocacy skills in individual and group interventions at home or in a community location. The interventions will be created from a collaboration between the adults with a developmental disabilities and from the expertise of a licensed occupationally therapy practitioner. The intervention will be based on the four areas of self-advocacy, from the Conceptual Framework of Self by, Fowler Test and colleagues, 2005.
The MOHOST assessment, based on the Model of Human Occupation theory described in the introduction, will assess these four areas from an occupational perspective. Since the MOHOST does not cover civil rights and knowledge of the American’s with Disabilities Act a pre-test/post-test will be performed and it will be administered either in written-form, verbally, or to a supporter to cover the Knowledge in the Americans with Disabilities Act within the Conceptual Framework (Appendix I); (Test et al., 2005).

**MOHOST Assessment**

The Model of Human Occupation Screening Tool is an observational assessment administered by the occupational therapist. This tool will be the basis of intervention for all of the individuals in the program. The occupational therapist must have expertise in clinical reasoning and client-centered practice (Parkinson et al., 2004). The assessment will provide consistency through the perspective of the occupational therapist when dealing with an array of different cognitive abilities. Furthermore, self-assessments like the self-determination scale, which score similar items, exclude individuals with severe disabilities from participating in programming. The MOHOST is client-centered because it requires the therapist to consider the client’s perspective and provide tools and opportunities (Parkinson et al., 2004).

The MOHOST will take 20-40 minutes to complete for one individual based on the complexity of the client (Parkinson et al., 2004). The information for the assessment will take place over the first 2 individual therapy sessions and the remaining sessions are to improve assessment scores on areas of self-advocacy. The therapist must assign one of the following scores to an individual’s occupational performance and environment. The objective scale ratings are as follows:

- **S** -Strength – supports occupational participation (no outside support required)
• **D** - Difficulty – minor interference with occupational participation (may benefit from occasional support)

• **W** – Weakness – major interference with occupational participation (requires support and/or encouragement)

• **P** – Problem – prevents occupational participation (unable to manage despite support)

The rating scale will help the occupational therapy practitioner to know who supports needs put in place for self-advocacy. Part of the *Volume* program is to educate supporters so that everyone can participate in self-advocacy.

**A. Individual Intervention**

The individual intervention will take place at home or in a community location. The occupational therapy practitioner will facilitate two individual interventions per week for six weeks by providing direct service. It will be the responsibility of the occupational therapy practitioner to coordinate locations with the individual or their supporters. Locations are flexible to ensure that each individual receives realistic opportunities to enhance self-advocacy skills in their own environment. In these sessions, the *MOHOST* assessment will be administered to gauge self-advocacy needs. All areas of the *MOHOST* cover occupation-based skills necessary for self-advocating except Motor Skills which will be scored as well. Motor skills will be addressed only if it is interfering with an individual’s ability to perform occupations related to self-advocacy.

All areas of self-advocacy will be addressed in the interventions, but a special emphasis on low scores of a 1 or 2 on the *MOHOST* will be highly addressed during the individual intervention. This special emphasis on low scores will help improve important occupation-based skills that are necessary for an individual to self-advocate. Also, a pretest of the Americans with
Disabilities Act will be given to individuals and/or family members in the first week and their score will be recorded to determine the effect of the program.

Long-term goals will be made in the first week of the program addressing low MOHOST scores with collaboration from the participants. From then on, short-term goals will be addressed as a means to reach the long-term self-advocacy goals. A daily therapy progress note will be made for each individual to track progress of goals, and types of intervention, and the individual’s mood and behavior (see Appendix K for sample of progress notes). Once a goal is reached the occupational therapist will either move on to another goal or increase the difficulty of the goal that was met.

Another important part of the Volume program is to be client and family centered. Interviews, observations, and a therapeutic relationship are crucial for the success of services. First the individual needs to be interviewed to find out their unique situation and what motivates the client. Then supporters will need to be interviewed. It is important to observe the supporter and the client’s interaction and relationship. Supporters can support an individual in self-advocating or advocate on their behalf. This will depend on the individual and if they need additional support. The occupational therapist will share resources for the individual with a disability, the parents, and/or the siblings.

B. Group Intervention

The group occupation will be a three-hour session once per week typically at the end of the week for all six adults in the program. It will be the occupational therapist’s responsibility to coordinate group sessions and provide direct service. The group will be dedicated to working together to discover how to create interactions and learn about self-advocacy. Group occupations will support areas of the MOHOST assessment including; Communication skills,
Environment, and Pattern of occupation. The group intervention will consist of 6 individuals, the occupational therapist, family members, and/or volunteers. The occupational therapist will mediate group occupations that focus on leadership, communication, and volition. The occupational therapist will create a week-by-week syllabus for the group intervention based off of their clinical judgment to create goals specific to the group. It will also be important for the occupational therapist to grade interventions for individuals with varying cognitive abilities. The AmeriCorps volunteer(s) will assist in the group occupation in terms of safety and assistance, but will not be responsible for grading occupations.

The occupational therapist must have expertise in the Americans with Disabilities Act. They also must be able to update their knowledge and provide those updates to individuals and families. Group interventions will take place in the community or at Wood Lane. Intervention will be interactive. Some weeks the group will practice advocating and other weeks they will learn where to go and how to work together. For example, group members may learn to work as a team to advocate. The occupational therapist will collaborate with individuals and create a few long-term goals. It will be important to note leadership skills and how individuals respond to working as a group. The therapist will also note on any social behavior or other parts of the MOHOST that can be identified by observing individuals in a group setting on a progress note. The occupational therapist will keep progress notes for every session that includes short-term and long-term goals as well as, strengths and weaknesses for each session (see Appendix K for progress note format). It is important to also accurately describe the type of intervention provided for each group and individual intervention. All paperwork will be kept confidential and maintained in a 3-ring binder that will always be kept in possession of the occupational therapist or in a locked cabinet located at the Wood Lane facility.
**Principals of Intervention**

- Interventions will be occupational-based.
- Change based on occupational engagement
- Goals created will be based on volition.
- Interventions will be strength-based, client and family-centered.
- Goals created through collaboration between the occupational therapy practitioner and the adult with developmental disabilities based on the *MOHOST* assessment.
- Identify supporters and the need for education.
- Identify ability to advocate in daily life.
- Identify situations for advocating.
- Identify locations for advocating.
- Identify a positive occupational identity

**Program Case Study**

The following is an example of the programming that could occur and changes will be based on individual and group goals.

<table>
<thead>
<tr>
<th>Week 1</th>
<th>(1) Individual Intervention</th>
<th>(2) Individual Intervention</th>
<th>Group Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Introduction of Individuals and Supporters with interviews</td>
<td>Pre-test of the ADA</td>
<td>Introduction to the self-advocacy/ice-breakers (interaction)</td>
</tr>
<tr>
<td></td>
<td><strong>Motivation for Occupation; Interests &amp; commitments</strong></td>
<td>Prepare self-advocacy goals</td>
<td>History of self-advocacy occupation</td>
</tr>
<tr>
<td></td>
<td>Administering the <em>MOHOST</em> assessment</td>
<td><strong>Environment; Occupational demands</strong></td>
<td><strong>American with Disabilities Act; introduction to citizen rights</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Administering the <em>MOHOST</em> assessment</td>
<td></td>
</tr>
<tr>
<td>Week 2</td>
<td><strong>Motivation for Occupation; Appraisal of ability &amp; expectation of success</strong></td>
<td>Communication &amp; Interaction; Non-verbal skills, conversation, vocal</td>
<td><strong>American with Disabilities Act; Individuals citizen rights and content</strong></td>
</tr>
</tbody>
</table>
### Program Development Plan for Adults with DD

<table>
<thead>
<tr>
<th>Week 3</th>
<th>Motor Skills; Posture &amp; mobility, coordination, strength &amp; effort, energy - Will be addressed if interfering with occupations</th>
<th>expression, self-expression</th>
<th>Examples of how some individuals with a Developmental Disability Self-advocate through occupations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>American with Disabilities Act; Individuals citizen rights and content to individuals/family</strong></td>
<td><strong>Process Skills; Routine, adaptability</strong></td>
<td><strong>Group self-advocacy goals in the community</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Pattern of Occupation; Routines &amp; Adaptability</strong></td>
<td></td>
<td><strong>Where to advocate</strong></td>
</tr>
<tr>
<td>Week 4</td>
<td><strong>Environment; Physical space, physical resources</strong></td>
<td><strong>Pattern of Occupation; Roles, responsibility</strong></td>
<td><strong>Where to Advocate cont.?</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Process Skills; Knowledge</strong></td>
<td><strong>Communication &amp; Interaction; Self-expression</strong></td>
<td><strong>Easy or Extreme advocacy</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Visit Advocacy location related to policy</strong></td>
</tr>
<tr>
<td>Week 5</td>
<td><strong>Pattern of Occupation; Routine</strong></td>
<td><strong>Communication &amp; Interaction; Relationships</strong></td>
<td><strong>It’s all about relationships!</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Process Skills; Organization, Planning</strong></td>
<td></td>
<td><strong>Guest Speaker about legislation</strong></td>
</tr>
<tr>
<td>Week 6</td>
<td><strong>Administering the <em>MOHOST</em> assessment</strong></td>
<td><strong>Meeting with supporters</strong></td>
<td><strong>Wrap-up &amp; review of Self-advocacy</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Post-test of the ADA test</strong></td>
<td><strong>Self-advocacy binder and what was learned</strong></td>
<td><strong>Presentation of individual self-advocacy skills</strong></td>
</tr>
</tbody>
</table>
Discharge

The discharge for the Volume program is always on the sixth week of the final group intervention. If the occupational therapist has any concerns of very low scores on the MOHOST assessment individuals may be referred to more occupational therapy services through traditional Wood Lane rehabilitation. At the beginning of the sixth week, the MOHOST assessment will be administered to each individual to see if there are any improvements in the areas of self-advocacy skills. Also the post-test of the Americans with Disabilities Act test will be administered to see if there are any improvements of scores. At the final group meeting individuals will give a fun informal presentation about what they have learned about self-advocacy and to review what they have learned. Adults with developmental disabilities will receive an information binder created by the occupational therapist and the AmeriCorps volunteer that shares basic information on self-advocacy and includes additional information that is individualized to each participant. The binder will be used as a reference for the individual and for all supporters of the individual. Some individuals who rely on a supporter or numerous supporters can share information regarding their interests, desires, and how they best advocate for themselves.

Evaluation

The Volume program will be evaluated by participants and supporters, and by the program objectives. Attendance is important for success of the Volume program and will be recorded for group interventions. Participation and attendance will also be recorded on the progress notes of individual interventions. During the program the occupational therapist will be responsible for verbally evaluating participants or supporters to see if they are enjoying the program and if they
are learning how to self-advocate in the individual interventions about one time per week. A formative evaluation will be given to each individual and/or supporter to complete during the 3rd week of the program. The same evaluation will be used to gather summative information during the 6th week of the program (see Appendix L for timeline per year). Different versions are necessary when dealing with an array of various cognitive abilities. The formative evaluation will be completed, sealed in a blank white envelope, and placed in a letterbox. The formative evaluation will include 4 questions and space for qualitative information. Evaluations will be done through an interview if it is not possible for the participant or supporter to fill out the paperwork. Another formative evaluation will be assessed through observation of the presentation at the end of the 6-week group intervention. The occupational therapist will observe and record in the final notes the individuals understanding of self-advocacy.

The evaluation of program objectives will be based on the MOHOST assessment and observation by the occupational therapist. The goal of the “Volume” program is to increase self-advocacy skills for adults with developmental disabilities. The evaluation is as follows:

- At the conclusion of the 6-week program, adults with developmental disabilities will increase their occupational participation by obtaining higher score in one or more areas on the MOHOST that pertain to self-advocacy: Motivation for Occupation, Pattern of Occupation, Communication, Process Skills, Interaction skills, and/or their Environment ratings, as compared to scores prior to the start of the program.

- At the conclusion of the 6-week program, adults with developmental disabilities and/or their supporters* will gain knowledge of the American with Disabilities Act, by receiving higher scores on an individualized post-test then they did on the initial test.
• At the conclusion of the 6-week program adults with developmental disabilities or their supporters will identify at least 3 places**where individuals can advocate in the community (verbal or written).

• Six months after the conclusion of the program, individuals with developmental disabilities or their supporters will self-report at least 3 instances where they have used self-advocacy skills in the community.

The first objective will be evaluated by administering the MOHOST assessment during the first week of the program in both the first and second intervention session. The client and the occupational therapist will create goals to obtain higher scores on areas of low performance on the MOHOST assessment. The following individual and group interventions will continue to address self-advocacy skills until week 6 where the MOHOST will be administered again to determine summative scores. If the adult with a developmental disability scores increase, (e.g. W- major interference with occupational participation to a D- minor interference with or risk to occupational participation), on one or more areas that are specific to self-advocacy, then the program provided them with skills for self-advocacy.

For the second objective, the individuals will be given a pre-test on their knowledge of the Americans with Disabilities Act. The test may be given verbally (responses will be documented), written, or through discussion with their supporters. Whatever test was administered the same will be used for the post-test. Then the program will address ideas and information about the Americans with Disabilities Act in both the individual intervention and the group intervention. In the 6th week the occupational therapist will administer the same ADA test that was taken for the pre-test. An improvement in the score will show that individuals gained knowledge of their rights through learning about the ADA. If additional information is observed,
for example during the final creative presentation, then it will be recorded in the therapist’s progress notes.

For the third objective the individual will have to name 3 locations in their daily life that they can better advocate for themselves. If the participant is non-verbal or unable to understand the question then his or her supporter will be asked to respond to the question. The occupational therapist will then discuss the response to the question and record it in the progress notes section for individual intervention.

For the last objective, a long-term follow-up will be conducted to see if the program had any effect on individuals over time. This will help determine if the program needs to be taken once a year or once in a lifetime. Individuals will be called or sent an email asking if they had any opportunities where they used self-advocacy. This will determine if the individual’s training was retained over time. The response will be recorded on an additional notes page and will be added to the participants file.

**Timeline**

The yearly timeline shows the start dates of the 7 programs throughout the year (see Appendix M for timeline per month). It also indicates when the occupational therapist has time off and time to plan for upcoming sessions. The next chart, timeline per month, indicates organization of the program month to month that is important for recruiting and maintaining participants in the program (see Appendix N for timeline per session). The timeline per session shows that 6 individuals will have 2 individual interventions per week and 1 group occupation at the end of the week (see Appendix O for timeline per day). It also indicates when the evaluation procedures will take place during the 6-week session. The last timeline shows the daily schedule of the occupational therapist. The occupational therapist will see 3 participants per day and have
time for planning and meetings at the beginning of the day, and planning time for group interventions on the day that the group intervention is scheduled. This chart is subject to change according to the occupational therapist and participants needs. The AmeriCorps volunteer schedule will vary because it will depend on the amount of hours that they will be serving. The volunteer will be a part of the office and planning. The AmeriCorps volunteer may or may not attend individual interventions, but will always be accountable to assist with group interventions. The AmeriCorps volunteer will assist in preparing for group intervention, preparing information packets, and ensuring safety of group members.

**Program Budget and Funding**

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Status/Hours</th>
<th>Pay Rate</th>
<th>Fringe Benefits</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Therapist</td>
<td>Full-time 80 hours biweekly (BW)</td>
<td>$22.06 per hour ($1,764.80 BW) *Based on experience</td>
<td>Health, Dental, Life Insurance; Sick, Vacation, Personal Leave, OPERS Retirement</td>
<td>$45,000.00</td>
</tr>
<tr>
<td>AmeriCorps Volunteer</td>
<td>Part-time 900 hours yearly contract</td>
<td>Living allowance</td>
<td>Segal AmeriCorps Education Award</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Total of Personnel** $45,000.00

The occupational therapist wages are from averages according to the American Occupational Therapy Association Workforce study (AOTA, 2010). The occupational therapist must be a licensed, certified through the national board, have a minimum of a Master degree, and be an AOTA member. Experienced or new graduates are welcome to apply (see Appendix Q for position description). The occupational therapist must be knowledgeable of the ADA or be willing to create a plan for education about the ADA. Currently, Wood Lane offers the above fringe benefits to all full time employees. Wood Lane also has contracts with United Way
AmeriCorps National Volunteer Program. The program will greatly benefit from an AmeriCorps volunteer because it will be a consistent staff that is no charge to the program. The AmeriCorps volunteer will work 20 hours per week.

<table>
<thead>
<tr>
<th>Program Supplies - start cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Item</strong></td>
</tr>
<tr>
<td>Office Supplies</td>
</tr>
<tr>
<td>Desk</td>
</tr>
<tr>
<td>Desk Chair</td>
</tr>
<tr>
<td>Desktop Computer/ Mac Mini</td>
</tr>
<tr>
<td>iPhone®</td>
</tr>
<tr>
<td>iPad® Accessory Bundle</td>
</tr>
<tr>
<td>Storage Bin</td>
</tr>
<tr>
<td>Back Pack</td>
</tr>
<tr>
<td>MOHOST Assessment-User’s Manual</td>
</tr>
<tr>
<td>Apple® App’s/Video software</td>
</tr>
</tbody>
</table>

**Total Program Supplies** | $1,433.98
*The *Volume* program may share supplies and use equipment from other Wood Lane programs.

The program supplies to begin the program are listed above. Some of the necessary supplies are for organization and planning interventions of the participants of the *Volume* program. A computer will be very important for creating documents, sending, emails, developing PowerPoint’s and flyers, and also using it as part of an intervention tool for certain individuals. It is important for the program to use Mac® computers because it will be using certain apple apps for program intervention. Through the new iCloud® program that comes with the device the apps can be purchased once and shared between different Apple® devices. This will save money over time. Apps for fine motor skills, money management, reading, writing, speaking; organizing etc. will possibly be used for program interventions. The iPhone® that will also have iCloud® will be purchased for the *Volume* program. Wood Lane programs already use iPhone’s for communication so it is already a part of their phone service plan. An office is not yet established for the new program therefore desk chairs, desks, office supplies, etc. must be purchased for the start the program. Storage bins will be very important to store program materials. The storage bins will also be easy to grab when traveling. A backpack is another necessary for both the occupational therapist and the AmeriCorps volunteer to use when traveling to store materials for program interventions. The *MOHOST* assessment will have to be purchased because it is the basis of the *Volume* program’s evaluation system.

<table>
<thead>
<tr>
<th>Item</th>
<th>Description of Items</th>
<th>Quantity</th>
<th>Cost per Item</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Supplies</td>
<td>1 inch binders/information binders created for each</td>
<td>7</td>
<td>$2.97</td>
<td>$20.80</td>
</tr>
</tbody>
</table>
### Program Development Plan for Adults with DD

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Quantity</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple® App’s</td>
<td>Apple software</td>
<td>-</td>
<td>$0.99 - $25.00</td>
<td>$50.00</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>Intervention items specific to individual’s needs, for example: balloons, books, t-shirt, art supplies, organizers, planners</td>
<td>-</td>
<td>$70.00 per group</td>
<td>$70.00</td>
</tr>
<tr>
<td>Refreshments</td>
<td>Bottled water cases</td>
<td>6</td>
<td>$3.00</td>
<td>$18.00</td>
</tr>
<tr>
<td>Gasoline</td>
<td>Travel for Individual &amp; group interventions for Volume program, personal vehicle or Wood Lane van</td>
<td>1000 mile cap</td>
<td>$.55 per mile</td>
<td>$792.00</td>
</tr>
<tr>
<td>Flyers</td>
<td>Flyers to promote the Volume program</td>
<td>-</td>
<td>Array of different sizes</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

**Total Program Cost (per 1 session)**: $1,050.80  
**Total Yearly Program Cost (7 sessions)**: $7,355.60

Reoccurring costs are the materials that the program will use over the course of the year.

The program will give 3-ring binders containing self-advocacy information to each individual. The cost of these binders will be reoccurring to support family education. Another reoccurring cost is Apple® apps. These may be purchased during each program up to $50.00 per session. New apps will be purchased based on the needs of the individuals. However once an app is purchased there are no additional costs. Miscellaneous supplies may be purchased if it is necessary to aid in intervention. The reasoning for each purchase will be documented on Wood Lane’s paperwork necessary for purchasing items. Refreshments may also be purchased during group occupations to keep individuals hydrated, especially if the group will be walking or outside. Gasoline will be a large expense and reoccurring. This will be due to the travel of the occupational therapist. It is necessary for the occupational therapist to travel to locations that are naturalistic for the clients to learn real self-advocacy that they will need for their daily
lives. Flyers will cost the program a maximum of $100.00 per session. The occupational therapist has the freedom to order color or black and white posters, but the cost must not exceed $100.00.

<table>
<thead>
<tr>
<th>Program Supplies (donations)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Item</strong></td>
</tr>
<tr>
<td>--------</td>
</tr>
<tr>
<td>IPad 2 ®</td>
</tr>
<tr>
<td>Snacks</td>
</tr>
<tr>
<td>Miscellaneous equipment</td>
</tr>
<tr>
<td><strong>Total Cost</strong></td>
</tr>
</tbody>
</table>

Supplies that would benefit the program if donated are iPad’s, assortment of different equipment, and snacks. The iPad® will be listed on a request for donation at the Wood Lane offices.

<table>
<thead>
<tr>
<th>In Kind Program Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Item</strong></td>
</tr>
<tr>
<td>Office Space/Rent</td>
</tr>
<tr>
<td>Mailing</td>
</tr>
<tr>
<td>Printer ink &amp; Paper Supply</td>
</tr>
<tr>
<td>Utilities</td>
</tr>
<tr>
<td>Phone Services</td>
</tr>
</tbody>
</table>
Wood Lane will provide several in-kind costs to the Volume program. Some of the cost of the facility will be providing an office for the program. The office will most likely be shared with other program coordinators or therapists. The mailing system for the Volume program will link with the Operations of Recreation Program and share cost. Utilities, phone, and Internet will also be shared by other Wood Lane staff and is already an expense that Wood Lane will cover. The phone bill will be evaluated by the occupational therapist each month. Fees from purchasing Apps or personal calls made will need to be identified and paid for before submitting it into Wood Lane expenses.

**Program Funding and Barriers**

The Volume program goal will be to increase advocacy skills for adults with developmental disabilities. The program will be potentially funded by one of these public funding sources, the Ohio Developmental Disabilities (DD) Council, the Stranahan Foundation, or the Bowling Green Community Foundation, or the Wood County Board of Developmental Disabilities (WCBDD). All except the WCBDD are grants that are tax exempt by the 501 (c) (3) Internal Revenue Service Code. However there are some differences between the grants. The Volume program is asking for funds equivalent to $53,789.00 for start-up cost.

The Ohio DD Council is a potential funder for the Volume program. Their mission, directly from the website of the Ohio DD council, is as follows; “It is the mission of the Ohio Developmental Disabilities Council to create change that improves independence, productivity and inclusion for people with developmental disabilities and their families in community life.
The Ohio Developmental Disabilities Council is one of a national network of state councils, committed to self-determination and community inclusion for people with developmental disabilities. The Ohio Developmental Disabilities Council receives federal funding for innovative advocacy, capacity building and systems change activities. These activities are designed to contribute to a coordinated system of services, supports and other assistance that is centered around and driven by individuals with developmental disabilities and their families” (Ohio DD Council, 2013). The Volume program encompasses the mission of the Ohio DD Council because the program is client-centered, promotes inclusion, advocacy, and determination of individuals with developmental disabilities. The Volume program is also an innovative advocacy program. It is unique because it includes individuals with varying types of disabilities.

The Ohio DD Council has, already funded self-advocacy programs and initiatives. The Volume program will apply to the specific Capacity Building Activity grant through the Ohio DD Council for the Executive Committee’s Mini-Grants for $60,000. The goal for the mini grant to offer financial support is to, “increase advocacy and systems change efforts through mini-grants statewide.” The Council will potentially fund my program costs with $60,000 mini-grants.

The application must be submitted at the beginning of the year and the applicant must submit it by the deadline outlined on their website at http://ddc.ohio.gov/Grant/Index.htm. Applicants must begin by creating an account in the DD Suite 4.0 system to access the grant application at www.ddsuite.org. In general the forms seek 1) names and contact information for project staff, 2) grant narrative (qualifications and descriptions of program), 3) project work plan, 4) project budget along with supplemental materials including, 5) two letters of recommendation, and 6)
resume of project director. The Grant review panel will let the program know their status after
60 days. Once approved, the Grant committee will notify the applicant within 7 days. The
contact person is, Gary Groom, Grant Coordinator of the Ohio Developmental Disabilities
Council. Specific contact information is as follows:

899 East Broad Street, Suite 203
Columbus, Ohio 43205
(614) 466-5232

gary.groom@dodd.ohio.gov

The Mini grant and its mission fit the Volume programs goals and principals and it covers the
cost of the programming. However, it may be extremely competitive to apply for this grant
especially when the program serves only 7 individuals per month.

Another possible funding source would be the Stranahan Supporting Organization, which is
a part of the Toledo Community Foundation. The guiding principles of the Stranahan
Supporting Organization fit well with the principals of the Volume program. The organization
wants to help people in becoming responsible citizens, specifically: to respect oneself,
freedom of thought, and to embrace change. The section to apply for the grant would be in the
Human Service area; specifically to meet human needs, participate in the community, and
positively contribute to the community. The Volume program’s goal is to increase self-
advocacy skills, and self-advocacy skills allow individuals to have choice and promote positive
change to the community. The grant does not specify that the program must be located in
Toledo, but current grants were all given to local Toledo organizations. The grant amounts
previously awarded would not provide enough funding for the Volume program to hire an
occupational therapist for an entire year.
For the application process, first a letter of inquiry will need to be submitted and then the Stranhan Foundation. Then they will invite you to submit an application. Applications will be submitted online http://stranahan.egrant.net/login.aspx?PIID=147&OID=66. The Volume program would submit, Application A, which is a start-up grant for a new program. The Volume program’s 1) mission statement, 2) amount requested, 3) budget statement, 4) purpose of the program, 5) target population, 6) program plan, 7) program’s documentation, and 8) plan for continued funding must be included. Contact information is as follows:

Keith Burwell, President
Keith@toledocf.org
419-241-5049

The third grant is a Bowling Green Community Foundation Grant along with supplemented money from the Wood Lane County Board of Developmental Disabilities. For the Bowling Green (BG) Community Foundation applications will be ar due on September 1, 2013. The BG Community Foundation was created to support community programs in Bowling Green, Ohio. The mission statement is as follows: A non-profit entity which began in 1994 exists to improve the quality of life in the Bowling Green area by providing funding and support for programs that enhance the health, welfare, and vitality of the Bowling Green Community. Private Contributions are the sole support of our Foundation. The Volume program would be a community program that will promote community inclusion in the Bowling Green community.

To apply to the Bowling Green Community Foundation a PDF file of the application must be downloaded from the website at:
http://bgohecf.org/index.php?option=com_content&view=frontpage&Itemid=1

The application must be properly filled out including: 1) project information, 2) purpose and
need, 3) plans for implementation, 4) evaluation, 5) budget, and 6) future support of the program. Also details about the Wood Lane organization will need to be provided as an attachment (history, Board, population served etc.). The 9 copies of the application will need to be mailed to the following address: Bowling Green Community Foundation, PO Box 1175, Bowling Green, OH 43402. Other contact information includes a telephone number (419-352-0281) and an email address (bgcf@bgohcf.org)

The Wood County Board of DD could provide supplemented money for the program. At the monthly board meeting a very accurate specific budget must be presented along with the program development plan. Prior to the board meeting, the program development plan would be sent to all of the individual Board Members including, President-Joe Catalano, Jane Zipper, Ed Metzger, Frank Day, Martha Woelke, Pamela Van Mooy, and Cindy Herman. Also, the program development plan and budget would have to be presented to the superintendent, Melanie Stretchberry. At the meeting, the occupational therapist would present the program and the budget to the board and the board would decide if they would supplement the money.

The Volume program will use the Ohio Developmental Disability Council as their main source of funding because the mini grant would cover the entire cost of the program without dipping into Wood Lane employment funds. The amount the program would ask for again, is $53,789.58. The Grant is renewable if the program is successful.

Barriers to funding would exist because of the inexperience of the occupational therapy doctoral student applying for grants and the high cost of the program. The student must pay attention to specific details of the grant applications including, wording errors and deadlines, that could be overlooked by a student who has never before went through the formal process. To have the most success, Wood Lane staff that has had previous experience writing grants
will be there to answer questions and check for major errors. Since the program is hiring a professional occupational therapist, the program costs are high. It is necessary for the program to support a professional, as they are the heart of the effectiveness of the program. A resume and thorough interview of the occupational therapist will be sent to the Ohio DD Council to ensure funding.

**Self-Sufficiency for the Program**

If the *Volume* program is successful Wood Lane may adopt the program to reach more individuals. If Wood Lane chose to adopt the program, some of the funding would be provided internally and locally. Wood Lane has a lot of community funders that support their programs. Grant money would then be sought through the Ohio Board of Developmental Disabilities Council mini grant. Money obtained through the Ohio DD council can be reapplied for the following year. The program budget for the following year would be $52,355.60.

The occupational therapist is the program’s highest expense, but it is very important to the programs goals and principles to provide an occupational therapist for clinical expertise. An occupational therapist has the knowledge and skills for specific interventions for each individual and the group. The occupational therapist has the clinical background and expertise to create a program that includes all individuals served.
References


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and its implication for occupational therapy. *American Journal of Occupational
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Baltimore: Lippincott, Williams, and Wilkins.

*Disability Studies* (pp.147 -174). Philadelphia, PA: F A Davis Co.


occupation screening tool (MOHOST) (pp. 1-87).* Chicago: University of Illinois at
Chicago.


occupational therapy: The Americans with empowerment disabilities act title III.


Appendix A
Organizational Chart
Appendix B
Interview: Expert in Disability Field
Informant: Dr. Fish, PhD., L.I.S.W

Introduction:

- A description of the University of Toledo doctoral program
- A brief description of occupation and occupational therapy
- Obtain permission to take notes
- Permission to use key informants name in the paper

Purpose of the Interview: To understand self-advocacy practice that involves families and identify ways to promote family education for individuals with developmental disabilities

1. How do you describe the word Self-advocacy?
2. How do you teach families about self-advocacy?
3. What is the best way to help families become actively involved?
4. What tools do you use to best serve families?
5. What is involved with your family education?
6. Do you think there is a standard of education that needs presented to families?
7. Or do you think that everything should be specific to families?
8. Do you think individuals need to learn Disability history?
Appendix C
Interview: Human Resources Coordinator
Key Informant: Liz Sheets Human Resources Coordinator

Introduction:

- A description of the University of Toledo doctoral program
- A brief description of occupation and occupational therapy
- Obtain permission to take notes
- Permission to use key informants name in the paper

Purpose of the Interview: To discuss the need for individuals with developmental disabilities to become self-advocates and provide the community with awareness of disabilities.

Interview Questions:

1. What do Wood Lane services offer individuals with developmental disabilities?
2. How does Wood Lane associate itself with the community?
3. Do you think that there is a stigma surrounding developmental disabilities in Wood County? If so, how does Wood Lane advocate for its individuals?
4. Are there any specific groups of people in the community that should be targeted?
5. Do you think it is important for Wood Lane to educate the community about developmental disabilities? If so, which individual or groups within Wood Lane should educate the community about developmental disabilities?
6. A self-advocate requires an individual to understand oneself, understand their rights, be able to communicate or express themselves, and become a leader. Does Wood Lane have individuals that are self-advocates? If so how did these individuals become self-advocates? Are they involved with any programs or leadership positions?
7. Are there any programs available for Wood Lane individuals to become self-advocates? If so, are they individualized for each person?
8. Is there a particular age group that would particularly benefit from self-advocacy training?

9. What would be the best way to access these individuals?

10. The Self-Advocacy program would involve working on goals for individuals, understanding their unique learning style, understanding citizen rights, figuring out the best form of communication to express their ideas, and how to be a part of a team. Do you think that individuals at Wood Lane would benefit from learning self-advocacy skills? What kind of outcomes would you expect?

11. Do you feel occupational therapy provides the skillset needed to work with individuals with developmental disabilities and create an individualized plan for each person?

12. Do you think that Wood Lane would support a self-advocacy program? Do you think the community would also support this program?
Appendix D

Needs Assessment: Staff Survey and results
1. How much experience do you have working with individuals with developmental disabilities?

<table>
<thead>
<tr>
<th>Experience Level</th>
<th>Response Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inexperienced</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Moderate experience</td>
<td>12.5%</td>
<td>3</td>
</tr>
<tr>
<td>Experienced</td>
<td>87.5%</td>
<td>21</td>
</tr>
</tbody>
</table>

2. Do you agree that you understand the Americans with Disabilities Act (ADA) well enough that you could teach individuals about their civil rights?

<table>
<thead>
<tr>
<th>Agreed Level</th>
<th>Rating Average</th>
<th>Rating Count</th>
</tr>
</thead>
<tbody>
<tr>
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<td>3.75</td>
<td>24</td>
</tr>
<tr>
<td>agree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>neutral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>disagree</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Do you agree that the community (outside of Wood Lane) is accepting of individuals that have a developmental disability?

<table>
<thead>
<tr>
<th>Agreed Level</th>
<th>Rating Average</th>
<th>Rating Count</th>
</tr>
</thead>
<tbody>
<tr>
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<td>3.63</td>
<td>24</td>
</tr>
<tr>
<td>agree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>neutral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>disagree</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

answered question 24
skipped question 1
### 4. Do you agree that individuals that have a developmental disability make all of their own choices and decisions in their daily lives?

<table>
<thead>
<tr>
<th></th>
<th>strongly agree</th>
<th>agree</th>
<th>neutral</th>
<th>disagree</th>
<th>strongly disagree</th>
<th>disagree</th>
<th>Rating</th>
<th>Average</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Percentage</strong></td>
<td>13.6%</td>
<td>36.4%</td>
<td>50.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>2.64</td>
<td></td>
<td>22</td>
</tr>
<tr>
<td><strong>Count</strong></td>
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<td>11</td>
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<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

answered question: 22

skipped question: 3

### 5. Do you agree that most individuals with developmental disabilities understand their civil rights under the ADA?

<table>
<thead>
<tr>
<th></th>
<th>strongly agree</th>
<th>agree</th>
<th>neutral</th>
<th>disagree</th>
<th>strongly disagree</th>
<th>disagree</th>
<th>Rating</th>
<th>Average</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Percentage</strong></td>
<td>4.2%</td>
<td>29.2%</td>
<td>62.5%</td>
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<td>4.2%</td>
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<td>2.33</td>
<td></td>
<td>24</td>
</tr>
<tr>
<td><strong>Count</strong></td>
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<td>15</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

answered question: 24

skipped question: 1

### 6. Do you agree that most individuals that have a developmental disability can express their needs in the community (outside of Wood Lane)?

<table>
<thead>
<tr>
<th></th>
<th>strongly agree</th>
<th>agree</th>
<th>neutral</th>
<th>disagree</th>
<th>strongly disagree</th>
<th>disagree</th>
<th>Rating</th>
<th>Average</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Percentage</strong></td>
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<td>29.2%</td>
<td>41.7%</td>
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<td>12.5%</td>
<td>0.0%</td>
<td>2.50</td>
<td></td>
<td>24</td>
</tr>
<tr>
<td><strong>Count</strong></td>
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<td>7</td>
<td>19</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td></td>
<td></td>
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</tbody>
</table>

answered question: 24

skipped question: 1
Staff responses from online survey

Different personalities and different learning styles are evident in every person receiving any type of learning...tailoring teachings to an individual's personal learning and comprehension style would benefit that person more than "generalized information" in any case.

Yes
Very much so. Life at Wood Lane and Residential is too far from the norm and it gives individuals the wrong idea about working and living in the community. We don't prepare individuals for the real world.

Yes
sometimes I think things are not very well explained to their situations and their needs everyone is different good idea for the program
There are many individuals within our organization that don't know the options that they have.

Self-advocacy should be explained on an individualized level, tailored to meet the ability of the person to express themselves and to meet their individual needs.

They need self-advocacy to be explained in terms they can understand and relate to. Short meetings with a lot of repetition.

Individuals with DD could benefit from a self-advocacy program to gain a better understanding of what is available in the community & making choices that fit their interests.

I believe a few individuals may benefit but most of the individuals that I provide services for are able to do this own their own or already have supports in place to help in this area.

Some can't communicate well enough so would be nice if they had one who does understand what their needs are and would help them communicate them

Yes, but would need to take place in natural settings. Transference of skills from "classroom" setting to real life is difficult.

Knowledge is empowering and you can never get enough
Program Development Plan for Adults with DD

y – Number of total staff members surveyed
x – Amount of experience

Inexperienced | Moderate | Experienced

Experience Working with Individuals with Developmental Disabilities

y – amount of staff
x – experience

Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree

Community Acceptance
Express needs in the Community
Make Own Choices
Importance of Leadership Skills

y – percentage of staff
x – rating
y – percentage of staff members surveyed
x – rating
Appendix E
Needs Assessment: Individual Survey
SAS-Self Advocacy Survey
For Individuals with Developmental Disabilities

This survey is intended for education purposes. If you do not feel comfortable filling out any part of the survey please leave the section blank.

1. Please explain in detail if the survey was adapted to better answer the survey.

2. Would you like to take a survey about self-advocacy for individuals with developmental disabilities? Please circle
   Yes  No

3. If you wish to disclose, what is your disability? Fill in or leave blank

4. If you wish to disclose, do you consider your disability mild, moderate or severe? Please circle
   Mild  Moderate  Severe  I would not like to disclose

5. What best describes your living arrangement? Please circle
   Homeowner  Group Home  Apartment with roommate  Apartment  With Parent/s  With Sibling/s
   Skilled Nursing Facility  Other: _______________________

6. What best describes your daily occupation? Please circle all that apply
   Community employment  Sheltered Workshop  Adult Daycare  Grade School  Vocational School
   College  Volunteer  Business Owner  Other: _______________________

7. Are you your own guardian? Please circle
   Yes  No

8. If not, who is your guardian? Please circle
   Mom  Dad  Sibling  Grandparent  Relative  Other: _______________________

9. How do you best communicate? Please circle all that apply
   Verbally  Communication Board  Gesture  Sign language  Other: _______________________

10. If you are a member of People’s First what are some of the strengths and limitations of the program?
    ________________________________________________________________
    ________________________________________________________________
    ________________________________________________________________

Please turn over and fill out the other side.
### SAS-Self Advocacy Survey

*For Individuals with Developmental Disabilities*

Self-advocacy involves working on individuals' goals and learning styles, understanding citizen rights, communication and expression of ideas, and working as part of a team.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>1-strongly disagree</th>
<th>2-disagree</th>
<th>3-neutral</th>
<th>4-agree</th>
<th>5-strongly agree</th>
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<tbody>
<tr>
<td>[ ]</td>
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<td>[ ]</td>
<td>Do you understand your civil rights under the Americans with Disabilities Act (ADA)?</td>
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<td>[ ]</td>
<td>Do the majority of staff members that work with you understand the ADA?</td>
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<td>[ ]</td>
<td>Do you consider yourself a self-advocate?</td>
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<td>Do you consider yourself to be a disability rights activist?</td>
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<td>[ ]</td>
<td>Do you consider yourself to have leadership skills?</td>
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<td>Have you received self-advocacy training in the past?</td>
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<td>[ ]</td>
<td>[ ]</td>
<td>Are you able to express your needs at home?</td>
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<td>[ ]</td>
<td>Are you able to express your needs to support staff?</td>
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<td>[ ]</td>
<td>[ ]</td>
<td>Are you able to express your needs in the community?</td>
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<td></td>
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<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>Are you accepted in the community?</td>
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<td>Are you treated equally in the community?</td>
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<td>Do you feel education is needed in the community about individuals with developmental disabilities?</td>
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<td>Do you spend a lot of time in the community?</td>
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<td>Are you satisfied with your social life?</td>
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<td>Is transportation a major issue for community involvement?</td>
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<td>Do you feel that the staff working with you allow you to make your own choices?</td>
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<td>Do you need help in making decisions?</td>
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<td>Does someone help you make decisions?</td>
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<td>Do you like people helping you make decisions?</td>
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<td>Do you disclose your disability in the community?</td>
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<td>Are you able to explain your disability to others?</td>
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<td>[ ]</td>
<td>Do you participate in any self-advocacy programs?</td>
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<td>[ ]</td>
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<td>[ ]</td>
<td>Are you a member of People's First?</td>
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</tbody>
</table>
| [ ] | [ ] | [ ] | [ ] | [ ] | Would you like to learn more self-advocacy skills?  
Please explain: |
Appendix F
Needs Assessment: Parent Survey
SAS-Self Advocacy Survey
for Parents of Individuals with Developmental Disabilities
This survey is intended for educational purposes only. If you do not feel comfortable filling out any part of the survey please leave the section blank.

1. What is your relationship to your son or daughter? Please circle
   Mom    Dad    Other: ____________________________

2. Would you consider yourself a caregiver? Please circle
   Yes    No

3. If you wish to disclose, what is your son or daughter’s disability? Fill in or leave blank
   __________________________________________

4. If you wish to disclose, do you consider your son or daughter’s disability mild, moderate or severe? Please circle
   Mild    Moderate    Severe    I would not like to disclose

5. What best describes your son or daughter’s living arrangement? Please circle
   Homeowner    Group Home    Apartment with roommate    Apartment    With Parent’s    With Sibling/s
   Skilled Nursing Facility    Other: ____________________________

6. What best describes your son or daughter’s daily occupation? Please circle all that apply
   Community employment    Sheltered Workshop    Adult Daycare    Grade School    Vocational School
   College    Volunteer    Business Owner    Other: ____________________________

7. Is your son or daughter his or her own guardian? Please circle
   Yes    No

8. If not who is their guardian? Please circle
   Mom    Dad    Sibling    Grandparent    Relative    Other: ____________________________

9. How does your son or daughter best communicate? Please circle all that apply
   Verbally    Communication Board    Gesture    Sign language    Other: ____________________________

   Please turn over and fill out the other

Self-advocacy involves working on individual goals and learning styles, understanding citizen rights, communication and expression of ideas, and working as part of a team.
### SAS-Self Advocacy Survey

for Parents and Caregivers of Individuals with Developmental Disabilities

<table>
<thead>
<tr>
<th>1-strongly disagree</th>
<th>2-disagree</th>
<th>3-neutral</th>
<th>4-agree</th>
<th>5-strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you understand your son or daughter's civil rights under the Americans with Disabilities Act (ADA)?</td>
<td></td>
<td></td>
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<tr>
<td>Do the majority of staff members that work with your son or daughter understand the ADA?</td>
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<tr>
<td>Does your son or daughter understand their civil rights under the ADA?</td>
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<tr>
<td>Do you consider your son or daughter a self-advocate?</td>
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<td>Do you consider your son or daughter to be a disability rights activist?</td>
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<td>Do you consider your son or daughter to have leadership skills?</td>
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<tr>
<td>Has your son or daughter received self-advocacy training in the past?</td>
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<tr>
<td>Is your son or daughter able to express their needs at home?</td>
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<tr>
<td>Is your son or daughter able to express their needs to support staff?</td>
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<tr>
<td>Is your son or daughter able to express their needs in the community?</td>
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<tr>
<td>Do you feel that your son or daughter is accepted in the community?</td>
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<td>Do you feel your son or daughter is treated equally in the community?</td>
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<tr>
<td>Do you feel education is needed in the community about individuals with developmental disabilities?</td>
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<tr>
<td>Does your son or daughter spend a lot of time in the community?</td>
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<td>Is your son or daughter satisfied with their social life?</td>
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<tr>
<td>Is transportation a major issue for community involvement?</td>
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<td>Do you feel that the staff working with your son or daughter allows them to make their own choices?</td>
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<tr>
<td>Do you feel that your son or daughter needs support in making decisions?</td>
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<tr>
<td>Do you help your son or daughter make decisions?</td>
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<tr>
<td>Does your son or daughter often disclose their disability in the community?</td>
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<tr>
<td>Is your son or daughter able to explain their disability to others?</td>
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<tr>
<td>Do most individuals you know with a developmental disability participate in self-advocacy programs? (For example, People's First)</td>
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<tr>
<td>Would you like your son or daughter to learn more self-advocacy skills? Please explain:</td>
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</table>
Appendix G
Interview: Superintendent
Key Informant: Melanie Stretchbery Superintendent of Wood Lane

Introduction:

- A description of the University of Toledo doctoral program
- A brief description of occupation and occupational therapy
- Obtain permission to take notes
- Permission to use key informants name in the paper

Purpose of the interview was to understand the need for self-advocacy services at Wood Lane and who could benefit from the program.

1. What services do families’ and adults receive at Wood Lane?

2. What services do teenagers lose when they become adults?

3. What services are gained when becoming an adult?

4. How do individuals receive occupational therapy services?

5. What self-advocacy training is provided at Wood Lane?

6. Are any self-advocacy services targeted to families?

7. What is the role of a Service Coordinator?

8. Do you agree or disagree with the literature that individuals with severe disabilities may not have effective self-advocacy or communication skills?

9. Does the program impose on the social work profession?

10. Do you think an individualized self-advocacy program is needed at Wood Lane?
Appendix H

Interview with Occupational Therapy Department
Key Informant: Occupational Therapy Department: Mary-Beth Lavey, COTA and Becky Heidegger, OTR/L

- A description of the University of Toledo doctoral program
- A brief description of occupation and occupational therapy
- Obtain permission to take notes
- Permission to use key informants name in the paper

1. Do the both of you do any specific self-advocacy training for individuals? If so can you list some examples?

2. As I have understood occupational therapy at Wood Lane does involve self-advocacy. Can you describe in what ways you have already integrated self-advocacy skills? What was successful? What would make it even more successful?

3. The program would be a self-advocacy training program. It will not focus on job skills, but it may benefit vocational training. The program is to connect families, individuals, and the community by ensuring that families and individuals are educated in self-advocacy.

Read some of my plans for self-advocacy training

- 6-week program
- *MOHOST* (screening tool) 20-40 minutes (questionnaire or observation)
- 2 individual interventions per week (direct service 2 hours total including notes) and educating supporters - meet at home or community location
- Group intervention 1x per week with 6 individuals – meet at a community location
- 7 programs per year
- Serves about 40 individuals per year
- Each individual will have a self-advocacy binder

4. After the program was described what problems do you foresee? What would work really well?

5. Do you see this program being directed by an OT/R, COTA, or both?

6. The Self-Advocacy program would involve working on goals for individuals, understanding their unique learning style, understanding citizen rights, communication to express their ideas, and how to work together a part of a team. Do you think that individuals at Wood Lane would benefit from learning self-advocacy skills? What kind of outcomes would you expect?

7. Do you think an individualized self-advocacy plan would be beneficial to individuals at Wood Lane? If so, is there a particular group of individuals who need self-advocacy skills more?
Appendix I
Americans with Disabilities (ADA)
Pre-test/ Post-test
Pre-test / Post-test ADA

True or false questions
1. The Americans with Disabilities Act is a law made so that everyone could have the same opportunities (chances) as anyone else?
   True  False

2. This year is the 1st year that The Americans with Disabilities Act has been a law?
   True  False

3. Most Americans with disabilities were once unable to go to school or work?
   True  False

4. A guide dog or service dog for a person would not be allowed to go into public buildings such as, a store, gas station, school or anywhere else that does not let animals in the building?
   True  False

5. Americans with disabilities have the same rights and choices as every American citizen?
   True  False

Fill in the blank question
6. Individuals with disabilities have __________________________access to the same opportunities in life as everyone else.

7. Someone who can help you achieve self-advocacy would be a __________________________.

8. The Americans with Disabilities Act __________________________individuals to live their life with meaning and choice.

9. If a person was in a wheelchair and went to a store that did not have a ramp to get in, does the _________________ has to pay for the ramp under the Americans with disabilities act.

10. If a person who has a disability applies for a job and is qualified it is __________________________ to discriminate against him or her because of a disability.

Appendix J
Program Flyers
Appendix K

Progress Note
**Progress Note**

Occupational Therapist:  

<table>
<thead>
<tr>
<th>Client:</th>
<th>Date: / /</th>
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<tbody>
<tr>
<td>Age: _______________</td>
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<tr>
<td>Date of Birth: <em><strong><strong>/</strong></strong></em>/_________</td>
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<tr>
<td>Intervention: Individual Group</td>
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<tr>
<td>Location: ___________________</td>
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</tr>
<tr>
<td>Sex: Male Female Other</td>
<td></td>
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<tr>
<td>Primary Disability: __________</td>
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<td>Other disabilities: __________</td>
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<td>Behavioral issues? Y N</td>
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**MOHOST Screening tool:**

- **S** – Strength – supports occupational participation
- **D** – Difficulty – Minor interference with or risk to occupational participation
- **W** – Weakness – Major interference with occupational participation
- **P** – Problem – Prevents occupational participation

Please mark areas to address:

- o Motivation for Occupation
- o Pattern of Occupation
- o Communication & Interaction Skills
- o Process Skills
- o Motor Skills
- o Environment

Health Issues?

<table>
<thead>
<tr>
<th>Short-term self-advocacy goal of the client:</th>
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<tr>
<th>Long-term self-advocacy goal of the client:</th>
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Collaborative goals of the client & occupational therapist

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Does the client agree to the above goals?
Verbal/gestural agreement with client/ supporter  yes  no
or Clients initials ____________

Day 1 - Analysis of strengths & weaknesses in an individual intervention:

Area/s to address: _____________________________________________________________

Type of Intervention:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Notes:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Day 2 - Analysis of strengths & weaknesses in an individual intervention:

Area/s to address: _____________________________________________________________

Type of Intervention:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Notes:

Day 3 – Analysis of strengths and weaknesses in a Group Intervention
Area/s to address: ____________________________

Type of Intervention: ____________________________

Notes:
Appendix L

Timeline per Year
Yellow – Time off        Red – Planning weeks        Red circles – start dates for the program
Appendix M
Timeline per Month
### Timeline per Month

<table>
<thead>
<tr>
<th>Activity</th>
<th>Month</th>
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<tbody>
<tr>
<td></td>
<td>1 2 3</td>
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<tr>
<td>Complete Needs Assessment</td>
<td>x</td>
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<tr>
<td>Organize Program Materials</td>
<td>x</td>
</tr>
<tr>
<td>Purchase supplies</td>
<td></td>
</tr>
<tr>
<td>Prepare for Programming</td>
<td>x</td>
</tr>
<tr>
<td>Marketing Communications</td>
<td>x</td>
</tr>
<tr>
<td>Recruit participants</td>
<td>x</td>
</tr>
<tr>
<td>Program 6 month follow-up</td>
<td>x</td>
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</table>
Appendix N
Timeline per Session
### Timeline per Session

<table>
<thead>
<tr>
<th>Week 1 Intervention Schedule</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention 1,2,3</td>
<td>MOHOST intervention/ Pre-test ADA test</td>
<td>MOHOST intervention/ Post-ADA test</td>
<td>Group Intervention 1,2,3,4,5,6</td>
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</table>

| Week 2 | | | Create binders | |
| Week 3 | Formative Evaluation | Formative Evaluation | | Create binders |
| Week 4 | | | Create binders | |
| Week 5 | | | Create binders | |
| Week 6 | MOHOST assessment / Post-ADA test | MOHOST assessment/ Post-ADA test | Supporter Education – Self advocacy binder | Group Presentations |
| Week 7 | | | Supporter Education – Self advocacy binder | Summative Eval/email |
Appendix O
Timeline per Day
**Timeline per Day**

Typical Weekday Individual Intervention (4 days per weeks)

<table>
<thead>
<tr>
<th>Hours</th>
<th>Task</th>
<th>Travel</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00am</td>
<td>Office and Intervention Planning</td>
<td></td>
</tr>
<tr>
<td>8:30am</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:00am</td>
<td></td>
<td>Drive to location (10min – 25 min)</td>
</tr>
<tr>
<td>9:30am</td>
<td><strong>Intervention 1</strong></td>
<td></td>
</tr>
<tr>
<td>10:00am</td>
<td></td>
<td></td>
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<tr>
<td>10:30am</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:00am</td>
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<td></td>
</tr>
<tr>
<td>11:30am</td>
<td>Summary Notes</td>
<td></td>
</tr>
<tr>
<td>12:00pm</td>
<td>Lunch break 1-hour</td>
<td></td>
</tr>
<tr>
<td>12:30pm</td>
<td></td>
<td>Drive to location (10min – 25 min)</td>
</tr>
<tr>
<td>1:00pm</td>
<td><strong>Intervention 2</strong></td>
<td></td>
</tr>
<tr>
<td>1:30pm</td>
<td></td>
<td></td>
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<td>2:00pm</td>
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<td></td>
</tr>
<tr>
<td>2:30pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3:00pm</td>
<td>Summary Notes</td>
<td>Drive to location (10min – 25 min)</td>
</tr>
<tr>
<td>3:30pm</td>
<td><strong>Intervention 3</strong></td>
<td></td>
</tr>
<tr>
<td>4:00pm</td>
<td></td>
<td></td>
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<tr>
<td>4:30pm</td>
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<tr>
<td>5:00pm</td>
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<td></td>
</tr>
<tr>
<td>5:30pm</td>
<td>Summary Notes</td>
<td></td>
</tr>
</tbody>
</table>

Typical Weekday of Group Intervention (1 day per week)

<table>
<thead>
<tr>
<th>Hours</th>
<th>Task</th>
<th>Travel</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00am</td>
<td>Office and Intervention Planning</td>
<td></td>
</tr>
<tr>
<td>9:00am</td>
<td>Staff Meetings</td>
<td></td>
</tr>
<tr>
<td>10:00am</td>
<td>Programming Planning/ create advocacy binders</td>
<td></td>
</tr>
<tr>
<td>11:00am</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:00am</td>
<td>Lunch break 1 hour</td>
<td>Drive to location (10-25 min)</td>
</tr>
<tr>
<td>1:00pm</td>
<td><strong>Group Intervention</strong></td>
<td></td>
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<tr>
<td>2:00pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3:00pm</td>
<td>Summary notes</td>
<td></td>
</tr>
</tbody>
</table>

Direct services for 1.5 hours, .5 hours dedicated to preparation and summary notes
Appendix P
Formative Evaluations
Formative Evaluation – **Interim Form 2**

Verbal Questionnaire

Name __________________________________________

1. Do you know what self-advocacy is?

2. What is your strength? Weakness?

3. How can you be a self-advocate?

4. Who can help you advocate?

5. Do you know what the ADA is?

6. Who can help advocate?
Name __________________________________________

Formative Evaluation – Final Form 1

Please circle the following and describe your response
1 – not effective  2-sort of effective  3-effective  4- highly effective

1. How effective was the program at increasing Self-Advocacy skills?
   Communication     1  2  3  4
   Knowledge of oneself 1  2  3  4
   Leadership         1  2  3  4
   Overall Self-advocacy 1  2  3  4

Please explain
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

2. How effective was the program in educating the individual or supporter with the Americans with Disabilities Act?

   1  2  3  4

Please explain
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

3. How effective was the program in identifying locations to partake in self-advocacy?

   1  2  3  4

Please explain
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

4. How effective was the program at identifying strengths and support systems necessary for self-advocacy?

   1  2  3  4

Please explain
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Appendix Q

Position Description
Position Description - Occupational Therapist

Position Title: Occupational Therapist, Director of the Volume Self-Advocacy Program

Professional Qualifications:
- Licensed in the State of Ohio
- Registered by the National Board for Certification in Occupational Therapy
- Minimum of a Master’s degree
- New graduates welcome to apply
- Preferred minimum of one year of experience with individuals with developmental disabilities
- Knowledge and expertise of the Ohio ADA laws, or create a plan for study
- Ability to drive with no more than 4 points on license

Reports to: Jay Salvage Director of Adult Services

Duties and Responsibilities:
- Administer and score the MOHOST Assessment
- Create, Administer, and score a pre-test/post-test on the ADA
- Review disability and demographic information from Wood Lane medical forms
- Plan and organize individual intervention and group interventions
- Create relevant worksheets and handouts for sessions
- Meeting with staff and supporters
- Document evaluations, progress notes, discharge plans, and program evaluations
- Supervise program assistant
- Comply with the occupational therapy licensure and certification regulations
- Attend relevant continuing education programs

Skills and Specifications:
- Effective teaching and learning skills
- Effective self-advocacy skills (leadership, communication, knowledge of self)
- Strong decision making and problem solving skills
- Flexible attitude
- Strong organizational skills
- Able to work independently and with others
- Strong documentation skills
- Knowledge of Model of Human Occupation Theory

Working Conditions:
- Direct service with adults with developmental disabilities
- Community locations

Physical Capabilities:
Should be able to sit or stand for long periods of time, good vision for driving, and lifting
Appendix R

Job Advertisement Flyer
Full-Time Occupational Therapist Position

Work with adults with developmental disabilities at Wood Lane and help them to find their voices.

Volume teaches self-advocacy skills and includes all individuals.

Qualifications include: Ohio License, Registration by NBCOT, Knowledge of the Americans with Disabilities Act, and New Graduates are welcome to apply.

Please send Resume to Wood Lane Board of Deveopmental Disabilities
Jay Salvage Director of Adult Services
3535 East Gypsy Lane highway
Bowling Green, Ohio
43402
Appendix S

Letter of Support
May 2, 2013

To Whom It May Concern:

I am writing to provide a letter of support for Dianna Lust, a student at the University of Toledo, in the Occupational Therapy Doctorate program. She is currently developing a program called the Volume program that would potentially benefit the individuals we serve by promoting self-advocacy and inclusion in the Bowling Green Community. Through her past experience both personal and professional Dianna has developed a passion to serve individuals with developmental disabilities. She and I have recently discussed establishing the Volume program as an integral part of Wood Lane's adult services. Interventions will include both individual attention and group settings to promote self-advocacy skills. The program will be led by an occupational therapist that is highly qualified to work with individuals with disabilities. The occupational therapist will aim to include any individual that would like to join. Individuals who are non-verbal or need supports are encouraged to join because the program includes all individuals and provides education to staff or supporters.

Current self-advocacy programs sometimes unintentionally exclude individuals with severe disabilities because they encourage individuals to speak out or be completely independent. The Volume program will seek to challenge all individuals that join the program in an individualized way.

At Wood Lane we like to push the bar for individuals and I believe that this program would add to our already wonderful services and community employment opportunities for adults with developmental disabilities.

Please contact me with any questions you may have.

Thank you in advance for your consideration.

Respectfully submitted,