Exploring and Implementing Evidence-Based Educational Approaches in an Entry-Level Doctoral Occupational Therapy Program

Hannah Schultheiss
Exploring and Implementing Evidence-Based Educational Approaches in an Entry-Level Doctoral Occupational Therapy Program

Hannah J. Schultheiss

Western Michigan University

Department of Occupational Therapy
Abstract

As occupational therapy programs begin to shift from entry-level Master’s to Doctorate curriculum, progressing the rigor accordingly while holding true to the field’s occupational roots remains a crucial consideration. At a private university in the Midwest, faculty were working against time constraints while building an entry-level doctoral occupational therapy program from the ground up and sought to establish a healthy, professional culture between faculty and students. This capstone experience and project addressed these goals by exploring the role and expectations of working as an educator in the program. Learning experiences were centered upon developing content related to pediatric and adolescent mental health. In tandem, a community-based learning opportunity for the occupational therapy students was developed and executed. This project helped ensure that students were receiving an integrated and informed education that encompasses emerging areas of practice, including mental health. Progressing the field of academia is critical to in turn progress the field of occupational therapy as a whole. This project granted the university time and labor to research and develop effective approaches to educate occupational therapy students in order to best serve future patients.
Acknowledgements

This project is the culmination of years of hard work, dedication, and dreams coming true. I would like to extend my sincerest gratitude first to my capstone site mentor, Dr. Nicole Onori Hansen and the rest of the faculty and students at Concordia University Ann Arbor’s Occupational Therapy Program. Your acceptance, encouragement, and grace as I navigated unfamiliar waters meant everything to me, and this project simply would not have been possible without you all. I also want to thank the outstanding faculty at Western Michigan University, as well as my amazing cohort. These three years flew by because of all the fun we had along the way and I am so proud to enter the workforce amongst such great company.

My support system outside of the classroom has been my driving force to remain curious and explore how far my potential can go. To my father, who was the one to plant the idea of occupational therapy in my mind and is exactly the kind of person I aspire to be. To my mother, my grandparents, my siblings, and my friends, who fill my heart when you brag of me to the dental hygienist or remind me how much you love me. And a special thank you to my partner, Henry, who gives me the space and confidence to grow into the person I am most proud to be.
Contents

Introduction ........................................................................................................................................... 5

Literature Review .................................................................................................................................. 6

Efficacy of hybrid models in comparison to traditional programs ........................................... 6

The impact of nontraditional fieldwork on clinical reasoning ............................................... 7

The Subject-Centered Integrative Learning Model ............................................................... 10

Needs Assessment ....................................................................................................................... 11

Strengths ............................................................................................................................................... 12

Weaknesses .......................................................................................................................................... 13

Opportunities ....................................................................................................................................... 14

Threats .................................................................................................................................................. 15

Objectives Achieved ..................................................................................................................... 15

Primary Objective .......................................................................................................................... 16

Sub-Objective 1 ................................................................................................................................... 16

Sub-Objectives 2 and 3 .................................................................................................................. 18

Sub-Objective 4.................................................................................................................................... 21

Implications ......................................................................................................................................... 21

References .......................................................................................................................................... 23

Appendices ......................................................................................................................................... 25
Exploring and Implementing Evidence-Based Educational Approaches in an Entry-Level
Doctoral Occupational Therapy Program

In an ever-evolving world of health care, delivering high-quality, up-to-date occupational therapy (OT) education remains a challenge. Educators are expected to provide students with a detailed education on a myriad of topics including anatomy, mental health, clinical intervention, critical reasoning, and ethics, while remaining holistically focused on the topic of occupation. All the while, there are countless avenues for which the educational content can be delivered to students. To address this dilemma, the purpose of this education-focused capstone project was to support development of an entry-level Doctor of Occupational Therapy program through identification and application of evidence-based educational approaches.

This capstone project took place within Concordia University Ann Arbor’s Department of Occupational Therapy. Concordia University Ann Arbor (CUAA) is a private Lutheran university in Michigan. Total enrollment in the university is about 1,300 students, with less than 200 of those being graduate level students (By The Numbers, 2023). At the time of this capstone project, the CUAA entry-level occupational therapy doctoral degree program had been granted Candidacy Status by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA). Their first OTD cohort began in July 2022 and was composed of 13 students. By the time this project began, one student had been dismissed, leaving 12 female students in the cohort. The CUAA OT Program is a full-time, year-round, 109-credit program. A hybrid model is utilized with the intention of allowing flexibility for students and recruiting a more diverse cohort. With this, students are on campus for face-to-face learning two to three days per week.
Dr. Nicole Onori Hansen, who serves as an assistant professor and the doctoral capstone coordinator at CUAA, served as the site mentor for this experience. Dr. Onori has earned both a Master’s Degree (M.O.T) and Post-Professional Doctorate Degree (Dr.OT) in Occupational Therapy as well as an M.S. in Counselor Education. She served as adjunct faculty at the University of Minnesota for almost five years before coming to CUAA. Dr. Onori was the lead instructor in the course that content was primarily developed for, titled ‘Psychosocial & Emotional Aspects of Occupation.’

**Literature Review**

The intention of this literature review was to gather preliminary research surrounding educational models and strategies. While this review highlights the effectiveness of hybrid models, non-traditional fieldwork, and introduces an occupation-centered learning model, an existing need remains to further examine what pedagogical approaches are most effective to develop critical thinking skills and enhance feelings of confidence and competency in students.

**Efficacy of hybrid models in comparison to traditional programs**

According to Mu et al. (2014), a hybrid program delivers 30-79% of its content via internet technology. Hybrid programs are among the fastest growing enrollment sections in higher education (Mu et al., 2014). The goal is to enhance student engagement by capitalizing on the strengths of both face-to-face education while opening the doors to innovation and flexible content delivery (Mu et al., 2014; Jensen & Lally, 2018). Hybrid programs have been shown to allow more flexibility while targeting the necessary communication skills in order to succeed in health care (Jensen & Lally, 2018). With this, the number of programs offering online options has increased: Jensen & Lally (2018) stated that in the 2014-2015 school year, over 70% of doctoral-level occupational therapy programs offered some type of distance education, up 20%
from the year prior. While the flexibility and incorporation of modern technology are key benefits, researchers sought to compare educational outcomes of hybrid models with traditional programs, where 100% of content is delivered face-to-face (Mu et al., 2014). Jensen & Lally (2018) and Mu et al. (2014) conducted similar studies in this realm, comparing grade point average, Fieldwork Performance Evaluation Scores, NBCOT practice exam scores, and NBCOT pass rates between programs. Neither study found a significant difference in student performance between the programs studied (Jensen & Lally, 2018; Mu et al., 2014). Along with this, Jensen & Lally (2018) noted that the mean age of students in the hybrid cohort was significantly higher than the traditional cohort students, with students in the hybrid cohort averaging 27 years old versus 23 years old.

Based on these findings, hybrid programs may increase accessibility for non-traditional learners, such as those who are older, have families, or need to work while attending school. However, a common theme across studies included in this review is the significantly smaller sample size of hybrid students than traditional students. While this may be due to hybrid programs not being as common and therefore admitting less students, further evidence is required to support the evidence presented in this review. Regardless, such evidence that graduate-level outcomes can remain the same in a hybrid format further paves the way for more programs to introduce a distance-learning option in the future.

**The impact of nontraditional fieldwork on clinical reasoning**

Clinical competence serves as the foundation of occupational therapy education, and is predominantly taught via fieldwork (Matilla et al., 2020). While level II fieldwork in occupational therapy programs looks similar across the country, level I fieldwork differs by institution (Nielsen et al., 2020). Level I fieldwork is designed to reflect what is taught in
didactic curriculum, and as a result, produces various outcomes throughout academic curriculum (Nielsen et al., 2020). Within level I fieldwork, students may be exposed to traditional and/or nontraditional placements. Traditional level I fieldwork typically consists of a registered occupational therapist directly supervising students while they perform tasks placed in the context of clearly established roles (Gat & Ratzon, 2014). Nontraditional fieldwork, on the other hand, may involve standardized patients, virtual simulations, or may take place in a setting where occupational therapy services are not available on site (Turesson & Falk, 2021; Matilla et al., 2020; Gat & Ratzon, 2014). While the Accreditation Council for Occupational Therapy Education (2018) has stated that simulation is an acceptable method to utilize in early clinical education, there are limited resources available.

Multiple studies have sought to compare the development of various student skills in traditional versus non-traditional fieldwork placements. Researchers have found that experience in nontraditional settings improved student’s personal skills, personal responsibility, cultural competence, reasoning, critical thinking, and analyzing skills, as measured by self-report and the Health Sciences Reasoning Test (Gat & Ratzon, 2014; Nielsen et al., 2020). Meanwhile, perception of professional skills has not been shown to differ significantly between traditional and nontraditional placements (Gat & Ratzon, 2014). When looking specifically at the results of the Health Sciences Reasoning Test, which measures reasoning and critical thinking skills, it is important to note that only students in the nontraditional setting showed significant gains in the Analysis subscale and on the test overall (Nielsen et al., 2020). However, the nontraditional fieldwork was accompanied by weekly discussion and assignments that were designed to target various components of reasoning, analytical skills were the only skills that showed marked improvement (Nielsen et al., 2020). Specific benefits of nontraditional level I fieldwork
Experiences, as identified by students, included improved personal and professional development, better understanding of the value of occupation, further development of professional reasoning skills, and the opportunity to apply theory to practice (Nielsen et al., 2020).

When incorporating virtual simulations and standardized patients into nontraditional fieldwork, preparation, reflection, debriefing, and feedback were identified as key determinants to success (Matilla et al., 2020; Turesson & Falk, 2021). Simulation provides students the chance to learn new skills, develop clinical reasoning abilities, and improve competency in working with both patients and family (Aebersold, 2018). From the student perspective, simulations were reported to be a safe environment where they could practice skills with less of a critical time frame and had the ability to make mistakes without risk (Matilla et al., 2020). The opportunity to practice clinical skills in an authentic, low-stakes environment before moving on to level II fieldwork resulted in students feeling more confident and better prepared (Matilla et al., 2020; Turesson & Falk, 2021). Additionally, simulation is an adequate substitute for traditional experiences that may be more rare or difficult to find (Aebersold, 2018).

With these results in mind, nontraditional fieldwork settings have been shown to enhance clinical competence at the same or better rates than traditional settings (Gat & Ratzon, 2014; Nielsen et al., 2020; Matilla et al., 2020; Turesson & Falk, 2021; Aebersold, 2018). Standardized patients and simulated fieldwork environments can be beneficial tools to incorporate into such settings to enable students to enhance their clinical reasoning skills and improve competency and confidence with low risk (Matilla et al., 2020; Turesson & Falk, 2021; Aebersold, 2018).
The Subject-Centered Integrative Learning Model

When creating curriculum for an occupational therapy program, all decisions for components to include must be backed by a learning framework. According to Hooper et al. (2020), no conceptual model up until this point has defined occupation-centered education, further expanded on its concepts and principles, and guided curriculum and instructional development. Because of this need for a learning framework that brings multi-disciplinary topics back to the core focus of occupation, the Subject-Centered Integrative Learning Model (SCIL-OT) was created (Hooper et al., 2020). SCIL-OT outlines theoretical foundations, five key elements, and various principles of occupation-centered education (Hooper et al., 2020). The first element is that as occupation is the core subject of occupational therapy, it should subsequently be the core subject of occupational therapy education (Hooper et al., 2020). With this, the model emphasizes that the topics taught in occupational therapy programs are not distinct to occupational therapy and therefore lack a cohesive logic (Hooper et al., 2020). The third element of the model states that both students and educators alike are a part of the greater knowledge community and therefore learn together while developing further knowledge of occupation (Hooper et al., 2020). The fourth and fifth elements of the model highlight the influence of learning context, teaching, and assessment (Hooper et al., 2020). The authors introduce the concept of learning occurring “on the lines;” that is, learning should be designed to pull students’ attention away from isolated topics and into a focus on the connection to occupation (Hooper et al., 2020). The authors warn that without occupation at the core of education, students may have trouble integrating knowledge into an overarching understanding of occupation (Hooper et al., 2020).
The SCIL-OT model is being highlighted in this literature review as it has been identified by CUAA Department of Occupational Therapy as their guiding framework for developing curriculum. In holding occupation as the primary subject of the occupational therapy curriculum, the goal is that students will learn first and foremost how to think like an occupational therapist, and that all other knowledge will stem from this mindset.

When supported by reflection, debriefing, and feedback, nontraditional fieldwork models and hybrid occupational therapy programs have been shown to produce similar or better educational outcomes than traditional settings while enhancing critical reasoning skills and clinical competency. With this, the SCIL-OT model proposes an occupation-based learning framework that further aids the development of a frame of thinking that supports the necessary reasoning and decision making to act as a competent occupational therapist. Taken as a whole, utilizing evidence to make informed decisions when developing a new occupational therapy educational program can lead to better educational outcomes as well as students feeling more confident and competent when entering the field, which could therefore improve patient outcomes. However, continued research is still necessary, with a particular need for an increase in quantitative methods and larger sample sizes. Future studies should aim for more diverse sampling with active data collection as opposed to retrospective methods.

**Needs Assessment**

With this knowledge in mind, a needs assessment was completed to further examine the needs of the capstone site. The CUAA OT Program Director, Academic Fieldwork Coordinator, and Doctoral Capstone Coordinator were interviewed to gain a deeper understanding of the state of the program. Specific interview questions can be found in Appendix A. It is important to note that these interviews were conducted approximately 8 months before this DCE took place. This
was also before the inaugural student cohort began the program. With that being said, many of the strengths, weaknesses, opportunities, and threats described below are time-specific and may have evolved as the program has grown and progressed.

**Strengths**

Interviewees identified a variety of program strengths that connected to an underlying theme of intentional curriculum design and meaningful occupation. When considering a systems perspective, Concordia University is a small, private Christian university centered in a big city. This contrast allows students to experience the benefits of two vastly different communities. Additionally, given the nature of the university, the OT program is permitted to talk about the occupation of spirituality in a different way than other programs.

Within the occupational therapy department, interviewees believed that the hybrid design allows more flexibility for both students and faculty. Additionally, physical spaces were intentionally designed and built for the OT program. This was completed in collaboration with CUAA’s physical therapy program, who is set to welcome its inaugural cohort in the fall of 2023. Accompanying resources purchased for the program intentionally center on occupation, which is a source of pride for faculty. This thread of occupation is at the center of curriculum design, along with team-based approaches, cohesive integration, and incorporating spirituality. The curriculum includes a heavy focus on interprofessional engagement and simulations to foster meaningful learning for students.

In order to achieve successful implementation of the curriculum vision, interviewees described an intentional creation of a meaningful culture within faculty. Faculty training was
described as extensive and meaningful. Additionally, it was mentioned that faculty are eager to learn and grow in their new roles and were not yet experiencing burn out.

**Weaknesses**

Sources of program weaknesses were primarily related to the overall newness of the occupational therapy program. Graduate-level and professional education programs are new to CUAA, and the School of Health Professions in particular is experiencing significant growth. Programs of this caliber require different support systems beyond what is already available at this small university. One example provided was the lack of sufficient library resources to complete graduate-level research. With this, the OT program is located off central campus, which prevents ease of access to additional resources such as work areas and food service.

Overall refinement of admissions processes, scholarship of teaching, and curriculum design were also described weaknesses. Concerns with community relationships were also noted. Interviewees stated that other universities have better established relationships within the community. It was acknowledged that establishing rapport in the community and with fieldwork sites takes time.

Speaking of time, the lack thereof was the most prominent theme described when inquiring about perceived weaknesses. As a new program, there are many unknowns. Interviewees felt that the program and faculty needed more time to first see what works well in the program before considering what might need to be changed. Additionally, new faculty require more training and time to settle into their role than those with experience. This has resulted in faculty falling behind in curriculum development.
Opportunities

While being a new occupational therapy program brings its own set of concerns and weaknesses, there are also countless opportunities to develop meaningful relationships and build a program that will leave a lasting impact on its students and surrounding community. Examples of such include opportunities to connect with organizations in the community. The list of potential connections and ideas was long, including a hippotherapy clinic, an assisted living facility, local Lutheran ministries, summer day camps, community CarFit evaluations, gardening events, a community health fair, working with veterans, and collaboration with the local fire department. To incorporate such learning opportunities, the CUAA OT program has intentionally designed *Integration and Practice* lab classes to be embedded in every semester of the program, which allows for immediate application of concepts learned in class, often by applying them in community settings.

Many opportunities within faculty development were also mentioned. These included building research capacity, refining faculty advising structure, educating faculty on the capstone process, and continuing to develop resources such as the student handbook and general policy and procedures. Hiring of a pediatric faculty member and a faculty member who specializes in upper extremities and splinting was also discussed. Between the time of these interviews and the start of the doctoral capstone experience, however, these needs had been fulfilled. The capstone process for CUAA OT students was also identified as a significant opportunity within the program to advocate for occupational therapy in non-traditional settings.
Threats

Identified threats were primarily centered around admissions. Zooming out, interviewees described a nationwide demographic cliff, resulting in the number of college-aged students decreasing. With that, occupational therapy enrollment was also reported to be down across the country. As a result, admission numbers within the CUAA OT program were not what they hoped they would be. Cost of attendance is significant, and scholarships for OT students at CUAA had not yet been established. Occupational therapy students are met with many choices and options for schools to attend. Given there are six other OT programs in the state, competition for admissions and fieldwork placements is a natural consequence.

Other concerns were noted about group dynamics. Interviewees expressed worry about filling open faculty positions with the “right fit,” establishing professional behaviors and boundaries with students, and navigating the dynamics of bringing a group of unique, diverse people together.

This capstone project and experience met a major area of need for CUAA’s OT program, which was additional support to develop and deliver curriculum in order to relieve time constraints that faculty were facing. Additionally, visiting OTD capstone students are in a unique position to serve as a liaison between students and faculty to promote the healthy group dynamics that were an identified priority. Bridging this gap proved to be beneficial as the faculty and students continued to develop a professional and supportive culture.

Objectives Achieved

In addition to the standardized objectives expected of all OTD students at Western Michigan University, the following objectives were achieved by this capstone experience:
Primary Objective: By the end of the 14-week doctoral capstone experience, student will fully develop and deliver an educational curriculum on the topic of pediatric and adolescent mental health.

Specific sub-objectives and learning activities will be described in the remainder of this section. Additionally, a week-by-week timeline of objective implementation can be found in Appendix B.

*Sub-Objective 1: Student will develop a knowledge foundation for the DCE by reading at least ten pieces of evidence related to education and adult learning theories, participating in at least two educational training sessions, and observing and assisting in educational content delivery with four faculty members.*

The intention of this objective was to develop a strong knowledge foundation in order to apply current, evidence-based teaching strategies and curriculum to the OTD students at CUAA. This began by exploring a variety of evidence related to education and adult learning theories. While the goal was to explore ten pieces of evidence, the final tally far exceeded ten. Evidence was obtained from occupational therapy textbooks, American Occupational Therapy Association (AOTA) presentations and publications, occupational therapy models and frames of reference, and published books about learning theory and course design. A comprehensive list of evidence explored can be found in Appendix C.

A particularly beneficial piece of evidence utilized in depth was L. Dee Fink’s book, *Creating Significant Learning Experiences*. This text outlines an integrated approach to course design that employs a backwards design approach. In addition to reading the book in depth, a 60-minute presentation for faculty was prepared. The purpose of this presentation was to synthesize
and summarize information from the book and allow faculty an opportunity to apply Fink’s principles to practice by working together to begin planning a future course for the OTD program. The presentation slides are available for reference in Appendix D.

Concordia University possesses a stellar faculty resource for continued education, called The Center for Excellence in Learning and Teaching (CELT). CELT session offerings were made available with six of the trainings completed by this student. The list of completed trainings can be found in Appendix E. In addition to CELT trainings, this objective was met by participating in FERPA training with the Program Director and completion of Mental Health First Aid Certification training with the CUAA OTD students.

At the time of this experience, CUAA OT employed five faculty members, four of whom delivered content to the OT students during this DCE. Courses observed and/or participated in during the 14 weeks included the following: *Neuro Learning & Behavior in Occupation*, *Preparatory Intervention Strategies*, *Healthcare Continuums*, *Integration & Practice*, and *Psychosocial and Emotional Aspects of Occupation*. Early in the capstone experience, observation occurred in every class session in order to become familiar with program culture, get to know students, and learn from faculty. This quickly turned into assisting with content delivery where appropriate.

In the *Integration & Practice* seminars, assisting was more informal given the hands-on, application-based nature of the course. On the other hand, *Healthcare Continuums* was a class that lent itself well to increased participation and leadership given the discussion-based format. In this course, involvement in content delivery included facilitating large group discussion of weekly readings, clarifying expectations of assignments to be completed outside of class, and grading assignments, primarily discussion posts and case studies. *Healthcare Continuums* was a
critical component of achieving this learning objective given its opportunities to apply facilitation skills and adult learning theories. Additionally, this course allowed practice in utilizing Blackboard, the course management system, and how to grade assignments using a rubric. Weekly reflections were completed and discussed with the site mentor in order to foster and progress learning.

Sub-Objectives 2 and 3: Student will fully develop and deliver content on the topic of pediatric and adolescent mental health to be utilized in the course titled ‘Psychosocial & Emotional Aspects of Occupation.’ AND Student will connect developed curriculum to a community-based event related to the topic of pediatric and adolescent mental health.

Given the integrated nature of this curriculum, sub-objectives two and three will be described in tandem as the work was so deeply intertwined. These objectives met the primary gap identified in the needs assessment; a perpetual lack of time that led to faculty being behind in developing curriculum. Given the hybrid format of the program, a flipped classroom method is utilized throughout the program. In a flipped classroom, students are initially introduced to course content at home before class. Lecture is discouraged during class time in order to allow more time for application in engaging, hands-on ways. For this reason, in-class content created for this module was centered around the community-based event that would be taking place.

Initial work towards sub-objective two was met through participation in content delivery in the courses mentioned in the prior section. These courses laid the groundwork for course design, writing of learning objectives, utilizing Blackboard, and classroom management. Moving forward, content delivery continued through the ‘Psychosocial & Emotional Aspects of Occupation’ course itself. This was done in order to become familiar with the class format and
expectations, as well as to learn how Dr. Onori runs the classroom. Participation included facilitating discussions, leading group activities, and grading assignments.

With the ever-present challenge of time, creating a comprehensive module that was reasonable within the time limitations given required intentional selection of reading assignments, videos, and in-class activities. In addition to collaborating with the course instructor, Dr. Onori, communication also occurred with the faculty member who would be leading the pediatric courses this coming summer to ensure continuity and a holistic pediatric education.

The Blackboard course content and face-to-face content delivery plans can be found in Appendix F. In summary, the focus for the module was to learn and apply components of pediatric and adolescent mental health to a community-based event. The setting for the event was identified with the help of a lab instructor at CUAA, who had connections with a local Christian middle school. After an initial in-person meeting with the curriculum director to outline intentions and iron out details, a date was solidified. The eighth-grade class at the school was chosen as the target audience, given the potential challenges that arise with their upcoming transition to high school. A flyer to be sent home to parents was created with additional details that can be found in Appendix G. It is with sincere gratitude to the lab instructor and the curriculum director at the middle school for making this event possible.

It was decided that the CUAA OT students’ primary assignment for the module would be to develop content to deliver at the community event. Guidelines were created by the capstone student, including dividing students into groups, assigning topics for each group, and creating a template lesson plan for students to follow. Additionally, students were asked to write measurable learning objectives, similar to how they will be expected to write goals when treating
in a clinical setting. The capstone student created an asynchronous lecture for students to watch to learn more about how to write learning objectives according to Bloom’s Taxonomy. The presentation slides and link to the lecture can be found in Appendix G, along with the lesson plan outlines and content created by students. Student names have been included with written permission for future citing purposes.

In addition to the project, students were to complete pre-class readings and videos to generate a knowledge foundation of the topic at hand. Readings were chosen from the pre-selected textbook for the course, *Occupational Therapy in Mental Health: A Vision for Participation*, edited by Brown, Stoffel, and Munoz (2010). Details of assignments to be completed outside of the classroom are included in the Blackboard content in Appendix F.

Most of the in-class time for this module was spent preparing for the community-based project. Students were given time to work in their groups to prepare content. Additionally, a full rehearsal was conducted for peers, where students had the opportunity to give and receive feedback after. This was done six days before the community event was to take place to provide time for any changes to be made. Following the event, students were asked to complete reflections of their experience. Overall, students felt prepared, believed this experience was a good use of class time, and thought it should be held again in the future.

In addition, a guest speaker was invited to speak to the class about their own lived experiences with the topics at hand. A meeting was held between the guest speaker, capstone student, and lead professor before class to outline expectations. The speaker related their own experiences to topics being studied in class that week, such as adverse childhood experiences, family dynamics, and experiencing mental illness throughout childhood and adolescence.
Inviting guest speakers to class is something that the professor leading the *Psychosocial* course does often and is well received by students.

**Sub-Objective 4: Student will hold office hours at least one hour per week for students in the cohort to serve as a mentor, tutor, or to address any other questions or concerns.**

As described in the needs assessment, this objective helped to foster group dynamics within the program and connect students and faculty. These office hours were held two times per week, one hour each, from weeks two to fourteen. They were informally held during the students’ lunch hour and attendance was not required. Students occasionally asked for feedback on assignments they were working on, but the mentorship component was more often utilized. The OTD students often used these hours as a chance for a listening ear or an opportunity to gain a fresh perspective on a dilemma they may be experiencing. Given the unique role of the capstone student, holding office hours helped the capstone student develop a unique perspective from both sides of the table and to facilitate communication between faculty and OTD students at CUAA. This also was a time to continue to build relationships with the students, which wound up being one of the brightest spots of this experience.

**Implications**

Between the capstone student and capstone site, this experience was mutually beneficial. The student was able to explore and implement educational approaches in order to foster a deeper understanding of the academic perspective of occupational therapy. In turn, CUAA benefitted from this as the knowledge gained was shared with faculty through explicit teaching and demonstration. Additionally, the curriculum that was developed can be used for years to come in the program. One component of the developed curriculum by this capstone student has also been pulled to use as ACOTE accreditation evidence in the program’s upcoming review.
While the field of occupational therapy is quickly making its shift from entry-level Master’s to Doctoral degrees, collaborating with new programs to ensure students are receiving up-to-date education on emerging areas of practice, such as mental health, is essential to ensuring that the field continues to evolve and progress in order to best service patients. Capstone students bring a fresh perspective, as well as the precious gift of time to research and develop effective approaches. Giving back to the field in this way is invaluable.

No matter how much preparation was done, this capstone experience was not entirely what was expected. The most prominent difference was within the expectation that curriculum developed would largely be in isolation from other classes and would primarily be delivered through lecture. However, CUAA OT program’s commitment to an integrated, holistic approach opens the door for an immersive experience for students that facilitates becoming a competent, thoughtful practitioner. This capstone experience reinforced the importance of goal-oriented, client-centered care, no matter the setting.
References


http://dx.doi.org/10.5014/ajot.2014.685S02


https://doi.org/10.5014/ajot.2020.036350


https://doi.org/10.1080/11038128.2021.1974549
Appendix A

Interviewees:

- Program Director
- Academic Fieldwork Coordinator
- Doctoral Capstone Coordinator

Needs Assessment Questions

1. Why did you decide to take this role at Concordia?
2. Why do students choose to come to CUAA? What about this will be the same and/or different for OTD students?
3. What priorities and desired outcomes do you have for your future students?
4. What sets Concordia’s OTD program apart from other OT programs?
5. What are your particularly proud of when it comes to this program?
6. What resources do you feel are lacking at Concordia?
7. What elements of this program have room for improvement?
8. What do other similar programs do better than Concordia?
9. What opportunities do you anticipate the program and students will have to interact with and serve the community?
10. What are existing unmet needs? Do you have a plan for how to address these?
11. What do you see as threats to the organization – both internally and externally?
12. What are barriers to success you anticipate – for the program or students?
Appendix B

This week-by-week timeline outlines objective completion throughout the capstone experience.
Appendix C

The following pieces of evidence were explored to support completion of the knowledge foundation learning objective.


occupational therapy solution to the adolescent mental health crisis. *American Occupational Therapy Association.*


https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime


Lynch, B. & Centers, N. (2022, December 2). *A seat at the table: Cementing OTs role as leaders in school mental health and wellness.* [Conference presentation slides]. AOTA Specialty Conference: Mental Health, Columbus, OH, United States.


Peterson, E. & Stoffel, V. (2022, December 2). *Occupational discovery for recovery: How occupational therapy aligns with the recovery model to support engagement in meaningful occupations*. [Conference presentation slides]. AOTA Specialty Conference: Mental Health, Columbus, OH, United States.


Stoffel, V.C., Reed, K.L., & Brown, C. (2019). The unfolding history of occupational therapy in


Appendix D

The following presentation slides were prepared for and delivered to CUAA OT faculty to introduce an integrated approach to course design created by L. Dee Fink.
Initial Phase: Build Strong Primary Components

- Identify important situational factors
- Identify important learning goals
- Formulate appropriate feedback and assessment procedures
- Select effective teaching and learning activities
- Make sure the primary components are integrated

Tips for selecting learning goals

- Identify as many kinds of significant learning as possible
- Link your learning goals to your own dreams

What are your goals?

Initial Phase: Build Strong Primary Components

- Identify important situational factors
- Identify important learning goals
- Formulate appropriate feedback and assessment procedures
- Select effective teaching and learning activities
- Make sure the primary components are integrated

"Audit-ive" vs Educative Assessments

"Did you get it?"

versus

"Are you learning?"

FIDeLity feedback is...

- Frequent
- Immediate
- Discriminating
- Delivered Lovingly

How will you assess?
**Initial Phase: Build Strong Primary Components**

- Identify important situational factors
- Identify important learning goals
- Formulate appropriate feedback and assessment procedures
- Select effective teaching and learning activities
- Make sure the primary components are integrated

**How do I make these activities powerful?**
- Create rich learning experiences
- Introduce information and ideas in new ways
- Promote in-depth reflective writing on the learning process

**What will you do?**

**Intermediate Phase: Assemble the Components into a Coherent Whole**

- Create a thematic structure for the course
- Select or create a teaching strategy
- Create an overarching scheme of learning activities

**Integrating the Components**

<table>
<thead>
<tr>
<th>LEARNING GOALS</th>
<th>ASSESSMENT PROCEDURES</th>
<th>LEARNING ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand and interpret foundational knowledge of...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Know how to use...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Be able to make connections...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understand the personal and social implications of...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care about...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Know how to keep learning about...</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Intermediate Phase: Assemble the Components into a Coherent Whole**

- Create a thematic structure for the course
- Select or create a teaching strategy
- Create an overarching scheme of learning activities
Sequencing Learning Activities

<table>
<thead>
<tr>
<th>WEEK</th>
<th>CLASS SESSION</th>
<th>BETWEEN CLASSES</th>
<th>CLASS SESSION</th>
<th>BETWEEN CLASSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONE</td>
<td></td>
<td></td>
<td>TWO</td>
<td></td>
</tr>
<tr>
<td>THREE</td>
<td></td>
<td></td>
<td>FOUR</td>
<td></td>
</tr>
<tr>
<td>FIVE</td>
<td></td>
<td></td>
<td>SIX</td>
<td></td>
</tr>
<tr>
<td>SEVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Final Phase: Finish Important Remaining Tasks

- Develop the grading system
- Debug the possible problems
- Write the course syllabus
- Plan an evaluation of the course and of your teaching

Is re-designing the way you teach really worth it?

Thank you!

References


Appendix E

The following educational training sessions were completed to support completion of the knowledge foundation learning objective.

<table>
<thead>
<tr>
<th>Date Completed</th>
<th>Title of Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/11/23</td>
<td>Concordia University CELT Training (live): Designing Your Course &amp; Refreshing Your Syllabus</td>
</tr>
<tr>
<td>01/11/23</td>
<td>Concordia University CELT Training (live): Engaging Your Learners</td>
</tr>
<tr>
<td>01/13/23</td>
<td>Concordia University CELT Training (pre-recorded): Practices and Processes: Building an Effective Curriculum</td>
</tr>
<tr>
<td>01/18/23</td>
<td>Concordia University CELT Training (live): Copyright for Faculty</td>
</tr>
<tr>
<td>02/09/23</td>
<td>Concordia University FERPA Training</td>
</tr>
<tr>
<td>02/20/23</td>
<td>Concordia University CELT Training (live): Universal Design for Learning</td>
</tr>
<tr>
<td>02/27/23</td>
<td>Concordia University CELT Training (live): ChatGPT: Threat or Opportunity?</td>
</tr>
<tr>
<td>03/15/23</td>
<td>Mental Health First Aid Certification</td>
</tr>
</tbody>
</table>
Appendix F

This appendix includes content created to achieve sub-objective two: *student will fully develop and deliver content on the topic of pediatric and adolescent mental health to be utilized in the course titled ‘Psychosocial & Emotional Aspects of Occupation.’*
EXPLORING EDUCATIONAL APPROACHES IN AN OTD PROGRAM

Read
Please note: This is about 60 pages of reading, which should be manageable as most of the chapters are brief. The content of these chapters will be in the Week 1 topic.

- Brown, Duffie, & Marus (2019)
  - Chapter 7: Autism, pp. 1-12
  - Chapter 8: Intellectual Disabilities, pp. 113-127
  - Chapter 8: ADHD, pp. 132-139
  - Chapter 10: Conduct & Impulse Control, pp. 140-150
  - Chapter 22: Memory Processing, pp. 303-309 (This is an important chapter)
  - Chapter 38: Early Intervention, pp. 573-579 (see up to Early Intervention Program & pp. 577-579 [Psychological Assessment: Theory section])
  - Chapter 50: School Mental Health, pp. 909-910 (pay special attention to pp. 909-910, up to The OT Process)

Helpful Resources to Explore:

- https://www.s增幅ee.com
- https://www.s增幅ee.com/index.html
- AOTA School-Related Health Trnees
- Common Themes and Theorizations: What Happens in Childhood Doesn’t Always Stay in Childhood (requires login to AOTA website)
- AOTA: Children’s Rights (Revised 2013)
- AOTA: Children’s Rights (Revised 2019)
- AOTA: Early Intervention (Revised 2019)
- AOTA: Preventing Disabilities in Children (Revised 2019)
- AOTA: Career Workforce Health First (Revised 2019)

Other Required Learning Activities

<table>
<thead>
<tr>
<th>Week 4 Assignments</th>
<th>Due Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quiz</td>
<td>March 31 at 11:59 p.m.</td>
</tr>
</tbody>
</table>

Other Required Learning Activities

<table>
<thead>
<tr>
<th>Week 4 Assignments</th>
<th>Due Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Assignment (Lesson Plan &amp; Prep Work)</td>
<td>April 2 at 11:59 p.m. (One submission per group)</td>
</tr>
<tr>
<td>Group Presentation at Ann Arbor Christian School</td>
<td>April 9 from 6:00 p.m. - 10:00 p.m.</td>
</tr>
<tr>
<td>Group Process Evaluation Form (Peer Evaluation)</td>
<td>April 7 at 11:59 p.m.</td>
</tr>
<tr>
<td>Written Reflection</td>
<td>April 7 at 11:59 p.m.</td>
</tr>
</tbody>
</table>

During Class Learning Activities

During our class time, we will apply what you learned above in the following ways:

Tuesday:
- The Local Experience: Guest speaker, Olivia Henry, will be sharing her personal experiences with severe childhood experiences, PTSD, recovery, and the mental health challenges of being a therapist.
- Group work to develop your lesson plan for Ann Arbor Christian School. Feedback and guidance will be provided throughout class.

Bring to class:
- Collaborative draft of learning objectives
- Ideas for occupation-based interventions to discuss with your group
- Brown, Duffie, & Marus Text

Thursday:
- Practice delivering lesson plans and interventions for the mental health event at Ann Arbor Christian School.
- Grad and peer feedback

Bring to class:
- Completed draft of your lesson plan

After Class Learning Activities

To summarize and assess your learning, complete these activities:

- Quiz on weeks 2 Content - Chapters 6, 10, 20, and 50 of the Brown, Duffie, & Marus (2019) text AND Chapters 1 and 2 of the Reveal Your Anxious Brain
- Weekly Assignment
- Group Process Evaluation Form (Peer Evaluation)
- Written Personal Reflection of your experience with the Ann Arbor Christian School Event

Week 4 Quiz (to be opened)

Group Project: School-Based Mental Health Intervention

On Wednesday, April 3, we will be going to Ann Arbor Christian School to lead their 8th-grade students in a 60-minute occupational-based mental health intervention. The purpose of this community-based event is to practice applying the content we are learning about occupational therapy’s role in school-based mental health. The scope of practice for school-based occupational therapy is wide. However, due to legal and ethical considerations and the reimbursement of OT’s role and scope of services, the focus of this intervention is on social skills and self-regulation. Your role will be to positively influence the students’ and teachers’ understanding of mental health and school-based intervention. We have challenged you to think more deeply about CT’s broad scope of practice within this school setting by exploring, planning, and delivering mental health-based interventions.

The schedule for April 3 is as follows:

6:00 Arrive at school, set up stations
6:30 AACS students arrive, event begins
6:30-6:45 Introduction to Concordia University, Role of OT, Purpose of event
6:45-6:55 Station 1
6:55-7:00 Station 2
EXPLORING EDUCATIONAL APPROACHES IN AN OTD PROGRAM

Instructions:
Collaborate with your group to create a lesson plan and intervention for your station. A template outline has been provided for you. Your outlines should include the following:

1. 2-3 learning objectives to achieve with the 8th-grade students who relate to your station and your rationale for why (use the video and Brain’s Treasury document to guide you).
2. What you are going to do (the occupational-based mental health intervention)?
3. Why are you going to do it (include 4th reference to rationale)?
4. What is the potential impact of your intervention (within the context of the video) i.e. 10 minutes in total?
5. What materials are needed (i.e. worksheets, internet research, handout, equipment to be borrowed from CUAA)?

Your individual grades for this assignment may vary based on your peer evaluations.

**Written Reflection**

**Assignment Instructions:**

- Write a 1-2 page reflection about your experience participating in the mental health promotion event at Ann Arbor Christian School.
- Your reflection should be double-spaced and adhere to Ann Arbor Christian School’s formatting guidelines.
- Submit your reflection to your instructor, April 7 by 11:59 p.m.

Your reflection should be written in a narrative essay format and respond to all of the following prompts:

1. Did the 8th-grade students meet your learning objectives? If so, how do you know? If not, how would you change your objectives or intervention to make them more effective?
2. How did you manage the time limitations and transitions during the event?
3. What conflicts within your group occurred during the planning and implementation of your plan? How did you address these conflicts?
4. What was your key takeaway from the child and adolescent module and event? How will this change your clinical practice?
5. What new questions about child and adolescent mental health and/or school-based practice do you have after participating in this experience?
6. Would you recommend this learning activity/will be held again in the future? What changes would you make to it?

**Due:** April 7 by 11:59 p.m.

**Peer Evaluation**

- Independently complete the evaluation form to honestly evaluate each of your fellow group members regarding their preparation work for the Ann Arbor Christian School event.
- **Deadline:** April 7 by 11:59 p.m.
OT 6323 Psychosocial & Emotional Aspects of Occupation

Week 4: Face to Face Lesson Plan
03/28/23 and 03/30/23

Tuesday, March 28

2:30-4:00  The Lived Experience: Guest Speaker
- 45-60 minutes: Sharing personal experience, touching on the following:
  - Adverse Childhood Experiences
  - Chronic Pain
  - Pros and Cons of Anonymous Recovery Programs
  - Experience with Stellate Ganglion Block Treatment
  - Growing up with a mother with borderline personality disorder
  - Experiences with occupational therapy and other therapies
  - Challenges to adolescent mental health in the 21st century
- 30-45 minutes: Q&A with students

4:00-4:10  Break

4:10-4:20  Review Expectations for Due Dates and AACS Event
- Due dates are as follows:
  - Learning objectives should be ready to be reviewed today
  - Lesson plan draft should be completed by Thursday in preparation for dress rehearsal
  - Final group assignment due April 02 at midnight
  - Group presentation at AACS April 05 at 8:00-10:30
  - Group process evaluation form and personal reflection due April 07 at midnight

4:20-5:00  Lesson Plan Development for AACS
- During class time, work towards completing the following:
  - Final copy of learning objectives
  - Lesson plan draft
  - Explore available CUAA resources and identify any to be used
- Feedback will be provided during group time
Thursday, March 30

2:30-3:00 Allow Time for Completion of Survey for Dr. Onori’s Study

3:00-3:15 Set Up for AACS Practice Run Through
- Gather needed supplies
- Set up tables

3:15-4:15 Practice Run Through of AACS Event
- 15 minutes introduction
- 20 minutes Group 1
- 20 minutes Group 2
- 20 minutes Group 3
- 15 minutes wrap-up

4:15-4:30 Clean Up / Break

4:30-5:00 Debrief and Peer Feedback
- Group by group, first allow group to self-reflect and then open up for peer feedback
  - What went particularly well?
  - What components of the intervention could be improved?
  - What will you change before Wednesday?
Appendix G

This appendix includes content created to achieve sub-objective three: “Student will connect developed curriculum to a community-based event related to the topic of pediatric and adolescent mental health.”

PROMOTING MENTAL HEALTH THROUGH TRANSITIONS WITH OCCUPATIONAL THERAPY

Long Time Human, First Time Being (A High Schooler)

WHO: CUAA OT STUDENTS + AACS 8TH GRADE STUDENTS

WHAT: MENTAL HEALTH PROMOTION EVENT TO PREPARE FOR THE TRANSITION TO HIGH SCHOOL

WHEN: APRIL 5, 2023

WHERE: ANN ARBOR CHRISTIAN SCHOOL

The transition to high school can be a challenging time, filled with many new experiences that some students find difficult to manage. Concordia University Ann Arbor’s Department of Occupational Therapy students will be hosting a mental health promotion event to introduce strategies that can be used to cope and thrive through this transition.
WHY OCCUPATIONAL THERAPY?

Occupational therapists are uniquely suited to address mental health given their training in...

- Psychology
- Human development
- Social and emotional regulation
- Environmental modifications
- Analysis of daily activities

This interactive event will encompass the following topics:

- Identifying and regulating emotions
- Promoting positive self-image
- Coping with anxiety
- Developing social skills
- Building a strong community

Any questions for CUAA can be directed to Hannah Schultheiss at hannah.j.schultheiss@wmich.edu and Dr. Nicole Onori Hansen at nicole.hansen@cuaa.edu

Art by Hiller Goodspeed.
In addition to the presentation slides below, a link to the pre-recorded lecture can be found here.
References


### Group 1 Lesson Plan and Content

**Group Members:** Amanda Fraki, Makenzie Muoio, McKenzie Peters, Rachel Provo  
**Table Topic:** Energy fluctuation and zones of regulation

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Students will be able to accurately describe the zones of regulation.</td>
<td>It is important for the students to be able to accurately describe the zones because if they or a classmate is experiencing a zone “disruption” then they know how to identify their feelings and relate them to the four categories. This foundational knowledge will provide them with an easy way to think and talk about how they feel on the inside, as well as how to sort these feelings into four colored Zones, all of which are expected in life.</td>
</tr>
<tr>
<td>2. Students will be able to identify times throughout the day (week/semester) when they experience these zones.</td>
<td>Using real life examples while learning the zones will help the students develop a neutral “baseline” to come back to when they are feeling a similar way. This will also help them identify potential “triggers.”</td>
</tr>
<tr>
<td>3. Students will be able to develop coping strategies for when they experience a green, yellow, red, and/or blue zone throughout the day in order to regulate their emotions appropriately.</td>
<td>Developing self-regulation techniques and coping mechanisms will help students function more effectively and appropriately inside and outside the classroom.</td>
</tr>
</tbody>
</table>

### Intervention plan

<table>
<thead>
<tr>
<th>Intervention plan</th>
<th>Estimated time to complete</th>
<th>Reasoning and evidence</th>
<th>Materials needed</th>
</tr>
</thead>
</table>
| a. Introduction and education through the visual aid of a handout explaining the purpose and goals of the zones of regulation, tools that can be used to | 5-10 minute introduction and conversational piece | According to Inclusive Education (2018), it is important to deliver information to students in a way that they will understand and in ways that meet the needs of all the students to some length. This article discusses that it is important to take a multisensory approach | A. Handout created by McKenzie P. with an overview of the zones of regulation, tools, and their purpose.  
B. Handout created by Makenzie M. that has verbiage and |
<table>
<thead>
<tr>
<th><strong>regulate the zones, and a description of each color.</strong></th>
<th><strong>using real experiences and physical activity/application. They also discussed that the use of visuals is important to meet the needs of students who are visual learners rather than auditory learners. Finally, they stressed the importance of keeping all visual, sensory, and physical learning tools clean, free of clutter, and appealing overall (Inclusive Education, 2018).</strong></th>
<th><strong>visual descriptions of each zone (Bitmoji handout)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>b. Overview of the colors associated with the zones, identifying associating words, feelings, and potential trigger words.</strong></td>
<td><strong>Interactive activity where students are given a predetermined situation and asked to identify which zone of regulation they would be in. Given responses, conversation is to follow (Is it appropriate to be in this zone? What do you notice about the answers of your peers? How would you regulate these emotions in this situation? Is it typical to feel more than one emotion as a result of this situation?)</strong></td>
<td><strong>10-15 minutes</strong></td>
</tr>
<tr>
<td></td>
<td><strong>According to Rose (1999), when attempting to solidify learned information, it’s important to consider each student’s individualized needs. They also discussed that it is important to allow for creative expression and physical application, as well as positive social interactions with peers (Rose, 1999). The activity we are proposing will allow for these things because the zones can be interpreted in different ways by each student based on their personal experiences. We are also attempting to meet the needs of each student, by imploring visual, auditory, and expressive learning styles.</strong></td>
<td><strong>Paddle dry erase boards, colored dry erase markers, erasers, flashcards with scenarios, handout with zones of regulation information, bitmoji chart</strong></td>
</tr>
</tbody>
</table>
References

Inclusive Education (2018, October 8). *Present information in different ways.*


*Intervention in School and Clinic, 34*(3), 137. Doi:

https://doi.org/10.1177/105345129903400303
ZONES OF REGULATION

WHAT ARE THE ZONES OF REGULATION?
• An approach used to support self-regulation
• State of alertness for feelings and emotions in certain situations

THE ZONES:
GREEN ZONE
I am feeling...
• Happy
• Focused
• Calm
TOOLS:
Help us to stay calm, focused, and feeling good. They're often proactive strategies

BLUE ZONE
I am feeling...
• Sad
• Sick
• Tired
• Bored
TOOLS:
Help us to wake up our bodies, feel better, and regain focus

RED ZONE
I am feeling...
• Angry
• Terrified
• Out of control
• Yelling/ Hitting
TOOLS:
Help us to calm down and remain safe

YELLOW ZONE
I am feeling...
• Frustrated
• Worried
• Excited
• Silly/ Wiggly
TOOLS:
Help us to regain control and calmness

THE GOAL OF THE ZONES:
• Individuals can identify their feelings and emotions
• Feelings are within the appropriate zone at the appropriate time
• Individuals develop and utilize tools to regulate their emotions

TOOLS:
• Sensory strategies (going on a walk, listening to music)
• Thinking strategies (How big is the problem? Is my reaction appropriate?)
• Calming strategies (deep breathing, counting down)

https://www.lakeside.kite.academy/assets/Uploads/ZONES-Parent-Presentation-Final.pdf
### Group 2 Lesson Plan and Content

Group Members: Fasiha Asad, Syelee Doshi, Molly Dwornick, Sarah Matlock

Table Topic: Positive Self-Image and Managing Anxiety: When do you worry, and what can you do about it?

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Students will be able to identify stressors/ situations that are in their control and out of their control.</td>
<td>According to Culbertson (2023), it can be easy to become overwhelmed with anxiety and worry. For some, it may often feel like they have an internal monologue or list of worries playing on repeat in their head. One way to cope with this anxiety is to identify what is within your control or influence vs. what is out of your control or influence to change. Worries that you have some control over can be turned into concrete actions to take, while worries you have no control over can be set aside, at least temporarily. A focus on what you have an impact and influence on can help disrupt the anxiety cycle and help you feel empowered over your life. Therefore, we decided to focus on an intervention that would allow the eighth-grade students to identify situations that are in their control while they are going through a memorable transitional period into high school.</td>
</tr>
<tr>
<td>2. Students will be able to identify trusted individuals to seek support from when they are experiencing anxiety and techniques that are useful to address feelings of anxiety.</td>
<td>According to Hood (2020), having and identifying a support system has been proven to reduce depression and anxiety, and reduce stress. Being able to have a support system means you will have people relying on you when you need them the most. The support tree worksheet will help students identify their support system and who they can rely on when they need them the most. Having trusted adults in their lives can help them feel supported, safe, and emotionally secure.</td>
</tr>
<tr>
<td>Intervention plan</td>
<td>Estimated time to complete</td>
</tr>
<tr>
<td>-------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td><strong>Support Tree:</strong></td>
<td>3-5 minutes</td>
</tr>
<tr>
<td>Students will be given a worksheet visual where they will be able to identify support figures in their lives. The students will have the option to write their ideas down or mentally think about them. Volunteers will share individuals in their support tree and will be offered praise and validation. For students unable to identify support figures, “therapists” will help students identify some whether they be community or family members.</td>
<td></td>
</tr>
<tr>
<td><strong>Control Circles:</strong></td>
<td>8-10 minutes</td>
</tr>
<tr>
<td>Lay out two hula hoops on the floor and have the group stand in a semi-circle. Volunteers will physically come up to the hula hoops and identify a stressor in their life and name 1-2 things they can and cannot control about that situation. Facilitators will offer praise and support for</td>
<td></td>
</tr>
</tbody>
</table>
each situation. As for things out of the volunteer's control, the “therapists” will collaborate with the students to find ways to remedy those situations or identify coping strategies.

| Mindfulness & Grounding Exercises: | 3-5 minutes | Research has shown that there is a reduction in symptoms of anxiety and depression in adolescents when they practice mindfulness (Lin et al., 2019). Evidence has shown that mindfulness-based interventions can be useful for adolescents with ADHD, sleep problems, and stress related to performance in sports (Lin et al., 2019).

The 5-4-3-2-1 grounding exercise is effective at easing a child’s date of mind at moments when they are experiencing stress such as public speaking, or final exams, and when feeling something is out of their control (Imran, 2020).

Worksheet that includes the QR Code for two videos. |
five things they can see with their eyes. After a few moments, the instructor will ask students to say out loud what they see. Students will then be asked to ask to think of four things they can feel. After a few moments, the instructor will ask students to say some examples. Next, students will be asked to think of three things they can hear. After a few moments, the students will be asked to state some examples. Next, the students will be asked for two things they can smell. Following a few moments, they will state examples out loud. Finally, the students will be asked to think of one thing they can taste. After a few moments, they will state an example out loud.
References


https://highlandspringsclinic.org/the-benefits-and-importance-of-a-support-system/


https://doi.org/10.37532/2324-8947.2020.9(4).207


https://doi.org/10.3389/fpsyg.2021.690828
SUPPORT TREE

Grounding & Mindfulness Exercises
What can I control?

What is out of my control?
Group 3 Lesson Plan and Content

Group Members: Daiyajot Grewal, Larissa Kilgore, Allyssa Fenslau, Addison Nordquist

Table Topic: How can we support each other and build a strong community?

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Students will be able to identify two methods that they can utilize to support one another.</td>
<td>According to Benson et al. (2021), students transitioning to new schools, post-secondary education settings, or new communities benefit from occupation-based interventions. These interventions should focus on helping students to develop skills to communicate with their peers and find a supportive community both inside and outside of the classroom. Therefore, we decided to focus on interventions that would help students to improve their communication skills and find ways to support one another.</td>
</tr>
<tr>
<td>2. Students will be able to determine two practices to create an environment that is conducive to building a strong community within the classroom.</td>
<td>According to Pierce et al. (2020), students who were transitioning to a new academic year received occupation-based interventions weekly focusing on life skills and fostering a community. These students demonstrated statistically significant improvements in their independence, social interactions, communication, and community living skills. Therefore, we decided to focus on interventions that would allow the eighth grade students to develop communication and community living skills in order to ease their transition into high school.</td>
</tr>
<tr>
<td>Intervention plan</td>
<td>Estimated time to complete</td>
</tr>
<tr>
<td>-------------------</td>
<td>---------------------------</td>
</tr>
</tbody>
</table>
| **Introduction – Tearing and stacking paper:**  
Take one piece of paper and rip it in half, then stack it on top of the other. Repeat until you can no longer rip the paper into smaller shreds. Emphasize to the students not to throw the paper when they are done ripping. | 2-3 minutes | The purpose of this activity is to demonstrate, through a metaphorical lens, that we as individuals are stronger when we rely on one another for support through our communities rather than going at it alone. According to Benson et al. (2021), students transitioning to different schools or communities often need interventions focusing on trust and community. Therefore, our activity introduces students to the idea that having supportive relationships is important. | One piece of paper per each student (preferably construction paper) |
| **Soccer Ball Toss:**  
We wrote several different questions on a soccer ball. We will gather the students in a circle, toss the ball around, and have students answer the question that is between their hands when they catch the ball. We will begin a brief group discussion based on the students’ responses and provide them with encouragement. The same question can be | 10 minutes | Helps to generate some of the words they can put into the classroom contract. Questions are made to emphasize what respect and collaboration can look like and what the students can do. Questions can help to pose how students understand a concept or idea (Reiser et al., 2017). Asking questions can help with the community aspect of the group and understanding what the students need | Soccer ball with the following written questions:  
1. What do you believe makes someone a good friend?  
2. Who might be a part of a student’s support system?  
3. What does respect mean to you?  
4. How can you help others in your school or community? |
answered more than once if it gets drawn again. Each student should have the chance to answer a question and we will make sure every question is discussed.

(Toss ball around twice…depending on time)

| 5. What is your favorite GROUP activity outside of school & why? |
| 6. What does kindness mean to you? |
| 7. What are some qualities of a good leader? |
| 8. What are some ways you can adapt and cope with disagreements in a group? |
| 9. What aspects make a group activity successful? |
| 10. How does communication help build a strong/supportive community? |

**Classroom contract on big sticky notes:**
We will ask the students the question “What are 1-2 words that come to mind to describe a supportive classmate?” Then, we will begin a discussion with students on why each of these words are important inside and outside of the classroom, as well as asking for them to give us examples of when they have given or received this type of support. As each word is written, we will decorate the board by adding yarn around it to visually show the importance of these words.

| 8 minutes | Something they can look at everyday in the classroom. They worked on collaboration to form it and the board helps to emphasize a healthy relationship within the classroom. Involving students in the formation of positive characteristics in the class may help them to feel they have more of a voice. It could benefit them in feeling more involved in their educational space and leads to more open communication and thinking. |
| Markers | Big sticky note board | Yarn |
is stated, we will write it on the sticky note board, which will then be turned into a word cloud (see below). Additionally, when a student states a word, the ball of yarn will be tossed to them. They will toss the ball of yarn to whoever they want next, while still holding onto a strand of the yarn. This will create a web of interconnection between all of the students, showing the strength of community and working together. Following this activity, we will discuss how these words are important in regards to transitioning to high school, and ways that the students can embody these characteristics as they move onto different communities. If time allows, we will also discuss words that may describe an unsupportive classmate.
References


doi:https://doi.org/10.5014/ajot.2021.044289

Martin, T. (2022). *Why classroom rules are important and how to communicate them.* eSpark.

Retrieved April 2, 2023, from https://www.esparklearning.com/blog/why-classroom-rules-are-important-and-how-to-communicate-them#--text=Involving%20your%20students%20in%20creating%2C%20reasonable%20and%20benefiting%20everyone


In *Helping students make sense of the world using next generation science and engineering practices* (pp. 87-108). Essay, NSTA Press.