

Spring 4-24-2020

Inclusion in Religion and Spirituality for Children with Special Needs

MacKinzie C. Weiss
University of St. Augustine for Health Sciences

DOI: <https://doi.org/10.46409/sr.VBDT6980>

Follow this and additional works at: <https://soar.usa.edu/capstones>



Part of the [Child Psychology Commons](#), and the [Occupational Therapy Commons](#)

Recommended Citation

Weiss, M. C. (2020). *Inclusion in Religion and Spirituality for Children with Special Needs*. [Doctoral project, University of St Augustine for Health Sciences]. SOAR @ USA: Student Capstone Projects Collection. <https://doi.org/10.46409/sr.VBDT6980>

This Capstone is brought to you for free and open access by the Student Research at SOAR @ USA. It has been accepted for inclusion in Student Capstone Projects by an authorized administrator of SOAR @ USA. For more information, please contact soar@usa.edu, erobinson@usa.edu.

INCLUSION IN RELIGION AND SPIRITUALITY
FOR CHILDREN WITH SPECIAL NEEDS

by

Mackinzie Weiss

A Capstone Presented in Partial Fulfillment
of the Requirement for the Degree of
DOCTOR OF OCCUPATIONAL THERAPY
University of St. Augustine for Health Sciences

April 2020

INCLUSION IN RELIGION AND SPIRITUALITY
FOR CHILDREN WITH SPECIAL NEEDS

by

Mackinzie Weiss

has been approved

April 2020

APPROVED:

Kayla Collins, EdD, OTR/L, Doctoral Coordinator

Thais Petrocelli, OTD, OTR/L, Doctoral Coordinator

Mary Shotwell, PhD, OT/L, Program Director

ACCEPTED AND SIGNED:

Kayla Collins, EdD, OTR/L, Doctoral Coordinator

Thais Petrocelli, OTD, OTR/L, Doctoral Coordinator

Mary Shotwell, PhD, OT/L, Program Director

Table of Contents

Chapter One: Introduction.....	5
Background.....	5
Statement of the Problem.....	7
Purpose Statement.....	8
Rationale for Proposed Project.....	9
Significance of the Proposed Project.....	10
Preliminary Project Objectives.....	10
Definition of Terms.....	11
Assumptions.....	12
Chapter Two: Literature Review.....	13
Background of the Problem.....	13
Current Research Limitations.....	14
Previous Misconceptions.....	15
Benefits of Inclusion.....	16
Benefits for the Individual.....	16
Benefits for the Family.....	18
Inclusive Practices.....	19
Religious Participation.....	22
Role of Occupational Therapy.....	22
Chapter Three: Project Description.....	27
Process and Methods.....	28
Participants.....	28

Settings.....	28
Measures.....	30
Developmental Process.....	31
Implementation Process.....	31
Conceptual Framework.....	33
Timeline.....	34
Conclusion and Envisioned Next Steps.....	35
Chapter Four: Results and Analysis.....	38
Introduction.....	38
Project Description.....	38
Measure of Effectiveness.....	42
Results.....	43
Discussion.....	45
Limitations.....	48
Delimitations.....	49
Chapter Five: Conclusion.....	50
Future Consideration and Implications.....	50
Conclusion.....	53
Chapter Six: References.....	55

Inclusion in Religion and Spirituality for Children with Special Needs

Chapter One: Introduction

Children with disabilities, especially those with an autism diagnosis, often have difficulty with inclusion and have been shown to “participate less frequently and with less variety in activities than do typically developing children” (Little, Ausderau, Sideris, & Baranek, 2014). Participation in religious activities of children with special needs is even lower than participation in school activities, even though these children have expressed an explicit desire to be involved (Todd & Rufa, 2013). Without proper staff education and training with curriculum adaptations, these children and their families are less likely to attend and be included in their preferred religious activities. Occupational therapists are skilled at providing tools, resources, and interventions to adapt and modify programs for better inclusion (American Occupational Therapy Association [AOTA], 2014). The proposed vision of this capstone project will focus on using occupational therapy interventions to help a local church be more inclusive to children and families with special needs. This capstone project will partner with a pre-existing special needs program to develop evidence based volunteer training, implement a parent respite program, and introduce a movement based program. This chapter includes an overview of the literature, problem statement, purpose of the project, rationale, significance and the objectives that this project aims to achieve.

Background

An individual’s engagement in occupations and desired activities in the home and the community are at the forefront of how an individual perceives themselves and their identity. Reducing participation in desired occupations, limits many different factors of the individual from reduced social interactions to lesser reported quality of life (Todd & Rufa, 2013). Children

with special needs and their families are at risk for lesser participation in religious activities and occupations due to challenges with the facilities, settings, and personnel (Ault, 2010).

Currently, there is a research driven focus to include children with special needs better in the classroom. However even after the federal mandate of the Individuals with Disabilities Act of 1990, which mandates inclusive educational practices and environments “[where] students continue to experience certain barriers. For example, “inequitable opportunities to attend PE activities, social isolation and discrimination by peers without special needs” (Wang, 2019, p. 243). Even with the focus on inclusion in the school system, students with special needs continue to have difficulties getting the support they need. An obstacle of classroom inclusion cited in the literature is the attitudes and education of the teachers. Bryant (2018) stated the importance of supporting teachers with adequate training by educational leaders. In summary, the best inclusive classrooms will feature teacher education which precipitates a positive and inclusive classroom (Bryant, 2018). Using the evidence found in school classrooms, one could easily translate these inclusive practices into a church Sunday school classroom.

Consider a church setting and the ability of children with special needs to participate in religious activities. Churches have less funding, less personnel, and less support than schools for being able to include these children and their families. For children with special needs, church participation is challenging due to the limited support, satisfaction with church officials, and appropriate religious activities (O’Hanlon, 2013). Oftentimes churches do not have any health professionals, who would otherwise be present in the school system, such as a special education teacher or an occupational therapist, who can assist with children with disabilities (Eyes, Birken, Bannigan & Letherby, 2018). The lack of professionals available who are familiar with children with special needs, puts the church at even more of a disadvantage when trying to promote

participation, as it is well within the scope of an occupational therapist to facilitate engagement within this setting.

Participation in religious and spiritual activities, as defined by the Occupational Therapy Practice Framework (OTPF), is an essential part of a person's occupations- whether they consider it to be a leisure or social participation occupation. Spirituality is also listed as an important client factor along with beliefs and values (AOTA, 2014). By using occupational therapy techniques such as modifying and adapting the environment, children with special needs and their families would be better able to engage in this preferred occupation and experience an increased quality of life. Bussey, Broghammer-Escher, Baumann, and Surzykiewicz (2017), concluded that there are "similar aspects of spirituality to be relevant for persons with Down Syndrome as for other persons" (p.14). It is an emerging theme in the literature that individuals with disabilities express the same desire for transcendental relationships and religious inclusion.

Statement of the Problem

Children with intellectual and developmental disabilities are often disregarded by religious institutions because these institutions do not have the resources to include these children and families. Research by the Kessler Foundation (2010) indicated that individuals with disabilities are less likely to attend religious services. Often in churches, there is limited knowledge in how to best reach out and successfully include these children and families. The average children's ministry does not have specialized knowledge on children with disabilities and their specific needs and challenges. Parey (2019) found the need for improved teacher education as well as improved infrastructure and greater development of the inclusive education curriculum.

To best include children with special needs, volunteers working at the church need a greater understanding of how to best interact, support, and include these kids. Children with disabilities are an underserved population simply because churches do not possess the knowledge or support on how to adequately include them.

Purpose Statement

The purpose of this project is to help a church in Jacksonville, Florida become more inclusive to children with special needs by incorporating evidence-based occupational therapy strategies and interventions. The main focus of this program will be on educating and training volunteers to better provide a conducive environment for children with special needs to be included. By providing evidence-based education to volunteers and church staff, not only will the staff feel more capable of handling challenges, but parents and children can be assured that the church staff is equipped to meet all needs. Training and educating volunteers results in increased self-efficacy in their ability to handle challenges, increases their knowledge, and the fosters the ability to positively interact with families (Price, Murphy & Cureton, 2004). This program aims to create educational materials for volunteers as currently, there are limited resources that volunteers have access to. By providing educational videos and materials that cover topics such as dealing with behavioral outbursts and how to communicate effectively with autistic children, the self-efficacy of the volunteers can be increased when they have children with special needs in their classroom. If volunteers are able to effectively handle challenges, and the parents do not have to be contacted and pulled out of a worship service, then the participation of both the parents and the children with special needs is increased.

Not only do volunteers need education on the different types of disabilities and behavioral strategies, but it would also be beneficial to include specific ways to promote

inclusion. It is essential for a volunteer to know strategies to best support a child with disabilities, but taking it one step further in promoting active engagement in the Sunday school classroom with typically developing peers is altogether another challenge.

The main research on inclusion for special needs children is based on participation in the classroom. Using this research, and adding in the religious component would be extraordinarily helpful in effective inclusion, as a Sunday school classroom has very similar dynamics to a school classroom.

Rationale for Proposed Project

Currently, occupational therapy has no association of partnering with churches to promote engagement and participation of children with special needs and their family. Incorporation of occupational therapy into the church setting is a significant opportunity for practitioners to demonstrate where they can add value in this setting and context. Many interconnected components of special needs inclusion in the church compare to the domains of occupational therapy practice include areas such as education, work, play, leisure, and social participation. The *Occupational Therapy Practice Framework* (OTPF) highlights the role of OT practitioners in the “use of occupations to promote health, well-being, and participation in life” (American Occupational Therapy Association [AOTA], 2014, p. S11).

Educating and providing volunteers and the church staff with knowledge on how to best include and support special needs children, can help improve the quality of life of these children and their families. Providing education on occupational therapy services can have a meaningful impact on the profession in opening a new area of practice.

This program will be mainly using research from school and classroom interventions, as the two settings are comparable. However, research will also be taken from religious and

disability focused publications to make sure the proposed program is based on research from a variety of perspectives.

Significance of the Proposed Project

The significance of this project is to incorporate a whole population that was previously underserved in a setting that is often overlooked. Providing occupational therapy resources to the church to facilitate inclusion and participation of special needs children, also promotes the participation of the whole family in the occupation of spirituality and religion. Including special needs children and their families in church activities has been shown to have tremendous benefits for all members of the family (Ault, Collins, & Carter, 2013). This inclusion improves quality of life for all and helps fulfill the individual's basic need for community and acceptance.

Participation in religious activities not only facilitates community, but is an important desired occupation for both the children with special needs and their families. Often an individual's religious engagement is at the forefront of their identity and how they perceive their place in the world (Bryant, 2018). Research has shown that individuals with disabilities, specifically Down Syndrome, related that life satisfaction correlated with positive feelings about God and "implies that God as an external source provides emotional support for them" (Bussing, Broghammer-Escher, Baumann & Surzykiewicz, 2017, p.14). By helping facilitate positive interactions with the church, and specifically about God, we can help increase quality of life not only through community inclusion, but also through a relationship with God.

Preliminary Project Objectives

The goal of this program is to assess current practices and then implement programs in a local church to help facilitate the participation and inclusion of children with special needs.

Objectives include:

- Conduct SWOT (strengths, weaknesses, opportunities, and threats) assessment through interviews, assessments, and observation of the different facets of the current special needs program. There will be an emphasis on volunteer perceived self-efficacy, comfort level and knowledge level.
- Create educational material for volunteer training that includes specific occupational therapy interventions and education on diagnoses, and modifying and adapting environment.
- Recruit and train volunteers for participation in implementing parent respite program (Buddy Break).
- Introduce and incorporate S'cool Moves activities into weekly services
- Establish material for continuing programs and future implementation guidelines.

Definition of Terms

1. *Spirituality*: a personal experience of searching for the meaning of life, a higher power, inner peace, and/or harmony and the interconnectedness of life. (Ault et al., 2013).
2. *Religion*: a personal belief set that worships God or the supernatural and has specified practices, rituals, attitudes, and beliefs (Merriam-Webster, 2019).
3. *Disability*: a person who has a physical or mental impairment that substantially limits one or more major life activity. This includes individuals who have a record of such impairment, even if they do not currently have a disability (ADA, 2019)
4. *Individuals with Disabilities Education Act (IDEA)*: law passed in 2004 that allows children with disabilities to receive appropriate special needs education and related services in the school system (United States Department of Education, n.d.a).

Assumptions

This project assumes that the Church of Eleven22 is seeking a partnership that will help expand the church's current special needs program. It is also assumed that the volunteers who serve in the children's ministry are willing to attend a training focused on special needs and are receptive to the information. After the completion of this project, it is assumed that there will be reproducible materials available to future volunteers and there will be the Buddy Break program and parent education nights instructions for continuation.

Conclusion

Given the indicated need for this project from both the community and the local church, the next logical step is to complete a literature review that explores the literature on inclusive practices and volunteer training. It is necessary to investigate all aspects of this project in order to gain a multi-dimensional view of the problem and potential solutions. Identifying gaps in the literature will be instrumental in guiding the direction and intention for this project. Conducting a literature review helps to ensure that all interventions are evidence based with the most current findings in order to best facilitate the participation and inclusion of children with special needs and their families.

Chapter Two: Literature Review

Introduction

This chapter will expand upon the results of the literature review conducted. The major themes found in the literature and how they relate to the project will be discussed. The background of the problem, previous misconceptions, benefits of inclusion, current inclusive practices, religious participation, and occupational therapy's role in religious participation will be explored in this section.

Background of the Problem

Previous research conducted on children with special needs focused on strategies for increased classroom inclusion and participation. With the creation of IDEA and the Americans with Disabilities Act, there are now government-funded and mandated inclusion practices in the school system (ADA, 1990). Steps are currently being taken that focus on improving the environment for special needs in the school system. Research that is focused on classroom inclusion is essential to promoting greater involvement. However, it does not look at special needs participation in other vital areas. One of these under-researched areas is the spiritual and religious involvement of children with disabilities and their families. Ault et al. (2013) concluded "relatively little is known about the involvement of parents and their sons or daughters with disabilities in congregational life and the degree to which supports are available to enhance their participation." Liu, Carter, Boehm, Annandale, and Taylor (2014) reflected that in the current literature, exploration of the spiritual and religious practice of individuals with Intellectual and Developmental Disorders (IDD), focused primarily on the experiences of older adults. These studies further exposed the gap in the literature that addresses the participation of children with disabilities in spiritual and religious activities.

As described by the ADA (2008), unequal treatment of individuals is considered a human rights issue and invokes severe consequences if violated. However, private organizations are often not subject to ADA mandates and regulations (U.S. Department of Justice, 2008). Without regulatory oversight, organizations are not required to provide disability accommodations, which is severely limiting to those with disabilities. With the increase in the diagnosis of developmental and intellectual disabilities, a seventeen percent increase from 1997 to 2008 (Boyle et al., 2011), the need for more empirical data is warranted to better serve this population and allow for more inclusion. Taking into account that spirituality and religion are considered as essential life occupations (AOTA, 2014), it is important to explore ways to include and support the participation of children with special needs and their families in the church.

Current Research Limitations

The importance of spirituality as an occupation has been widely investigated but has mainly focused on adults, the elderly, and persons with chronic diseases. In evidence found by Cobb, Puchalski, and Rumbold (2012), the psychosocial, spiritual, and existential needs of the elderly and those with chronic conditions were discussed, but not the needs of children. Whitehead (2018) cited that the majority of current research in religious participation is focused on the adult population and especially the elderly. This trend in research is disheartening, as it is reported that one in six children will be diagnosed with at least one disability (Boyle et al., 2011). Researchers Liu et al. (2014) found that there was minimal scientific knowledge on the religious and spiritual needs of those with mental handicaps. It is a disservice to this population to have limited research on inclusive practices. In fact, children with intellectual disabilities have been previously excluded from research because of their challenging and complex natures (Taheri et al., 2016). Research has proven that children with special needs express an explicit

desire to be involved in religious activities to the same degree that their typically developing peers do (Todd & Rufa, 2013). Therefore, it is imperative that more research be done to increase the amount of evidence on this important and valued activity.

Previous Misconceptions

In the past, research on the spirituality of persons with disabilities was not pursued due to incorrect assumptions about the cognitive capacity of these individuals. Research done by Bussing et al. (2017), theorized that this misconception came about because previously researchers assumed that religious and spiritual understanding required high levels of cognition for abstract concepts such as theoretical doctrines and beliefs. However, several studies have shown that individuals with disabilities experience spirituality and religion similar to that of individuals without an impairment. Bassett et al. (1994) found that individuals with varying levels of intellectual disabilities seemed to have a personal and meaningful perception of God. In 2011, Watts found evidence that proclaimed that regardless of mental or physical impairment, there is a spiritual dimension found within all people that allows connection with God.

Indeed, the American Association on Intellectual and Developmental Disabilities (2010) released a position statement observing: “spirituality is an important part of the human experience that may be expressed through religious practice and through expressions of personal meaning and value” (para. 2). Acknowledging the needs of children with special needs regarding spirituality and religion is the first step in making strides to more inclusive practices in the church. Ault et al. (2013) described the need for research focused on children with disabilities in spirituality as they found that there is a limited amount of prior research. This limited amount of research on the participation and inclusion of children with disabilities is an obstacle to more inclusive practices, as participation in religious activities for children with disabilities is

associated with many positive outcomes and enhanced quality of life. Involvement in spirituality and religion are considered basic tenets of an individual's identity and health. It is imperative that practitioners and researchers work to help an individual participate in this desired area of occupations.

Benefits of Inclusion

This section will discuss the general benefits of religious inclusion for both the individual with special needs and the family members. Including children with special needs and their families in religious activities produces valuable social and emotional supports. When children with special needs and their families are included in meaningful activities, there is a host of positives that can be seen for not only the family, but also the for the community as a whole.

Benefits for the individual. Murphy and Carbonne (2008) reported several emotional, physical, mental, and social benefits for children with and without developmental disabilities to be involved in social and physical activities. They further noted that outside community participation for special needs children in different physical and recreational activities promoted increased cultural awareness, encourages community and outside school relationships, and increased the psychosocial well-being of the individual. By increasing the participation and inclusion of children with special in the community, these children are able to better learn important social norms and develop peer relationships.

Research done by Patterson and Pegg (2009) defined the psychological benefits such as increased self-esteem and levels of confidence of individuals with developmental disabilities and the generalization of this positive effect into other areas of the person's life. When analyzing an individual's reported quality of life, inclusion and participation in valued activities and

occupations are important factors taken into consideration. Researchers collectively identified eight core domains in a standardized quality of life scale for persons with disabilities: quality of life in at least six of the eight core domains were associated with participation in religious activities and spiritual experiences. Emotional well-being, personal development, social inclusion, and self-determination were areas that religious and spiritual participation increased an individual's quality of life (Ault, 2010). Research supports the notion that spirituality and religion play a key role in several aspects of a person's life and how an individual perceives their quality of life.

Not only does community participation of children with disabilities promote psychological well-being, but it also fosters peer relationships, cultural awareness, and social competence. Individuals with disabilities who have limited involvement in activities are innately known to have few social interactions and networks apart from family members and paid employees, such as therapists and teachers (Taheri et al. 2016). Taheri et al. (2016) also emphasized how low levels of participation and limited social networks of individuals with disabilities does not indicate a lack of desire to participate. Instead, there is advancing evidence that persons with specials needs do seek social connections and a willingness to participate in activities. In 2008, Hill and Matsubayashi reported that organized religious participation was the most widely viewed form of community in the United States. By learning more about the factors of inclusion and participation in the religious setting, we can work to enable access to a previously difficult environment. Although evidence advocates for children with disabilities to be included in all settings, there are still spheres in which there is very limited participation. The church and congregational activities are one of those areas in which there are still many barriers to special needs children taking an active part.

Benefits to the family. Besides offering many different benefits to the child with special needs, community and religious involvement is extremely valuable to the family and siblings. Being a caregiver to a child with disabilities is very challenging and stressful. There is a mass of data detailing the hardships and trials faced by parents who are raising a child with special needs. As compared to raising a typically developing child, caregivers of children with disabilities report having more adverse health conditions such as depression, stress, activity limitations, chronic symptoms, and generally overall poorer health (Isa et al., 2016; Sung & Park, 2012). With all of the challenges caregivers and family members face, religious involvement has been shown to reduce negative feelings and increase positive outcomes. One of the benefits of religious engagement is the increase in social support and feelings of self-efficacy. Numerous studies such as Marchal et al. (2013) validates the notion that caregivers experiencing increased social and emotional support have better self-efficacy, which leads to better physical and mental health. Previous empirical literature such as Poston and Turnbull (2004) stressed the critical role of social support, especially religion, to a successful family coping mechanism and as a positive means of support. Gaventa (2005) recognized the need and desire of families to participate in their faith communities and to have the autonomy to decide their religious participation and spirituality. This study pointed out the fact that parents wanted to be involved in religious activities to the same extent that families with healthy children were involved.

Besides the mental and emotional feelings of support, there are physical benefits as well. For example, Phelps et al. (2009), demonstrated the positive outcomes for families with children who had chronic illnesses who attended religious services. These benefits included increased physical health, better mental/emotional health, and enhanced social support (Phelps et al. 2009). In the literature discussing the psychological well-being of caregivers (especially of those with

disabilities), the term “resilience” is often used. Resilience is the ability to cope and adjust when faced with a negatively perceived event. In a one-year cross-cultural study implementing a spiritual program, results showed that spirituality and the spiritual program enhanced the resilience of caregivers [of children with autism] and Christian parents showed higher resilience, lower dysfunction, and a stronger sense of coherence (Pandya, 2018). The sense of support both supernaturally and socially were substantial factors associated with caregivers having positive coping mechanisms and stronger resilience.

Even with all the positive outcomes associated with church attendance by the family of a child with special needs, there are still barriers present. Richie (2015) explains the hesitancy of parents bringing their children to church due to fears about the outcome and the lack of assistance for their disabled children. Attending church is also a daunting task for parents as often there is not theology adapted to the unique needs of the children and family (Richie, 2015). In focus groups of parents of children with disabilities, some parents expressed that they perceived the faith community as a place of acceptance of their child. Conversely, other parents in the focus groups saw the inadequacy of support for their child and the lack of acceptance (Poston & Turnbull, 2004). As seen in the literature, community involvement and participation is equally as crucial to the family of children with special needs as it is to the children themselves. This evidence points the fact that inclusive practices need to be for both the child with disabilities, and the parents and siblings.

Inclusive Practices

There has been a wealth of research done on creating more inclusive practices in the classroom. From proposed interventions to better teacher education, the literature has a strong focus on helping include children with disabilities in the school system. Research conducted to

promote better inclusion in the school system can be translatable to other similar settings, such as the church. “A therapist can gain a deeper understanding to assist an individual or congregation with support, acceptance, and understanding by researching accommodation issues in other social environments” (Hobbs et al., 2016, p. 42). Both the academic classroom and the religious classroom have many similar aspects and challenges. In a systematic review done by Maciver et al. (2019), the most relevant participation-fostering psychosocial and environmental factors were identified. Contributing environmental factors [to inclusive practice] included five interrelated areas such as peers, adults, space, structures, and objects (Maciver et al., 2019). Using this information, educators, and organizations that are aiming to be more inclusive can have a better understanding of factors that play a role in serving individuals with disabilities.

A relevant example of an inclusive practice that applies to both the religious and non-religious classrooms is the education of the teachers. A study conducted by Bryant (2018) sought to address the lack of understanding among special needs educators. One of the significant themes that Bryant (2018) found was that there needs to be a variety of formal and on the job-training of inclusive practices, which improved the comfort level of the preschool teachers on these types of practices. Leatherman (2007) identified the educational gap of teachers on inclusion practices and concluded that “in the inclusive classroom, teachers are more aware of differences between children and make accommodations so that all children with special needs can participate just as the children without disabilities” (p. 608). Enhanced teacher training is one of the critical factors in the success of an inclusive classroom by educating teachers on adapting and modifying activities.

In a study of a Jewish summer camp’s inclusive practices, the issue of teacher training was also a cited area of critical improvement for better inclusion. The researchers found that

even the most well-intentioned staff member was lacking in any formal knowledge or training on disabilities and did not know how to optimally adapt environments for campers with disabilities (Shefter, Uhrman, Tobin & Kress, 2017). It was concluded by the authors that modest steps in the direction of increased camp counselor training and education would enhance the experience for both campers with and without disabilities.

Research done by Lifshitz and Glaubman (2002) found evidence that corroborated results of other studies on the correlation of self-efficacy and inclusion. They found that when the efficacy of teachers is higher when understanding the disability, the teachers are then more willing to include the pupils with learning disabilities in their classroom. This evidence seems to suggest that the better-educated teachers are, the more self-efficacy they will possess, which in turn will automatically raise levels of inclusion.

In a study dedicated to understanding the religious experiences of families of children with special needs, researcher Elizabeth O'Hanlon (2013) found that the majority of families had positive experiences. Participants indicated that religious leaders who provided support were the most critical factor in their overall family participation (O'Hanlon, 2013). In the study implications, O'Hanlon (2013) made a case for the future direction of religious inclusion by saying:

spiritual organizations should specifically identify the needs of children and adults with disabilities and their families and provide effective and meaningful participation... spiritual communities need to identify experts within their community, such as parents of children with disabilities, individuals with disabilities, and other professionals who have worked with

individuals with disabilities, to help develop programs that effectively support the needs of these families and individuals. (p. 57)

To enumerate satisfactory experiences, spiritual communities need to identify experts who can help create and modify components of the church into being more accessible. One could argue that teacher and volunteer education guided by a professional is one of the ways to increase inclusion and participation.

Another key component of teacher education and comfort level is promoting self-efficacy. Nurses Price et al., (2004) developed and implemented a seizure management program. Results comparing pre- and post measurements showed significant positive gains in a participant's self-efficacy concerning their ability to handle medical emergencies, especially in special needs children. This article can be used by organizations to not only support education, which is proven to increase self-efficacy in tough situations, but it can also be used to support medical intervention courses for teachers and volunteers.

Religious Participation

In 2014, Liu et al. conducted a qualitative interview study in which they examined the perspectives of young individuals with an intellectual disability or autism on how they perceived the importance of religion and spiritual expression. The results of this study showed that individuals valued participation in religious activities for the relationship that they felt like it fostered with God and the personal connection they felt while participating in specific activities (such as prayer, worship service, religious holidays). Individuals felt that the most gratifying part of religion was the relationship with God, but they were keen to report the social aspects as well. Participants positively described the influence of their faith community as a place of acceptance

and belonging as well as a place where people were kind and good to them (Liu et al., 2014). Individuals of all ages with and without disabilities identify that religious and spiritual participation is of importance to them. With the literature to support it, religious institutions should be reaching out to include children as there is an explicit desire to participate.

Role of Occupational Therapy in Religious Participation

Spirituality and religion are defined by the American Occupational Therapy Association (AOTA, 2014) as an important personal factor that is described in the OTPF. The OTPF is a foundational document that defines the profession of occupational therapy as “the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of enhancing or enabling participation in roles, habits, and routines in home, school, workplace, community and other settings” (AOTA, 2014, p. S1). The cornerstone of an occupational therapist’s role is enabling individuals to participate in desired occupations by modifying and adapting inhibiting factors of the environment (AOTA, 2014). Not only does the profession work to promote an individual’s occupational engagement, but therapists do so with a holistic viewpoint. Within the OTPF, all the factors of an individual are considered. Therefore, it is pertinent that all factors including religion and spirituality are considered. A study done by Teo (2009) stresses the interconnectedness of engagement in desired occupations and the increased quality of life. Occupational therapists are appropriately trained to help facilitate change by creating more inclusive practices and environments.

Researchers Thompson and Gee (2018) found that new graduates understand the importance of viewing an individual’s religious practice as a meaningful and purposeful activity. This research exemplifies the professional opinion that practitioners have in regard to the importance of spirituality and religion for an individual.

Occupational therapists (OT) can and should have a role in promoting religious inclusion for children in the church. The participation in religious and spiritual activities has been defined as an essential life occupation, not only to facilitate community involvement, but because it is a vital part of the human experience (Misiorek, & Janus, 2019). Gray (2015) explains how understanding a patient's spirituality naturally leads to discovering their meaningful activities and occupations. This, in turn, leads to the therapist and client working collaboratively together to create interventions and plans that are client-centered. Grey (2015) went on to say, "When we facilitate the engagement of our patients in the occupations that are the outward manifestations of their spirituality and faith, we address spirituality in a way that is ethical and within the domain of occupational therapy" (p. 59). When a church works for the engagement and participation of children with special needs, with the assistance of an occupational therapist, the religious and spiritual needs of both the children with disabilities and their families are being met.

Occupational therapists, especially pediatric therapists, are specially trained to help children engage in life occupations and meaningful activities (AOTA, 2014). Occupational therapists help children overcome challenges in many different ways; from altering the environment to providing adaptive equipment. Removing barriers, facilitating emotional and self-regulation skills, and strengthening fine and gross motor skills are just a few of the ways that OTs can work within a setting to facilitate positive outcomes (Nemours, 2019). In the church, occupational therapists can apply this knowledge in many areas, as they understand the barriers that a child with special needs faces. An OT can bridge the gap between a child with special needs and the church, because they understand the child and their challenges, but then they can translate this knowledge into the church setting.

Conclusion

The literature on the inclusion of children with special needs within the church acknowledges the many benefits that participation has for both the child and the family. A large amount of evidence was found regarding the participation and inclusion of children with special needs within the classroom and the clinic (Nemours, 2019). However, apart from studies done in the classroom and clinic, there is limited evidence detailing the participation and inclusion of children with special needs settings such as the church. Serving the population with special needs apart from these settings is an emerging area of practice in which there is a scarce amount of documentation. This lack of evidence stems from incorrect previous misconceptions on the ability of children with special needs to understand religion and their desire to participate. With current information correcting this previous misconception, more studies can and need to be completed to better facilitate participation and inclusion for children with special needs in the church.

It was found that the literature supports and emphasizes the role that occupational therapists can and should have in the goal of increased participation and inclusion within the church setting. It is well documented that pediatric occupational therapists have the skill set to facilitate the engagement in meaningful activities for children with special needs (Case-Smith and O'Brien, 2015). The literature highlights the ability and skill set of OTs, and studies need to focus on how OTs specifically fit into this setting.

Despite numerous studies confirming the importance of participation in religious activities, there is limited evidence that explores many other aspects of inclusion and participation for children with special needs. Gaps in the literature include lack of information on things such as specific intervention strategies, best supportive environments, and how to best

facilitate parent support in the church. This project aims to contribute to the body of evidence regarding OT's role in facilitating the inclusion and participation of children with special needs within the church.

Chapter Three: Process and Methods

Introduction

The purpose of this capstone project was to implement specific occupational therapy-based interventions and education into the pre-existing special needs ministry within the Church of Eleven22. As described by the third edition of the *Occupational Therapy Practice Framework* (OTPF), the definition of religious observance as an instrumental activity of daily living (IADL) was expanded upon (AOTA, 2014). In the current edition, the definition of religious observance now includes “engaging in activities that allow a sense of connectedness to something larger than oneself or that are especially meaningful” (p. S20). Including religious observance as an occupation within the Framework implies that addressing an individual’s religious and spiritual needs can be addressed by occupational therapy practitioners. It is only appropriate therefore, to complete a capstone project that enables individuals with special needs to partake in this identified occupation with the assistance of occupational therapy interventions.

The programs implemented in this project will be foundational aspects of Eleven22’s special needs program. The project began with a needs assessment that evaluated different domains within the special needs ministry and examined current inclusive practices. The goal was to find areas of improvement within the Church of Eleven22 and then insert appropriate programs and interventions. The central aspect of this project was to improve volunteer education, as the success of the other programs stemmed from the ability of the volunteers to apply their knowledge on the use of inclusive practices and how to best promote engagement.

The next logical step, after reviewing the evidence described in the literature, was to create a program that helped fulfill this specified need in the church. The purpose of this section is to give the reader a clear overview of the process and methods that this capstone project used.

Participants

Participants in this program consisted of the students and adults who served as volunteers in the children's ministry. Along with the volunteers, this project included children with special needs, ages one through eighteen, and their parents who attended the Church of Eleven22. All participants signed up to volunteer with no financial incentive and were vetted through Eleven22's background check system. The participants were from various backgrounds and education levels. Some participants were familiar with the population of individuals with special needs, and some were not. Other participants involved in the project included the special needs program director, the children's ministry director, and the special needs intern. This project was guided by a pediatric occupational therapist as well by the University of St. Augustine's doctoral director.

Setting

During the development of this program, there were two primary areas of focus. One area was focused on improving volunteer self-efficacy in the Sunday school classroom. Sunday school occurs at the Church once a week for an hour and a half while parents attend the general service. The structure of a Sunday school classroom at Eleven22 has eight to ten similarly aged children together who are led by two Sunday school volunteers. The Sunday school class typically begins with free play then musical worship, followed by a spiritual lesson, a snack, and finally, a concluding craft activity.

Identified children with special needs had an assigned buddy to be with them during Sunday school that helped them participate. Even though it was a forward step to have the special needs buddies available, it was not enough as the volunteer education did not provide any specific information such as typical presentations of different diagnoses, behavior management,

or activity modification. Researchers Sargeant and Berkner (2015) described how successful classrooms were those in which the teachers appropriately adapted the curriculum and instructional delivery to students with disabilities. Current literature maintains the need for continuing education for personnel who work with children with special needs on adapting and modifying lessons and activities.

Improving the self-efficacy and education of the volunteers for Buddy Break was another setting in which change was implemented. Buddy Break is a national entity that helps organizations, typically churches, put on a respite program for parents of children with special needs (Nathanielshope.org, n.d.). The respite program was held at Eleven22 on the second Saturday of each month from eight to noon. Volunteers were assigned a VIP with whom they spent the morning going through different therapeutic (PT, OT, SLP) stations. The VIPs who participated in the program were children from the community that ranged in age from zero to eighteen who had a diagnosed disability. Parents of VIPs dropped their kids off at the program and then had a few hours for themselves. The Buddy Break organization requires volunteers to watch an educational video about children with special needs and take a quiz for competency. The Buddy Break training video contained limited information on different diagnoses and conditions and instead focused on the ADA definition of disability, safety, and disability etiquette (Nathanielshope.org, n.d.). Research done by Leatherman (2007) relates the need for teachers [of children with special needs] to have specific coursework on inclusive strategies and practical hands-on experiences to feel comfortable. The topics covered in the Buddy Break video were helpful. However, the training video did not adequately educate on inclusive strategies or on activity modification and adaptation.

Measures

Volunteers were given a self-efficacy questionnaire created by the OTD student before and after volunteer training in-services. This questionnaire assessed their comfort and level of knowledge regarding working with children who have disabilities. Using Bandura's *Guide for constructing self-efficacy scales* (2006), the self-efficacy questionnaire used an evidence-based approach. The self-efficacy questionnaire created was similar to that used by Price et al., (2004) in the evaluation of self-efficacy of special needs teachers in seizure education, as there were many common factors. Elements of the self-efficacy questionnaire were based on information disseminated during the special needs educational in-service. Throughout the project, interviews and informal observations were conducted with volunteers, which aided in perfecting the training process and educational materials. Parents were also interviewed about the inclusion and participation of their children as well as about the perceived ability of the volunteers to take care of their child (Estes et al., 2018).

Another measure of the success was the increase in the number of children with special needs who participated in Church activities. For example, the Buddy Break respite program is open to the community. As more families attended, and were comfortable with the care provided, the more they explored the Church's other available special needs programs. Findings by Pfeiffer and colleagues (2017) concluded that greater participation took place by children and families with autism occurred when there were accommodation strategies and environmental supports in place. To quantifiably measure the participation of children with special needs and their families, a census was conducted before and after the completion of this project (Wauge, 2013).

Lastly, the effectiveness of the S'cool Moves program initiated during Sunday school will be measured in observations and informal interviews. As volunteers become more

comfortable with using S'cool Moves, they will be used during services. Interviews with volunteers also measured how effective the program was.

Developmental Process

A project to increase the inclusion and participation of children with special needs in the church came to be after a local church expressed the desire to reach out to this specific population (Martin, 2017). The Church of Eleven22 believes that all people, no matter the disability, deserve the opportunity to attend and participate in church (Church of Eleven22). Personal observation of current Sunday school classrooms led to the completion of a literature review that uncovered gaps in the literature and revealed the limited evidence on the spiritual and religious participation of children with special needs and their families in the church (Ault, 2010). The basis of the project was contrived from multiple occupational therapy resources and religious institutions and publications.

Implementation Process

This project was focused on creating a thorough volunteer education program while also implementing a parent respite program and incorporating movement breaks into Sunday school classrooms. The project ran over a fourteen-week timeline.

The OTD student made educational videos, presentations and handouts made and used them to teach volunteers on best practices for working with children with special needs. Volunteers were educated on behavior management, typical presentations for different diagnoses, and inclusive practices. This concept of volunteer training was based on work by Bryant (2018) who found training people on inclusive practices helped increased the comfort of preschool teachers when implementing practices. Besides providing foundational knowledge of disabilities, training was heavily focused on using OT interventions and techniques. According to

Gaventa (2005), the collaboration of special education professionals, such as OTs, within the church was beneficial as they could merge their personal and professional roles to provide instruction in best-supporting children with special needs. O'Hanlon (2013) also related the need for partnerships between the church and disability professionals to develop training programs "that combine their unique sets of knowledge to educate religious organizations" (p.58).

In the volunteer educational videos, there was an emphasis on modifying and adapting different elements of the classroom to better fully include all children. For example, volunteers were taught how to modify an activity to promote a "just right challenge" that allowed the child to be actively involved but not frustrated. Kruijssen-Terpstra et al. (2016) noted the importance of understanding how to modify an activity for success to best promote child empowerment. During the educational videos, volunteers were taught basic principles of adapting environments. An example of this, was instruction given on how to adapt the classroom for a child who easily experienced sensory overload or for a child who had physical impairments that did not allow for participation in a specific activity. For instance, if there was a class activity that had students crawling to collect objects off the floor, volunteers would be able to adapt this activity for a student who used a wheelchair by providing a tool such as a reacher for the student to use instead.

Carter et al. (2016) advocated for special needs educators being involved in a special needs ministry within the church. Carter et al., cited that these professionals are intimately familiar with the supports and accommodations that are needed for students with disabilities in the school and community settings (2016). Occupational therapists can help create interventions that help modify the environment, which allows for successful engagement in desired activities (Smith, Roley, Bissell & Frolek, 2015). A successful example of this would be when a volunteer

recognizes a child is experiencing sensory overload and takes the necessary steps to provide a sensory break. This results in the child being able to return to class without issues and avoiding disruption for all involved. Without training, volunteers would not understand why children with special needs were acting out during class and are unaware of how to resolve the issue. The result would likely be parents called out of service causing major disruptions for both parents and children.

Teaching volunteers to improve inclusion of children with special needs through occupational therapy strategies, fulfills the profession's vision to not only meet the needs of children with disabilities, but to meet society's occupational needs (AOTA, 2007). Occupational therapy is focused on "achieving health, well-being, and participation in life through engagement in occupation is the overarching statement that describes the domain and process of occupational therapy in its fullest sense" (AOTA, 2014, S4). Among the occupations listed in the Framework, social participation, play, and education all occur within the church setting. Occupational therapists routinely address these engagements to achieve positive outcomes of increased participation, role competence, quality of life, and a sense of well-being (AOTA, 2014). Therefore, education and promotion initiatives such as facilitating volunteer training are areas in which occupational therapists are vital to ensure the participation and inclusion of special needs children within the church.

Conceptual Framework

The Theory of Change (ToC) is an approach to program development that examines the interconnected relationships between the desired change, domains of change, interventions, and the outcome (De Silva et al., 2014). There are six sequential steps that compose the ToC. Firstly, the purpose for the ToC was identified. For this project, the aim was to increase the inclusion and

participation of children with special needs within the Church of Eleven²². Secondly, a vision and the desired change was defined. To make this desired change in the Church, programs were implemented that promoted inclusion and engagement (Thompson & Gee, 2018). Thirdly, the domains that the change will occur in are identified. The domains that are relevant for this project are changes in volunteer self-efficacy, promotion of inclusive practices, and specific special needs program implementation.

The last three steps of the ToC seek to identify strategic priorities, develop pathways of change, and lastly to review and adapt the ToC. In this project, the priorities were the education of the volunteers, implementation of Buddy Break, and introduction of S'Cool Moves. The main pathway of change will be the education of the volunteers who serve during Sunday school classes and during Buddy Break. Volunteer education was one of the main pathways of change, was interconnected to all other areas of special needs inclusion and participation (Shefter et al., 2017).

To complete the cyclic nature of the ToC, the program will be reviewed through informal interviews with volunteers and parents. In a quantifiable way, the pre and post volunteer self-efficacy questionnaires were compared and analyzed. These questionnaires provided insight into the strengths and weaknesses of the volunteer training.

Timeline

Establishing a timeline for a project is an essential part of successful program completion as it helps the project be completed in an organized and timely manner (Duggan, 2018). The timeline of this project was approximately fourteen weeks. At week one of the project, a SWOT assessment was conducted through interviews and informal observations of the current program. After this initial assessment, there were several mini SWOT assessments and informal

observations and interviews conducted throughout the project. By week three of the project, volunteer educational materials had been created that focused on incorporating occupational therapy strategies for more inclusive practices (Pfeiffer, 2017; Ball, 2018). Week three also saw the beginning of reaching out to find Buddy Break volunteers and starting to complete the S'cool Moves modules. During week four, all parent respite dates had been finalized and space reserved. Volunteers had also been recruited and a training was scheduled to occur during week five. At weeks four and five, advertising and promotion for the parent respite had been publicized, both in e-mail and flyer formats. Buddy Break logistics also began at week four with therapist meetings and lesson plan creation as well as supply gathering and creating of the online registration system.

At week six, the Buddy Break respite program offered its first official event. All the steps involved in putting on Buddy Break were completed. Steps included various administrative tasks such as participant and volunteer registration, and background checks occurred. Other tasks completed at this time included communicating with therapists for lesson plans and needed supplies, as well as managing event space reservation, and lastly, coordinating with community partners for equipment. Week seven focused on the creation of a S'cool Moves video that showed some brain break movements to be used in the Sunday school classroom and was shown to all volunteers during the weekly huddle.

The eighth through tenth weeks were focused on maintaining and adapting the programs established in the previous weeks. In order to make the most effective program, it is crucial to continuously assess implemented programs and adjust (Silverman & Tyszka, 2017). At this point in the project, all programs had been applied. These few weeks were devoted to ensuring programs are running smoothly, correcting any flaws, and adding new material. For example, a

few Buddy Break volunteers reported that they would have liked more modification strategies, so then more resources and education were given by the OTD student. In accordance with the program director's wishes and the Church culture, a PowerPoint presentation was given to all the children's ministers to enhance their knowledge and ability to educate onboarding volunteers.

During weeks eleven and twelve, the OTD student received and organized feedback from volunteers, parents, and the special needs director. The feedback received was analyzed for common positive and negative trends within the project. From this information, project adjustments were made to increase the relevance and longevity of the programs. During weeks eleven and twelve, an educational video was created that encompassed and addressed the feedback received and areas of needed education. A handout was also created that provided information on common conditions, environmental modifications, and activity adaptations which was put into the new volunteer training handbook.

The last two weeks of this project were to ensure the continued success of the implemented programs. It was the primary intention of this project to establish educational content that the special needs program director can use to train incoming volunteers. The training materials provided evidence-based education and gave guidance on how to best support children with special needs and their families (Carter et al., 2016; Carter & Boehm, 2019; Gaventa, 2005). All the materials, supplies, and lesson plans needed for Buddy Break were also passed along during this time. This included all paperwork for both the volunteers and the children with special needs.

At the end of this project, there was a functioning parent respite program complete with trained volunteers and event materials. The Buddy Break respite program has all the components

organized for the next coordinator to effectively run a program- including event supplies, therapist lesson plans, new volunteer training material, community partnerships, and schedule.

Also at the conclusion of this project, parents reported feeling like they had received relevant information on community resources related to their children with special needs through the Buddy Break partnership. Parents of children with special needs often have difficulty knowing where to find different resources, such as legal and advocacy matters (Phelps et al., 2009; Kruijsen-Terpstra et al., 2016) so it was important to finish the project with parents having obtained relevant resources.

Conclusion and Envisioned Next Steps

The creation and implementation of programs for children with disabilities within a special needs ministry in the Church benefited all members involved, from the children themselves to the families, the volunteers, and the congregation as a whole (Gavish, 2017; Hobbs et al., 2016; Jarvis, Choong, & Khetani, 2019; Leatherman, 2007). The programs that this project sought to implement will serve as foundational cornerstones in which the current special needs program can build and expand upon. Children with special needs are an underserved population, especially in the Church (Ault et al., 2013), and by having incorporated programs that promote engagement, these children had an opportunity to participate in their desired activities and occupations (Soomar, Mthebu, & Ramugondo, 2018).

An area of potential exploration is the expansion of inclusive programs within the church. This project sought to incorporate occupational therapy interventions and education into an existing special needs program. A future direction for this program would be using an interdisciplinary approach to create more inclusive programs. Integrating different professions will expand the body of knowledge and allow for new and innovative ways to increase inclusion.

Chapter Four: Results and Analysis

Introduction

This chapter's purpose is to describe the project, report results, and discuss findings of the implemented programs within the special needs ministry of the Church of Eleven22. This chapter describes not only describes the project implementation, but also offers insight into the obtained results as well as limitations and delimitations.

Project Description

This project began with conducting a SWOT assessment, as stated in the objectives, to determine the strengths and weaknesses of the current special needs program at the Church of Eleven22. To gather information and data for this assessment, many different individuals were interviewed and their responses recorded. Besides the special needs program director and intern, kids ministers as well as kid's ministry volunteers and current special needs families were informally interviewed. The SWOT assessment revealed specific themes in which to guide this project including a strong need for volunteer education, establishment of a respite program, and a movement break for children of all abilities. Based upon this assessment, objectives for the OTD project were established. The first and largest need found was to institute and initiate the parent respite program- Buddy Break. Secondly, there was a large demand for in-depth volunteer training that focused on addressing specific needs. Lastly, based on observation during Sunday school services, a movement strategy program was warranted to help children of all abilities more fully participate in services.

Buddy Break. One of the main objectives of this project was to implement a parent respite program through the Nathaniel's Hope organization. Nathaniel's Hope is a non-profit organization that gives Churches the materials necessary to put on a parent respite program for

parents of children with special needs. These materials include things such as insurance and liability, volunteer training, and an online database for both volunteers and participants. Buddy Break is held once a month and allows parents a four-hour break.

As designed, the Nathaniel's Hope Buddy Break program does not delineate specific activities to be done at each Buddy Break. The program director and the OTD student envisioned that the Buddy Break held at Eleven22 would be therapeutic for the participating kids. To achieve this goal, Church members who were known to be speech language pathologists, physical therapists, occupational therapists, and music therapists were contacted and asked about potential level of interest.

After holding meetings and discussing the desired vision with the therapists, the OTD student began curating lesson plans from all the different disciplines. When putting together the lesson plans, the OTD student created all the OT therapeutic activities and made sure the lesson plans from the other disciplines had guidelines to modify and adapt the activities. The next step in implementing Buddy Break was to spread the word within the Church and recruit volunteers.

After successful volunteer recruitment, a training was held to educate and inform volunteers. As determined by the Buddy Break organization, the standard video content was shown and the mandated volunteer test was administered. However, the program director and OTD student recognized the inadequate information contained in the mandatory training video. To combat this, the OTD student would pause the video at certain increments and elaborate on the video material. An example of this was when the OTD student provided specific modifications and adaptations, such as an elevated workspace, for a child who had physical impairments. The volunteers were very receptive to the video and to the extra information presented.

To prepare for the first Buddy Break, many logistical items needed to first be accomplished. These tasks included performing background checks on all the volunteers, receiving volunteer and special needs family information, coordinating activity space, and gathering all supplies. An essential function completed by the OTD student was communicating to not only the volunteers on training requirements, background checks, and attendance, but also communicating with the families who wished to attend. Often, parents were nervous about leaving their kids and were overwhelmed with completing the required paperwork. As a result, a significant amount of time was spent educating and walking parents through the Buddy Break form and educating them on how the Nathaniel's Hope organization worked and what to expect during the event.

Once these tasks were completed, Buddy Break was ready to launch. On the day of the event, volunteers gathered before the event began, and were given folders with information on their "VIP". Within these folders, parents had filled out packets detailing their child's specific functional level along with relevant information regarding physical, emotional and cognitive attributes.

After volunteers were assigned their VIPs, all the therapists gave an explanation about the activity to be completed in their room that day. For example, the OT room had a craft that focused on fine motor skills and sequencing whereas the PT room did gross motor activities such as scooter board races. After being briefed on their VIP and the day's events, volunteers were given the opportunity to ask questions or give comments. Several volunteers went to the OTD student and asked questions about their VIP's condition and how to best interact and encourage participation. The OTD student answered all questions and spent time explaining all concerns.

The OTD student also made note of commonly asked questions and used this information when constructing the volunteer training manuals.

Volunteer education. When conducting the SWOT assessment, a major area of need was the addition of special needs education within the current volunteer manual and onboarding process. Initially, the course of action was to hold one-hour volunteer in-services to provide education. The effectiveness of the in-service was going to be measured in a pre- and post survey to measure the self-efficacy of the volunteers before and after training. The ability to hold several in-person volunteer trainings proved to not be feasible given the Church's many locations and vast number of volunteers. Therefore, volunteers were not able to be given the self-efficacy survey and feedback was gathered through informal interviews.

Instead of in-person trainings, the OTD student provided a written training which was printed in all volunteer training booklets. The training gives a brief overview of different types of impairments and how volunteers can modify and adapt the environment, and how to handle behavior issues and address sensory overstimulation. The OTD student also produced a detailed PowerPoint to present to the kid's ministers of all the different campuses. Due to unforeseen circumstances, the presentation was not able to be given but the presentation was sent out to all campus kid's ministry leaders. The site supervisor's vision for the OTD student's volunteer educational series was to help educate the current leaders so they could pass on their learning to the volunteers who they onboard to serve.

Besides providing written volunteer training materials, the OTD student and a classmate with a similar project collaborated to make an educational special needs training video. The intent of the video was to provide churches with content to show their volunteers which would give them a strong knowledge foundation in serving in the special needs ministry. Unlike other

training videos, this video not only addressed common challenges seen in a special needs ministry; but it added in occupational therapy techniques to better equip volunteers.

S’Cool Moves. During observation of the Sunday school classrooms, it was noted that children had difficulty re-focusing during transition times. During interviews, volunteers and kids ministers expressed a desire for an all-encompassing activity that would ease transitions between activities. Easing transitions would lead to greater participation because of fewer behavioral incidents. Therefore, the S’Cool Moves online program was completed by the OTD student and in collaboration with the special needs director, an educational video was made. The video showed the OTD student demonstrating five S’Cool Moves brain break movements that volunteers could utilize in their Sunday school classrooms. The intention of this video was to educate volunteers on how to help children of all abilities regulate their sensory systems in order to better participate in activities. The video was shown to volunteers across all campuses and all service times during the team huddle.

Measure of Effectiveness

The effectiveness of Buddy Break was measured both quantitatively and qualitatively. During the first Buddy Break, there were 30 volunteers who served and 14 kids who participated. The following Buddy Break, there were 31 volunteers with an increase to 26 kids who attended. The March Buddy Break had 32 volunteers signed up and had 35 kids who were projected to come. Unfortunately, due to unforeseen circumstances, the March Buddy Break was canceled. The measure of effectiveness for Buddy Break was also measured qualitatively through informal observations and interviews.

One of the most pressing objectives of the project was to provide volunteer training. The measure of effectiveness for this facet of the project was seen through individual interviews with

the kids ministers and other Church leaders. The Church culture dictated that the materials be easily accessible online and not be in an in-person presentation format. Therefore, based on the feedback given by the Church directors, the video and written materials provided were extremely helpful and provided relevant information. As the Church directors continue to use the materials given, they will be able to give feedback on the effectiveness of the training.

The effectiveness of the S'cool Moves program was to be measured by volunteer response and integration of use. Due to unforeseen circumstances, the observance of classroom implementation was not able to be seen. However, there was a positive response to the S'cool Moves training video and both the kids ministers and the volunteers seemed enthused about incorporating a movement break into Sunday services.

Results

When comparing the number of volunteers and participants during the Buddy Breaks, there were several positive increases. Firstly, there were several returning volunteers which shows the volunteers becoming increasingly comfortable during the Buddy Breaks and more willing to serve. This statement is supported by the informal interviews and observations done by the OTD student. Throughout the program, there were several instances of volunteers expressing positive experiences after working with the OTD student and other therapy members to better engage with their VIP. As the volunteer recruitment for Buddy Break is strictly word of mouth, the addition of new volunteers speaks to the positive attitude that current volunteers have towards the program.

The number of children and families who attended Buddy Break also rose dramatically during the three sessions that Buddy Break was held. Every Buddy Break saw an increase of approximately ten children and five families. Results of the parent respite program were also

gathered qualitatively during interviews done with the families and parents. Every parent interviewed expressed how much fun their child had, how great the volunteers were, and what a nice parenting break they had received.

The results of the volunteer education materials were gathered through feedback from the kids ministers and special needs program director. These church leaders viewed the volunteer education videos, PowerPoints, and document on special needs conditions that went into the new volunteer handbook. As these Church leaders are familiar with the Church's needs, their comments and observations regarding the content of the educational materials was extremely valuable. These Church leaders are also the ones responsible for training incoming volunteers and as they felt empowered and educated then the educational materials can be deemed a success.

Due to unforeseen circumstances, the results for the S'cool Moves video effectiveness results could not be obtained. When the educational video was released, there was an overwhelmingly positive and excited response to the content. Unfortunately, Church was suspended and there was no way to gather results on the effectiveness and use of the program within the Sunday school classroom.

Discussion

This project had three main objectives- the implementation of Buddy Break, the creation of volunteer educational materials and the introduction of the S'Cool Moves movement breaks. The implementation of Buddy Break turned out to be the most significant aspect of this project due to the many unique factors that made up Buddy Break. Buddy Break became the largest focus of this project because it had the greatest impact in the shortest amount of time. The volunteer education and the S'cool Moves materials take time to disseminate to all of the

volunteers and to be worked into practice. The effectiveness of the volunteer educational materials, both the materials provided and the S'cool Moves programs, will be an on-going process as more and more volunteers are exposed to the training.

Buddy Break. There were several important facets of Buddy Break that made it effective and fun for both the volunteers and the children with special needs. One of the most important factors was the small group size and the consistency of the volunteers and kids. Having a small group of volunteers who consistently attended was crucial, as it let the OTD student be able to give hands on advice and guidance throughout the sessions. A consistent group of volunteers also meant consistent pairing of volunteers and children together. Consistent pairing of the volunteers and the children with special needs, allowed volunteers to really get to know their VIP and how to individually best facilitate participation.

Another key aspect was the teamwork that occurred between all the therapy disciplines involved (OT, PT, speech, and music). This interprofessional collaboration helped provide the volunteers with different strategies to include their child in each different activity and the therapists were able to educate on modifications unique to their discipline. An example of this was the speech language pathologist who demonstrated modifying an activity different from the physical therapist showed how to modify an activity. Having multiple disciplines involved in the program provided a well-rounded and hands on volunteer education that one discipline alone could not have done. As effective as implementing occupational therapy strategies are for facilitating better participation for children with special needs, having multiple professionals show their expertise was much more beneficial. Having the different rehabilitation specialists at the event was one of the main reasons why this program was so successful. Coordinating and running the Buddy Break program fostered the realization of the most effective way to do

volunteer education. If this project was to be run differently, a similar approach to educating the Buddy Break volunteers would be taken. A small and consistent group of volunteers and hands on training with the aid of different therapy disciplines was found to be the best approach to volunteer training and education.

Volunteer education. The success of conducting and implementing volunteer education could be considered average at best. When initially planning on how to conduct volunteer education, there needed to be more thought given to the number and locations of the different Church campuses. The Church of Eleven22 currently has six campuses spread out over 100 geographic miles with plans to expand more. It was unreasonable to be able to hold in-person volunteer training sessions with a distribution that large. Therefore, it would have been extremely difficult to obtain concrete data from the use of the pre- and post test scales of self-efficacy that this project initially intended to use. Instead of holding these volunteer education presentations, the training material was directed to be accessible in the incoming volunteer training manual and through a video.

Understanding the impact and effectiveness of the new materials introduced will be an ongoing campus by campus and individual basis. For example, if the campus minister at one location simply glosses over the material while onboarding a new volunteer, then that volunteer will feel less prepared than the volunteer whose campus minister spent lots of time going through the material. Ensuring equal volunteer education across the many locations was not a feasible goal for this project. Instead, the best that could be done, was training all the campus ministers with the intention of them being able to pass on the learned information with the assistance of the provided materials.

S’Cool Moves. The concept of S’Cool Moves, and the idea of movement breaks in general, was one of the main areas of need within the Church. Therefore, a program was found that would benefit all abilities of children and increase positive behaviors within the Sunday school classrooms. Completing the program modules and training to provide the Church with the movement breaks was a long and thorough process that sparked many novel ideas to bring to the Church. The necessity of picking and choosing what aspects to bring into the project was difficult, but essential given the short duration of the project. During this project, it was recognized that there are a multitude of ways for the S’cool Moves program to assist a church with inclusion and participation for not only children with special needs but also typically developing children. In fact, a whole project could be done relating how the S’cool Moves program could be effectively utilized in a church setting.

Unfortunately, due to unforeseen circumstances, the results on the implementation of the S’cool Moves program were not able to be obtained. Therefore, the effectiveness of the S’cool Moves cannot be discussed. Given the positive reception the S’cool Moves video had when initially introduced, it can be hypothesized that the program would have some measure of success.

Limitations

During this project, there were a few limitations both expected and unexpected. One of the natural and expected limitations was the short 14-week time frame of the project. Fourteen weeks was not enough time to effectively evaluate, create, implement and assess a program. The project time restriction impacted all the objectives initially proposed, as all the objectives required time to complete menial tasks such as understanding the computer system and completing background education. Buddy Break, for example, required not only recruiting and

training volunteers, but also conducting background checks and the creation of both volunteer and VIP registration in the Church system. These few things mentioned took up copious amounts of time and did not include the main event or preparing materials, supplies, and check-in systems. This short project time limit was a major limitation in thoroughly completing the objectives.

Other major limitations were the Church dynamics and logistics of reaching thousands of volunteers across numerous campuses. The project had to change from holding in-person volunteer in-services to taking a more top-down approach and only training the kids ministers. The vastness of the campuses and large number of volunteers was an unforeseen limitation that affected all the objectives, but it especially impacted the volunteer education objective and goals.

Lastly, a limitation present was the lack of devoted staff who were specifically assigned to the special needs ministry. The Church's special needs department only consisted of the program director, and the intern. Oftentimes, the program director juggled many other projects and parts of the OTD project were postponed. Volunteers who signed up were often times very inconsistent and there was a small carryover of the same individuals who served from session to session.

Delimitations

There were a few delimitations within the project that helped counter some of the limitations. One was the willingness of the special needs program director to allow the OTD student to take control of the parent respite program. All aspects of Buddy Break were run by the OTD student with the special needs director aiding only when needed. Similar to this, the special needs program director valued and wanted the OTD student to make educational materials to be distributed. Another delimitation was the availability of space and support from other Church

organizations. Buddy Break was able to be held in a large well-suited space and was able to utilize the Church's security and technology to make sure that kids were safe and all technology worked correctly.

Perhaps the greatest delimitation was the ability to collaborate with a fellow OTD student in the creation of educational content. This collaboration ensured that there was relevant educational material provided by the video and that it was in an easy to understand format. Having a classmate who had a similar project also allowed for comparing and contrasting of intervention strategies and outcomes. It was interesting to note the contrast between the two ministries and the many different facets such as population, size, and program director goals.

Chapter Five: Conclusion

Introduction

Throughout this project, the emphasis was on increasing the participation and inclusion of children with special needs within the church. As detailed in the literature, children with special needs and their families participate in a lesser capacity than typically developing children (Little, Ausderau, Sideris, & Baranek, 2014). With fewer resources available to the church than to schools and clinics, it is important that the profession of OT explores ways to utilize their expertise in this setting with this underserved population.

As the church is a private entity, they do not have access to programs created through the Individuals with Disabilities Act of 1990 and therefore have limited support to allow for optimal inclusion of children with special needs. Occupational therapists are specifically educated to adapt and modify a variety of factors to increase participation for many different populations. An underserved population that can greatly benefit from occupational therapy's specific skills is the population with special needs. The purpose of this chapter is to discuss future implications and the impact on the profession of OT.

Future Consideration and Implications

When examining this project in relation to occupational therapy as a whole, there are several implications for the profession as well as for the special needs population. Within the church setting, there is a niche for occupational therapists to educate and empower church leaders and volunteers in order to enable participation for children with special needs. This project demonstrated the need for OT within the church due to the ability of OTs to facilitate appropriate learning, empower volunteers through hands-on education, and work as part of an interdisciplinary team.

Occupational therapists complete an education that allows them to understand the needs and challenges faced by individuals who experience a loss in function or desired occupations (AOTA, 2014). The most relevant experience an OT brings to a setting is the ability to perform an activity analysis to determine the areas where intervention is needed. Within the church setting, OTs can use this ability to understand the challenges a child with special needs might be facing and then help facilitate intervention by educating volunteers on how to do so. In the church, OTs take on an advisory and consultant role in which they educate the volunteers to see and understand where a child with special needs may be having difficulty. In this capacity, OTs take on a mediator role during which they understand the child's needs and then effectively communicate that need to a volunteer. In this way, the job of an OT in this setting is to determine the educational deficits that the volunteers may have and then provide the appropriate education. In this setting OTs are needed and their skills are invaluable, but they are only in the setting for a brief amount of time.

Similar to facilitating appropriate learning, OTs within this setting are essential in helping volunteers use the education received in a hands-on manner. Unlike the original project proposal, this project found that hands on training produced more positive outcomes than strict classroom training. OTs are well suited to provide hands on training as they are able to effectively communicate difficult concepts that may be unfamiliar. Nowhere was this theme more prevalent in the project than in the Buddy Break program. Volunteers would have difficulty finding the just right challenge for a child but after a demonstration from the OTD student they would then be able to appropriately find ways for their child to participate.

The last implication for the profession of OT during this project was the ability to work within an interdisciplinary team to accomplish a common goal. The necessity of having

multiple therapy professionals such as OT, PT, and speech working together cannot be overlooked. Each profession was able to effectively fill in the gap that other professions could not fill. By having different professions work together, volunteers were able to get a more insightful education. For example, a physical therapist is the expert in gross motor movements whereas a speech therapist is more skilled in communication. As all the professions have unique specialties, they are hence able to offer different approaches and solutions that OT alone may not be able to.

Another future implication for this project was the need and validity of providing education through different forms of media presentations. Similar to the emergence of tele-health and the need to cover long distances, this project also demonstrated the necessity of materials that could reach a vast audience. The original proposition of providing in-person volunteer training was quickly changed due to the unforeseen logistics obstacle of reaching thousands of volunteers who were spread out over many areas. Out of that challenge, came the production of a few different media educational materials such as videos, written manuals and PowerPoints. Producing training tools such as this could not only make the material accessible to a wide audience, but it aided by providing a consistent knowledge base. By utilizing a video and the other training formats, volunteers were provided a uniform training guide that did not differ from person to person. This not only takes a burden off of administrators and church leaders to cover every single topic, but it also allows a tremendous amount of flexibility in the learning style of the volunteers. The Church was provided with not only a training videos, but also a PowerPoint and a readable manual that they could use to educate volunteers. When training incoming volunteers, ministry leaders can choose what media format they deem will be most beneficial.

The incorporation of new and innovative technology to better reach individuals is a point that can be generalized to the field of occupational therapy. Currently, there is a large push for practitioners to go online and provide tele-health services. This project re-emphasizes the need for online accessible materials in all settings- even in non-traditional ones such as the church. There are many advantages to producing media products that can reach a larger audience in contrast to in-person presentations. By showcasing the success of using OT made videos and media in the Church volunteer trainings, this project re-affirms the validity of the onward push in the occupational therapy field to become more online.

Conclusion

This project both confirmed and challenged evidence in the existing literature on increasing the participation and inclusion of children with special needs within the religious setting. Education and empowerment of the volunteers made up the core of this program which then allowed children with special needs in the Church to more fully participate in their desired occupations and activities (AOTA, 2014). The resources developed and the programs initiated with occupational therapy inclinations supported the overall project goal. The results of increased participation and inclusion, reinforce the necessary and vital role that OT plays in this emerging practice area.

This project magnified the role that occupational therapy plays in enhancing and implementing current and new special needs programs within the Church. The unique and specific skill set of an occupational therapist are well suited to work within this emerging practice area to deepen and develop the participation and inclusion of children with special needs within the religious community. There were many areas that benefited from the programs implemented, as there were positive trends seen by both the volunteers and the children with

special needs. This project contributes to the current body of literature on factors that both advance and limit the special needs community in this setting. However, further research is still warranted on OT's role within this setting and the many factors that impact an individual with special needs and their families' inclusion in the religious community. There are still many facets of inclusion for children with special needs in the church that need to be explored. In the future, hopefully there continues to be a positive change in the participation and inclusion for children with special needs and their families in the religious community.

References

- Akalin, S., Demir, S., Sucuoglu, B., Bakkaloglu, H., & Iscen, F. (2014). The needs of inclusive preschool teachers about inclusive practices. *Eurasian Journal of Educational Research*, 54, 39–60. Retrieved from <http://prx-usa.lirn.net/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ1057302&site=eds-live>
- Alon, R. (2019). Social support and post-crisis growth among mothers of children with autism spectrum disorder and mothers of children with down syndrome. *Research in Developmental Disabilities*, 90, 22–30. Retrieved from <https://doi.org/10.1016/j.ridd.2019.04.010>
- Americans with Disabilities Act of 1990 as Amended (2008). Retrieved from <https://www.ada.gov/pubs/adastatute08.htm>
- American Occupational Therapy Association (2007). AOTA's Centennial Vision and Executive Summary. *American Journal of Occupational Therapy*, 61(6), p. 613-14.
- American Occupational Therapy Association. (2014). Occupational therapy practice framework: Domain and process (3rd ed.). *American Journal of Occupational Therapy*, 68(Suppl. 1), S1-S48.
- Ault, M. J. (2010). Inclusion of religion and spirituality in the special education literature. *Journal of Special Education*, 44(3), 176–189. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ900878&site=eds-live>
- Ault, M. J., Collins, B. C., & Carter, E. W. (2013). Congregational participation and supports for children and adults with disabilities: Parent perceptions. *Intellectual and Developmental*

- Disabilities*, 51(1), 48–61. Retrieved from
<http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ1006277&site=eds-live>
- Ausderau, K. K., St. John, B., Kwaterski, K. N., Nieuwenhuis, B., & Bradley, E. (2019). Parents' strategies to support mealtime participation of their children with autism spectrum Disorder. *American Journal of Occupational Therapy*, 73(1), 1–10. Retrieved from <https://doi.org/10.5014/ajot.2019.024612>
- Ball, M. A. (2018). Revitalizing the OT role in school-based practice: Promoting success for all students. *Journal of Occupational Therapy, Schools & Early Intervention*, 11(3), 263–272. Retrieved from
<http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ1187217&site=eds-live>
- Bandura, A. (2006). Guide for constructing self-efficacy scales. In: Pajares, F. and Urdan, T.S., Eds. *Self-efficacy belief of adolescents* (pp. 307-334). Greenwich: Age Information Publishing.
- Basset, R. L., Perry, K., Repass, R., Silver, E., & Welch, T. (1994). Perceptions of God among persons with mental retardation: A research note. *Journal of Psychology and Theology*, 22, 45–49.
- Beliefs: The Church of Eleven22. (n.d.). Retrieved from <https://www.coe22.com/beliefs/>.
- Biesinger R, & Arikawa H. (2007). Religious attitude and happiness among parents of children with developmental disabilities. *Journal of Religion, Disability & Health*, 11(4), 23–34. Retrieved from

- <http://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=105908706&site=eds-live>
- Bigby C. (2012). Social inclusion and people with intellectual disability and challenging behavior: A systematic review. *Journal of Intellectual and Developmental Disability, 37*, 360-74.
- Boyle, Coleen, Sheree Boulet, Laura Schieve, Robin A. Cohen, Stephen J. Blumberg, Marshalyne Yeargin-Allsopp, Susanna Visser, and Michael D. Kogan. (2011). Trends in the prevalence of developmental disabilities in US children, 1997-2008. *Pediatrics 127*(6):1034-42.
- Bryant, J. P. (2018). A Phenomenological study of preschool teachers' experiences and perspectives on inclusion practices. *Cogent Education, 5*(1). Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ1205978&site=eds-live>
- Büssing, A., Broghammer-Escher, S., Baumann, K., & Surzykiewicz, J. (2017). Aspects of spirituality and life satisfaction in persons with Down Syndrome. *Journal of Disability & Religion, 21*(1), 14. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=edo&AN=ejs41651183&site=eds-live>
- Carter, E. W. (2011). After the Benediction: Walking alongside people with significant disabilities and their families in faith and life. *Journal of Religion, Disability & Health, 15*(4), 395–413. Retrieved from <https://doi.org/10.1080/15228967.2011.619340>
- Carter, E. W., Kleinert, H. L., LoBianco, T. F., Sheppard-Jones, K., Butler, L. N., & Tyree, M. S. (2015). Congregational participation of a national sample of adults with intellectual and

developmental disabilities. *Intellectual and Developmental Disabilities*, 53(6), 381–393.

Retrieved from

<http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ1084417&site=eds-live>

Carter, E. W., & Boehm, T. L. (2019). Religious and spiritual expressions of young people with intellectual and developmental disabilities. *Research and Practice for Persons with Severe Disabilities*, 44(1), 37–52. Retrieved from

<http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ1208828&site=eds-live>

Carter, E. W., Boehm, T. L., Annandale, N. H., & Taylor, C. E. (2016). Supporting congregational inclusion for children and youth with disabilities and their Families. *Exceptional Children*, 82(3), 372–389. Retrieved from

<http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ1094598&site=eds-live>

Case-Smith, J., & O'Brien, J., C. (2015). Occupational therapy for children and adolescents. St. Louis, MO: Elsevier Mosby.

Collins, B. C., & Ault, M. J. (2010). Including persons with disabilities in the religious community: Program models implemented by two churches. *Journal of Religion, Disability & Health*, 14(2), 113–131. Retrieved from

<https://doi.org/10.1080/15228961003622195>

De Silva, M. J., Breuer, E., Lee, L., Asher, L., Chowdhary, N., Lund, C., & Patel, V. (2014).

Theory of Change: a theory-driven approach to enhance the Medical Research Council's

- framework for complex interventions. *Trials*, (1). Retrieved from <https://doi.org/10.1186/1745-6215-15-267>
- Duggan, T. (2018). What is the importance of project scheduling & its role in business projects. Retrieved from <https://yourbusiness.azcentral.com/importance-project-scheduling-its-role-business-projects-9503.html>
- Edwards, B. M., Cameron, D., King, G., & McPherson, A. C. (2019). How students without special needs perceive social inclusion of children with physical impairments in mainstream schools: A scoping review. *International Journal of Disability, Development & Education*, 66(3), 298–324. Retrieved from <https://doi.org/10.1080/1034912X.2019.1585523>
- Erickson, W., Lee, C., von Schrader, S. 2017. Disability statistics from the American Community Survey (ACS). Ithaca, NY: Cornell University Yang-Tan Institute (YTI). Retrieved from <http://www.disabilitystatistics.org>
- Estes, A., Munson, J., St. John, T., Dager, S. R., Rodda, A., Botteron, K., ... Wright, G. (2018). Parent support of preschool peer relationships in younger siblings of children with autism spectrum disorder. *Journal of Autism and Developmental Disorders*, 48(4), 1122–1132. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ1173399&site=eds-live>
- Eversole, M., Collins, D., Karmarkar, A., Colton, L., Quinn, J., Karsbaek, R., ... Hilton, C. (2016). Leisure activity enjoyment of children with autism spectrum disorders. *Journal of Autism & Developmental Disorders*, 46(1), 10–20. Retrieved from <https://doi.org/10.1007/s10803-015-2529-z>

- Eyres, P., Birken, M., Bannigan, K., & Letherby, G. (2018). Occupational therapy practice and patient/client participation in religious occupations: a scoping review protocol. *JBIR Database of Systematic Reviews & Implementation Reports*, *16*(6), 1323–1331. <https://doi.org/10.11124/JBISRIR-2017-003541>
- Gavish, B. (2017). Four profiles of inclusive supportive teachers: perceptions of their status and role in implementing inclusion of students with special needs in general classrooms. *Teaching and Teacher Education*, *61*, 37–46. Retrieved from <https://doi.org/10.1016/j.tate.2016.10.004>
- Gaventa, W. (2005). A Place for All of Me and All of Us: Rekindling the spirit in services and supports. *Mental Retardation*, *43*(1), 48–54. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=107928633&site=eds-live>
- Hendershot, G. (2006). A statistical note on the religiosity of persons with disabilities. *Disability Studies Quarterly*, *26*(4), 8. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=edo&AN=22766336&site=eds-live>
- Hill, K. M., & Matsubayashi, T. (2008). Church engagement, religious values, and mass-elite policy agenda agreement in local communities. *American Journal of Political Science*, *52*, 570-584.
- Hobbs, R., Bonham, C. E., & Fogo, J. (2016). Individuals with disabilities: critical factors that facilitate integration in Christian religious communities. *Journal of Rehabilitation*, *82*(1), 36–46. Retrieved from

<http://search.ebscohost.com/login.aspx?direct=true&db=s3h&AN=114454912&site=eds-live>

Hochhauser, M., & Engel-Yeger, B. (2010). Sensory processing abilities and their relation to participation in leisure activities among children with high-functioning autism spectrum disorder (HFASD). *Research in Autism Spectrum Disorders, 4*(4), 746–754. Retrieved from

<http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ886538&site=eds-live>

Isa, S., Ishak, I., Ab Rahman A., et al. (2016). Health and quality of life among the caregivers of children with disabilities: A review of literature. *Asian Journal of Psychiatry*.

doi:10.1016/j.ajp.2016.07.007

Jarvis, J. M., Choong, K., & Khetani, M. A. (2019). Associations of participation-focused strategies and rehabilitation service use with caregiver stress after pediatric critical illness. *Archives of Physical Medicine & Rehabilitation, 100*(4), 703–710. Retrieved from

<http://search.ebscohost.com/login.aspx?direct=true&db=s3h&AN=135513028&site=eds-live>

Katz E, DeRose R, Katz, E., & DeRose, R. (2010). The ADA 20 years later: the 2010 Survey of Americans with Disabilities. *Journal of Spinal Cord Medicine, 33*(4), 345.

Kirby, A. V., White, T. J., & Baranek, G. T. (2015). Caregiver strain and sensory features in children with autism spectrum disorder and other developmental disabilities. *American Journal on Intellectual and Developmental Disabilities, 120*(1), 32–45. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ1049025&site=eds-live>

- Kirby, A. V., Williams, K. L., Watson, L. R., Sideris, J., Bulluck, J., & Baranek, G. T. (2019). Sensory features and family functioning in families of children with autism and developmental disabilities: Longitudinal associations. *American Journal of Occupational Therapy, 2*. Retrieved from <https://doi.org/10.5014/ajot.2018.027391>
- Krischler, M., Pit-ten Cate, I. M., & Krolak-Schwerdt, S. (2018). Mixed stereotype content and attitudes toward students with special educational needs and their inclusion in regular schools in Luxembourg. *Research in Developmental Disabilities, 75*, 59–67. <https://doi.org/10.1016/j.ridd.2018.02.007>
- Kruijssen-Terpstra, A. J. A., Verschuren, O., Ketelaar, M., Riedijk, L., Gorter, J. W., Jongmans, M. J., & Boeije, H. (2016). Parents' experiences and needs regarding physical and occupational therapy for their young children with cerebral palsy. *Research in Developmental Disabilities, 53–54*, 314–322. <https://doi.org/10.1016/j.ridd.2016.02.012>
- Leatherman, J. M., & Niemeier, J. A. (2005). Teachers' attitudes toward inclusion: factors influencing classroom practice. *Journal of Early Childhood Teacher Education, 26*(1), 23–36. Retrieved from <http://prx-usa.lirn.net/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ839328&site=eds-live>
- Leatherman, J. M. (2007). "I Just See All Children as Children": Teachers' perceptions about inclusion. *Qualitative Report, 12*(4), 594–611. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ800274&site=eds-live>
- Lee, J., & Vargo, K. K. (2017). Physical activity into socialization: A movement-based social skills program for children with autism spectrum disorder. *The Journal of Physical*

Education, Recreation & Dance, 88(4), 7–13. Retrieved from

<http://search.ebscohost.com/login.aspx?direct=true&db=s3h&AN=122084465&site=eds-live>

Lifshitz H, & Glaubman R. (2002). Religious and secular students' sense of self-efficacy and attitudes towards inclusion of pupils with intellectual disability and other types of needs. *Journal of Intellectual Disability Research*, 46(5), 405–418. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=106984859&site=eds-live>

Little, L. M., Ausderau, K., Sideris, J., & Baranek, G. T. (2015). Activity participation and sensory features among children with autism spectrum disorders. *Journal of Autism and Developmental Disorders*, 45(9), 2981–2990. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ1073015&site=eds-live>

Little, L. M., Sideris, J., Ausderau, K., & Baranek, G. T. (2014). Activity participation among children with autism spectrum disorder. *American Journal of Occupational Therapy*, 68(2), 177–185. <https://doi.org/10.5014/ajot.2014.009894>

Liu, E. X., Carter, E. W., Boehm, T. L., Annandale, N. H., & Taylor, C. E. (2014). In their own words: The place of faith in the lives of young people with autism and intellectual disability. *Intellectual & Developmental Disabilities*, 52(5), 388–404. <https://doi.org/10.1352/1934-9556-52.5.388>

Maciver, D., Rutherford, M., Arakelyan, S., Kramer, J. M., Richmond, J., Todorova, L., ...

Forsyth, K. (2019). Participation of children with disabilities in school: A realist

- systematic review of psychosocial and environmental factors. *PLoS ONE*, (1).
<https://doi.org/10.1371/journal.pone.021051>
- Marchal, J.P., Maurice-Stam, H., Hatzmann, J., Trotsenburg, A.S.P.V., Grootenhuis, M. A. (2013). Health related quality of life in parents of six to eight-year-old children with Down syndrome. *Res. Dev. Disabil.* 34, 4239–4247.
- Marjeta Šmid. (2016). Recognition in Programmes for Children with Special Needs. *Center for Educational Policy Studies Journal*, 6(3), 117-140. Retrieved from <http://prx-usa.lirn.net/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=edsdoj&AN=edsdoj.b2533511afd34459a245574ef6f14a6f&site=eds-live>
- Martin, D. M. (2002). How long before Alex is ready? Confusing guidelines still exclude those with disabilities from Eucharist. (Viewpoint). *National Catholic Reporter*, (33), 21. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=edsgao&AN=edsgcl.89388379&site=eds-live>
- Martin, J. (2017, March 20). #ONEMORE- A conversation with Pastor Joby. Retrieved from <https://www.coe22.com/weare22/onemore-a-conversation-with-pastor-joby/>
- McNair J. (2010). Inclusive religious education: Making it happen. *Journal of Religion, Disability & Health*, 14(3), 310–315. <https://doi.org/10.1080/15228961003622369>
- Misiorek, A., & Janus, E. (2019). Spirituality in occupational therapy practice according to new graduates. *OTJR: Occupation, Participation & Health*, 39(4), 197–203. Retrieved from <https://doi.org/10.1177/1539449218808278>

- Murphy N. & Carbone P. (2018). Promoting the participation of children with disabilities in sports, recreation, and physical activities. *Pediatrics*, *121*, 1057-61. DOI: 10.1542/peds.2008-0566
- Nemours. (2019). KidsHealth: Occupational therapy. Retrieved from <https://kidshealth.org/en/parents/occupational-therapy.html?WT.ac=ctg>
- O'Hanlon, E. E. (2013). Religion and disability: The experiences of families of children with special needs. *Journal of Religion, Disability & Health*, *17*(1), 42–61. <https://doi.org/10.1080/15228967.2012.731874>
- Pandya, S. P. (2018). Spirituality to build resilience in primary caregiver parents of children with autism spectrum disorders: A cross-country experiment. *International Journal of Developmental Disabilities*, *64*(1), 53–64. Retrieved from <https://doi.org/10.1080/20473869.2016.1222722>
- Patterson, I., & Pegg, S. (2009). Serious leisure and people with intellectual disabilities: benefits and opportunities. *Leisure Studies*, *28*(4), 387–402. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=s3h&AN=44282082&site=eds-live>
- Parey, B. (2019). Understanding teachers' attitudes towards the inclusion of children with disabilities in inclusive schools using mixed methods: The case of Trinidad. *Teaching and Teacher Education*, *83*, 199–211. Retrieved from <https://doi.org/10.1016/j.tate.2019.04.007>
- Pfeiffer, B., Coster, W., Snethen, G., Derstine, M., Piller, A., & Tucker, C. (2017). Caregivers' perspectives on the sensory environment and participation in daily activities of children

- with autism spectrum disorder. *American Journal of Occupational Therapy*, 71(4), 1–9.
<https://doi.org/10.5014/ajot.2017.021360>
- Phelps KW, McCammon SL, Wuensch KL, & Golden JA. (2009). Enrichment, stress, and growth from parenting an individual with an autism spectrum disorder. *Journal of Intellectual & Developmental Disability*, 34(2), 133–141. Retrieved from <https://doi.org/10.1080/13668250902845236>
- Polito, S., & Golden, K. (2017). Perceptions of social support as experienced by caregivers of children with special needs. *American Journal of Occupational Therapy*, 71, 176. Retrieved from <https://doi.org/10.5014/ajot.2017.71S1-PO2128>
- Poston, D. J., & Turnbull, A. P. (2004). Role of spirituality and religion in family quality of life for families of children with disabilities. *Education and Training in Developmental Disabilities*, 39(2), 95–108. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ754122&site=eds-live>
- Price V, Murphy SO, & Cureton VY. (2004). Increasing self-efficacy and knowledge through a seizure education program for special education teachers. *Journal of School Nursing*, 20(1), 43–49. Retrieved from <https://doi-org.prx-usa.lirn.net/10.1177/10598405040200010801>
- Rachmawati, M. A., Nu, man, T. M., Widiastara, N., & Wibisono, S. (2016). Differentiated instruction for special needs in inclusive schools: A preliminary study. *Procedia - Social and Behavioral Sciences*, 217, 585–593. Retrieved from <https://doi.org/10.1016/j.sbspro.2016.02.053>

- Religion. (n.d.). Retrieved October 20, 2019, from <https://www.merriam-webster.com/dictionary/religion>.
- Richie, C. (2015). Do not hinder them: Educating children with mental disabilities in the church. *International Journal of Children's Spirituality*, 20(2), 72–85.
<https://doi.org/10.1080/1364436X.2015.1030593>
- Sargeant, M. A. A., & Berkner, D. (2015). Seventh-Day Adventist teachers' perceptions of inclusion classrooms and identification of challenges to their implementation. *Journal of Research on Christian Education*, 24(3), 224–251. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ1084702&site=eds-live>
- Sango, P. N., & Forrester-Jones, R. (2018). Spirituality and social networks of people with intellectual and developmental disability. *Journal of Intellectual & Developmental Disability*, 43(3), 274–284. Retrieved from <https://doi.org/10.3109/13668250.2017.131082>
- Sango, P. N., & Forrester-Jones, R. (2019). Spiritual care for people with intellectual and developmental disability: An exploratory study. *Journal of Intellectual & Developmental Disability*, 44(2), 150–160. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ1205469&site=eds-live>
- Schaaf, R. C., Cohn, E. S., Burke, J., Dumont, R., Miller, A., & Mailloux, Z. (2015). Linking sensory factors to participation: Establishing intervention goals with parents for children with autism spectrum disorder. *American Journal of Occupational Therapy*, 69(5), 1–8. Retrieved from <https://doi.org/10.5014/ajot.2015.018036>

S'cool Moves, Inc. (n.d.). Retrieved from <https://www.schoolmoves.com/>

Shefter, L., Uhrman, A. L., Tobin, L., & Kress, J. S. (2017). Inclusion coordinators at Jewish summer camps: Roles and challenges. *Journal of Jewish Education*, 83(1), 69–84.

Retrieved from

<http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ1131991&site=eds-live>

Silverman, F., & Carr Tyszka, A. (2017). Supporting participation for children with sensory processing needs and their families: Community-based action research. *American Journal of Occupational Therapy*, 71(4), 1–9. Retrieved from <https://doi.org/10.5014/ajot.2017.025544>

Slocum, V. (2016). Recommendations for including people with intellectual disabilities in faith communities. *Christian Education Journal*, (1), 109. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=edsgao&AN=edsgcl.450506497&site=eds-live>

Smith Roley, S., Bissell, J., & Frolek Clark, G. (2015). Occupational therapy for children and youth using Sensory Integration Theory and methods in school-based practice. *American Journal of Occupational Therapy*, 69, 1–20. Retrieved from <https://doi.org/10.5014/ajot.2015.696S04>

Snelling, A. (2014). Program planning models. In A. Snelling (Ed.) *Introduction to health promotion* (51-70). San Francisco, CA: John Wiley & Sons, Inc.

Soomar, N., Mthembu, T., & Ramugondo, E. (2018). Spirituality in occupational therapy. *South African Journal of Occupational Therapy*, 48(3), 64–65. Retrieved from

<http://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=133620099&site=eds-live>

Sung, M., & Park, J. (2012). The effects of a family support program including respite care on parenting stress and family quality of life perceived by primary caregivers of children with disabilities in Korea. *International Journal of Special Education*, 27(3), 188–198.

Retrieved from

<http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ1001071&site=eds-liv>

Swinton, J. (2001). Building a church for strangers. *Journal of Religion, Disability and Health* 4(4), 25-63.

Swinton, J. (2003). The body of Christ has Down's Syndrome: Theological reflections on vulnerability, disability and graceful communities. *Journal of Pastoral Theology*, 13, 66-78.

Taheri, A., Perry, A., & Minnes, P. (2016). Examining the social participation of children and adolescents with Intellectual Disabilities and Autism Spectrum Disorder in relation to peers. *Journal of Intellectual Disability Research*, 60(5), 435–443. Retrieved from <https://doi.org/10.1111/jir.12289>

Taub, T., & Werner, S. (2016). What support resources contribute to family quality of life among religious and secular Jewish families of children with developmental disability? *Journal of Intellectual & Developmental Disability*, 41(4), 348–359.

Teo, S. S. S. (2009). An occupational therapist's contribution to spiritual care within a palliative care setting: A student OT's perspective. *Australian Journal of Pastoral Care and Health*, 3, 1-9.

The United States Department of Education. (n.d.) Individuals with disabilities education act:

Sec. 300.22: Individualized education program. Retrieved from

<https://sites.ed.gov/idea/regs/b/a/300.22>

Thompson, K., & Gee, B. M. (2018). Use of religious observance as a meaningful occupation in

Occupational Therapy. *Open Journal of Occupational Therapy (OJOT)*, 6(1), 1–19.

<https://doi.org/10.15453/2168-6408.1296>

Todd, N., & Rufa, A. (2013). Social justice and religious participation: a qualitative investigation

of Christian perspectives. *American Journal of Community Psychology*, 51(3/4), 315–

331. Retrieved from <https://doi.org/10.1007/s10464-012-9552-4>

U.S. Department of Justice (2008). Nondiscrimination on the basis of disability by public

accommodations and in commercial facilities. *Federal Register*, 73(117), 34508-34557.

Retrieved from the Federal Register Online.

Wang, L. (2019). Perspectives of students with special needs on inclusion in general physical

education: a social-relational model of disability. *Adapted Physical Activity*

Quarterly, 36(2), 242–263. Retrieved from

<http://search.ebscohost.com/login.aspx?direct=true&db=s3h&AN=135690518&site=eds-live>

Watts, G. (2011). Intellectual disability and spiritual development. *Journal of Intellectual &*

Developmental Disability, 36(4), 234–241. Retrieved from

<https://doi.org/10.3109/13668250.2011.617731>

Wauge, B. (2013). Creative learning for inclusion: creative approaches to meet special needs

within the classroom. *International Journal of Disability, Development &*

Education, 60(2), 174–176. Retrieved from <https://doi-org.prx-usa.lirn.net/10.1080/1034912X.2013.786571>

Wei-Chi Chiang, Mei-Hui Tseng, Chung-Pei Fu, I-Ching Chuang, Lu Lu, & Jeng-Yi Shieh. (2019). Exploring sensory processing dysfunction, parenting stress, and problem behaviors in children with autism spectrum disorder. *American Journal of Occupational Therapy*, 73(1), 1–10. <https://doi.org/10.5014/ajot.2019.027607>

What is the definition of disability under the ADA? (2019). Retrieved from <https://adata.org/faq/what-definition-disability-under-ada>

What We Do. (n.d.). Retrieved October 19, 2019, from <https://www.nathanielshope.org/about-us/mission/>.

Wilson, D. (2015). Collaboration between general education teachers and occupational therapists in classrooms: A layered analysis of professional practice in the USA.

Whitehead, A. L. (2018). Religion and disability: Variation in religious service attendance rates for children with chronic health conditions. *The Journal for the Scientific Study of Religion*, (2), 377. Retrieved from <https://doi.org/10.1111/jssr.12521>