Easterseals Crossroads RISE Program: Functional Living Skills Training for Individuals with Intellectual Disabilities

Chelsea M. Flores
Department of Occupational Therapy, Indiana University

Author Note
I affirm there is no conflict of interest to disclose. I would first like to thank my capstone mentor, whose expertise and collaboration was invaluable in completing the capstone experience and project. Your insightful feedback and guidance pushed me to expand my thinking and brought my work to a higher level. I would also like to acknowledge my professors from Indiana University, Department of Occupational Therapy for their support and all of the opportunities I was given to further my education and preparing me for the capstone experience. Lastly, thank you to all of my friends and family who have provided support and advice for me to reach the final stretch of my educational journey.
RISE PROGRAM: FUNCTIONAL LIVING SKILLS TRAINING

Table of Contents

Abstract .............................................................................................................................................. 4

Easterseals Crossroads RISE Program: Functional Living Skills Training for Individuals with Intellectual Disabilities ........................................................................................................ 5

Needs Assessment ........................................................................................................................... 6

May 2020 Pre-Interview Summary .................................................................................................. 7

January 2021 On-site Interview Summary ...................................................................................... 7

Gap Analysis ...................................................................................................................................... 9

Literature Review ............................................................................................................................ 9

Needs Assessment Supporting Literature ....................................................................................... 9

Barriers to Community Participation ............................................................................................... 10

Access to Information ...................................................................................................................... 12

Social Participation .......................................................................................................................... 12

Program Development Supporting Literature .................................................................................. 13

Health Management ....................................................................................................................... 14

Money Management ...................................................................................................................... 17

Food Preparation and Nutrition ...................................................................................................... 17

Home Management ....................................................................................................................... 18

Public Transportation ..................................................................................................................... 19

Personal Safety .............................................................................................................................. 20

Teaching Methods ......................................................................................................................... 21

Guiding Theories and Frameworks ................................................................................................. 22

Occupational Justice and the Participatory Occupational Justice Framework ............................. 22
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>RISE PROGRAM: FUNCTIONAL LIVING SKILLS TRAINING</td>
<td>3</td>
</tr>
<tr>
<td>Model of Human Occupation (MOHO)</td>
<td>23</td>
</tr>
<tr>
<td>Capstone Project Plan and Process</td>
<td>24</td>
</tr>
<tr>
<td>Goals</td>
<td>24</td>
</tr>
<tr>
<td>Program Evaluation</td>
<td>25</td>
</tr>
<tr>
<td>Capstone Implementation</td>
<td>26</td>
</tr>
<tr>
<td>Existing Resources</td>
<td>26</td>
</tr>
<tr>
<td>Course and Lesson Development</td>
<td>27</td>
</tr>
<tr>
<td>Staff Training Development</td>
<td>27</td>
</tr>
<tr>
<td>Marketing Materials</td>
<td>28</td>
</tr>
<tr>
<td>Capstone Project Evaluation</td>
<td>28</td>
</tr>
<tr>
<td>Capstone Discussion and Impact</td>
<td>29</td>
</tr>
<tr>
<td>Capstone Impact</td>
<td>30</td>
</tr>
<tr>
<td>Sustainability Plan</td>
<td>31</td>
</tr>
<tr>
<td>Limitations</td>
<td>31</td>
</tr>
<tr>
<td>Conclusion</td>
<td>31</td>
</tr>
<tr>
<td>References</td>
<td>33</td>
</tr>
<tr>
<td>Appendix A</td>
<td>37</td>
</tr>
<tr>
<td>Appendix B</td>
<td>38</td>
</tr>
<tr>
<td>Appendix C</td>
<td>39</td>
</tr>
<tr>
<td>Appendix D</td>
<td>42</td>
</tr>
</tbody>
</table>
Abstract

Functional living and community skills are needed to for being an independent individual in society. Individuals with intellectual disabilities (ID) make up nearly two percent of the United States population, or an estimated 7.37 million people, but are often not able to live and access the world around them without support from parents and caregivers. Despite the national movement to empower individuals with disabilities to live more independent lives, individuals with ID continue to face social exclusion, marginalization, and stigma. The purpose of this capstone project was to develop a life skills program to equip individuals with intellectual and developmental disabilities with the tools and functional skills to live and access the community independently. Guided by Participatory Occupational Justice Framework, Model of Human Occupation theory, and evidence-based teaching methods, client-centered and strengths-based lessons for six living skills courses (e.g., Food Preparation/Nutrition, Money Management, Home Management, Health Management, Public Transportation, and Emergency Skills) were created as part of the new R.I.S.E Program to aid in the acquisition of functional living skills, with guided support and education, among teens and adults with intellectual disability. Additionally, staff training modules and marketing materials were developed to prepare staff and promote the program. The acquisition of functional living and community skills lead to increased self-management, self-confidence, social inclusion, sense of belonging, and overall independence and quality of life.

Keywords: intellectual disability, functional living skills, program development, community living, autonomy, independence, occupational justice
Easterseals Crossroads RISE Program: Functional Living Skills Training for Individuals with Intellectual Disabilities

In the United States, 7.37 million citizens have some form of intellectual or developmental disability (IDD) (Medisked & The Arc, 2018). A diagnosis of an intellectual disability is applied when an individual has deficits in the areas of intellectual functioning (e.g., learning, problem-solving, judgement, etc.) and adaptive functioning (e.g., activities of daily living, communication, etc.) that are discovered before the age of 22 (American Psychiatric Association, 2017). Nearly 40% of those with ID have inadequate housing, difficulty paying bills, and unmet health and nutrition needs, 72% aged 16 years and older are unemployed, 60% are overweight or obese, 71% continue to live with family and/or caregivers (16% live independently), and 4.8 million rely on Supplemental Security Income (SSI) as their only source of income, which is 22% below the federal poverty level (Medisked & The Arc, 2018).

Caregivers providing care to those with intellectual disability (ID) reported spending an average of 57 hours per week on caregiving, 91% of them admit to going into work late, taking time off, or leaving early to provide care, and 48% were either “very” or “extremely stressed” by having to provide care (Medisked & The Arc, 2018).

The passing of the Americans with Disabilities Act of 1990, Individuals with Disabilities Education Act of 2004, and the Rehabilitation Act of 1973, have aided in people with disabilities being protected from discrimination and given the opportunity to access public life, work, and education that are available to the general public. Community programs and in-home care for people with ID have increased across the nation and provide services to maximize independence and quality of life. Despite the vast programming currently offered for adults with disabilities, including respite care, adult day programs, and vocational training, there is little to address the acquisition of independent living skills (Director of Day Supports, personal communication, January 14, 2021). Individuals who do not qualify
for adult day services are left unserved and disadvantaged, unable to access their community and achieve a more independent lifestyle.

In an effort to increase community independence and address the elevated rate of caregiver burden, it is imperative to teach individuals with ID the life skills needed to engage in everyday life. “Life skills refer to the knowledge and skills that everyone needs in order to function and participate effectively at home, in the community and in wider society” (Khasnabis & Heinicke Motsch, 2010).

“Adults with disabilities are often excluded from or disadvantaged within the more formal learning environments” due to the lack of available resources and/or accommodations required (Khasnabis & Heinicke Motsch, 2010). Therefore, people with disabilities especially need these skills and support for developing them” (Khasnabis & Heinicke Motsch, 2010). “Adult learning is a vital component of lifelong learning and is essential for employability, social inclusion, active citizenship and personal development” (Khasnabis & Heinicke Motsch, 2010).

The purpose of this capstone project is to develop a life skills program to equip individuals with intellectual and developmental disabilities, living within the Indianapolis and surrounding areas, with the tools and functional skills to live and access the community independently.

**Needs Assessment**

Easterseals Crossroads, located in Indianapolis, Indiana, is a community-based, non-profit organization that “offers a variety of services to help people with disabilities address life’s challenges and achieve personal goals” (Easterseals Crossroads, n.d.-b). Some of those services include Community Day Supports, Autism Services, Assistive Technology, Home Modifications, and Clinical Therapy Services that are designed to promote independent living skills and maximize full potential (Easterseals Crossroads, n.d.-a). An initial meeting in May 2020 was conducted to determine if Easterseals would benefit from an occupational therapy capstone student. In the meeting, the director of Community Day Supports introduced the idea of creating a new life skills program to meet the needs of adults and young
adults in the community who dream of leading a more independent life (Director of Community Supports, personal communication, May 29, 2020). To better understand the current programming and resources, future programming, and potential barriers, a thorough needs assessment was conducted during the first week of the capstone experience. This needs assessment included pre- and post-capstone qualitative interviews and a gap analysis.

**May 2020 Pre-Interview Summary**

In an effort to continue providing quality, client-centered services to persons with ID, Easterseals Crossroads would like to develop a program that goes beyond general life skills (Director of Community Supports, personal communication, May 29, 2020). The new life enrichment program will include curricula for instrumental activities of daily living (IADLs) (e.g., food preparation, grocery shopping, laundry, etc.), transportation, health management (navigating doctor’s visits, medication management, first aid, etc.), safety awareness, social skills, financial management, etc. to provide the knowledge and skills to people with ID to live on their own in the community and access the community independently (Director of Community Supports, personal communication, May 29, 2020). At the time of the initial interview, limited information was available, as the program was a novel concept without someone to lead development. The Director of Community Day Supports was optimistic that a partnership with an occupational therapy student would bring a unique perspective to the development, such as activity grading, evidence-based lessons, and experience working with individuals with varying abilities (Director of Community Day Supports, personal communication, May 29, 2020).

**January 2021 On-site Interview Summary**

An on-site, needs assessment interview was conducted during the first week of the capstone experience to gather updated information regarding program development and capstone expectations (See Appendix A). It was discussed that the program would be tailored to individuals who are in high school or adults living with caregivers who, with the right skills and training, could live independently in
RISE PROGRAM: FUNCTIONAL LIVING SKILLS TRAINING

the community (Director of Community Day Supports, personal communication, January 14, 2021). The top priorities for the program are to deliver functional, practical independent living skills, build a community for participants, and determine what training and qualifications are needed for future program staff (Director of Community Day Supports, personal communication, January 14, 2021). The new life enrichment program differs from current Easterseals programming as it will be focused on improving functional skills, rather than “leisure skills and just keeping people active and having fun” (Director of Community Day Supports, personal communication, January 14, 2021). The director also stated that she hopes the program evolves from only providing life skills and can also offer a social outlet for participants (Director of Community Day Supports, personal communication, January 14, 2021). Easterseals currently has an array of curricula and resources designed for special education and people with disabilities that needs to be analyzed for feasibility, considering factors, such as age appropriateness and ease of activity grading, to meet the needs of the participants (Director of Community Day Supports, personal communication, January 14, 2021). Beyond selecting curricula and creating lessons, the program will need a program director, staff, a funding source, and ideally community partners to house the program (Director of Community Day Supports, personal communication, January 14, 2021).

Specifically, the role in the development of the program as an occupational therapy student was to analyze the current curricula and resources available at Easterseals to assess if they are appropriate for the population being served. Additionally, the capstone student was responsible for creating courses (food preparation, financial management, etc.) and developing lesson plans. The lesson plans are educational, but also be combined with hands-on learning components and community outings, ways to grade the activity, and how staff could adapt or modify content to make it accessible to all participants. Furthermore, the capstone student created a course catalog with descriptions to educate potential community partners. At the conclusion of the capstone, marketing materials, job descriptions and staff
trainings were developed to ensure the program staff are qualified and have the skills needed to carry out the program.

**Gap Analysis**

Policies and resources have greatly improved the perspective of people with ID in the United States; however, these individuals continue to experience marginalization, stigma, and social exclusion, especially from family members, when attempting to access community opportunities (DuBois et al., 2019). Moving forward with program development, current literature suggests the use of an occupational justice lens, family and/or caregiver involvement, perspectives of the individual, and considerations of internal and external supports and barriers to promote and increase motivation for positive community engagement for individuals with ID. Therefore, the purpose of the capstone project is to develop a life skills program that is client-centered and strengths-focused, and evidence-based.

**Literature Review**

Before program development could begin, supports and barriers to community participation for people with ID were identified through an initial literature review. In an effort to provide an effective program to address the barriers, another literature search was conducted to provide guidance and support for specific intervention strategies. Supporting evidence was compiled and summarized.

**Needs Assessment Supporting Literature**

A thorough review of the literature was conducted through online databases, including EBSCO, CINAHL, and ERIC, utilizing the following search terms: (intellectual disabilit* or developmental disabilit*) AND ((community participation or community engagement or community involvement or community life) OR (social inclusion or social participation or social inclusive) or (empowerment)). Parameters for the databases were limited to 2010-2021, English language, and Academic Journal. Relevant research articles included in the literature review highlight the barriers for people with ID
accessing the community independently, as well as the importance and benefits of community participation.

**Barriers to Community Participation**

While there have been many studies surrounding community participation for individuals with ID, there have been little from the perspective of the individual. Dubois and colleagues (2019) conducted a study to learn from the lens of the individual regarding community involvement and the influence of their families. The researchers discovered four themes of supports that influence community participation; scheduling and coordinating, transportation, financial support, and emotional support (Dubois et al., 2019). While these supports provide access to the community, they also create a barrier for independent community involvement. Each of the supports require assistance from family members and caregivers. Participants in this study “described how important it was to have some independence from their parents and to be able to make choices in their lives” (Dubois et al., 2019, p. 2).

**Scheduling and Coordinating Community Participation.** Participants in Dubois et al. (2019)’s study reported needing family members to coordinate and schedule events and programs in order to access the community. Coordination included community outings with friends, family, and attending events (Dubois et al., 2019). Some of the participants expressed contributing to the coordination, by having clear views of what they wanted to do in the community, but asking their caregivers to organize and plan, while others followed a calendar or schedule created by their caregiver (Dubois et al., 2019).

**Transportation.** Three participants in the study reported accessing public transportation independently in order to access the community (Dubois et al., 2019). Of the remaining 17 participants, most expressed reliance on their caregivers for transportation to and from social and community events (Dubois et al., 2019). The researchers learned that, “few participants discussed other modes of transportation, such as biking and walking”, however parental influence was still present, as parents
drew the individual to safe areas for the individual to participate (Dubois et al., 2019, p.5). While most of the participants were dependent on public transit or their caregivers, some found ways to have control and a sense of independence. One participant stated, “I want to be in charge of something like music. My sister can drive. I want to have a choice [of what we listen to]” (Dubois et al., 2019, p.5).

**Financial Support.** Parental income was found to be a contributing factor to community involvement, as some parents were unable or unwilling to provide financial support to allow individuals the opportunities to engage in desired community activities (Dubois et al., 2019). However, it was noted that some participants enjoyed community outings, such as car shows and vacations, that were planned and paid for by family members (Dubois et al., 2019).

**Emotional Support.** Lastly, Dubois et al. (2019) discovered that emotional support has the “potential to reinforce, encourage, or discourage certain community activities, relationships with particular people, or patterns of community engagement” (p. 6). Emotional support from parents of two participants was perceived as wanting the individual to develop values and roles and engage in activities that were acceptable to the parent (Dubois et al., 2019). A number of the interviewees expressed wanting more emotional support and interest in their chosen community activities from their caregivers. The lack of emotional support has created tension for some individuals, as the individual relies on parental involvement, but their caregivers do not support the individual engaging in certain activities. Farah, a young participant revealed that, “despite [her parent’s] presence in her life, she does not measure up to their expectations” and, as a result, she has decreased confidence in her abilities (Dubois et al., 2019, p. 6).

Current findings from the study support previous research that family and caregiver involvement is “an essential component of the transition to adulthood” and “suggests that the perspectives of youths themselves can sometimes be overshadowed by the perspectives of family members” (Dubois et al., 2019, p. 9). It is important to consider the wants, needs, and views of
individuals with ID and the potential points of tension that create barriers when supporting meaningful community involvement. In addition to familial supports and barriers, it is also essential to consider the environmental factors that impact community engagement. Amado et al. (2013) found that individuals with ID who live within the community have greater participation in social inclusion, have increased relationships, and a greater sense of belonging.

**Access to Information**

Dana Hanson-Baldauf (2011) describes the importance of providing people with disabilities access to information. Quality of life (QOL) can be defined as the summation of how a person perceives enjoyment in current and future desired activities and occupations. QOL is comprised of eight domains: interpersonal relations, social inclusion, emotional well-being, physical well-being, physical development, material well-being, rights, and self-determination (Hanson-Baldauf, 2011). Feelings of belonging and happiness, safety, stigma, control and choice, victimization and abuse, and employment opportunities are all impacted when an individual is not equipped with the appropriate supports and resources needed to advocate for themselves (Hanson-Baldauf, 2011). Hanson-Baldauf (2011) states, “if we are to effectively address the everyday and future life information needs of our students with ID, we must expand our consideration of information and the multitude of ways an individual is informed” (p.15). We must consider the wants, needs, interests, strengths, and abilities when providing individuals with disabilities the information needed to be successful and live meaningful lives in the community. Individuals with ID experience many challenges when transitioning to adulthood. Knowledge is power, therefore when educators, doctors, therapist, caregivers, etc. begin to close the knowledge gap for people with ID, they are influencing increased QOL and enhancing life outcomes.

**Social Participation**

The American Occupational Therapy Association (AOTA) (2013) states, “daily activities demand the integration and use of sensory, motor, cognitive, perceptual, emotional, and social skills and
abilities” (p. 1). Due to the impact of intellectual disability on various domains of functioning (physical, social, cognitive), individuals with ID often experience a decreased rate of independence in daily life tasks (Merrells et al., 2018). Just like their neurotypical peers, individuals with ID have an innate desire for social inclusion and “participation in recreational programs can aid individuals with intellectual disability in developing the skills needed to enhance independent functioning” (Merrells et al., 2018, p. 382). Relationships, friendships, and engaging in desired activities are all integral parts of social inclusion and participation. We learn from our environments and the people we interact with. Lack of opportunities to develop and build social skills limit the individual’s ability to gain confidence, increase quality of life, enhance well-being (Merrells et al., 2018). Hayes and colleagues (2015) found that “when individuals are presented with social opportunities and grouped with other people who have similar leisure abilities, a higher level of social acceptance is perceived” (p. 1). Involvement in social activities and increasing confidence in different skills may lead to an increase in motivation for individuals with ID to participate in other meaningful occupations (Hayes et al., 2015). Engaging in group activities and participation in one’s community has been found to enhance the individual’s motivation for participation and essential for well-being and overall functioning (Hayes et al., 2015).

Program Development Supporting Literature

After completion of the Needs Assessment, another in-depth literature review was conducted. The second literature review was designed to provide guidance and support for specific skills and interventions. Three databases, CINAHL, ERIC, and PsychINFO were used to gather relevant articles. Three parameters of 2010-2021, Academic Journal, and English Language were added to all of the searches. Utilizing the Boolean operators “AND” and “OR”, specific search terms were added to explore articles for each course topic. The terms for each search are presented in Table 1.
Table 1

*Database Search Terms*

<table>
<thead>
<tr>
<th>Topic</th>
<th>Boolean Phrases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Money Management</td>
<td>(intellectual disabilit* or developmental disabilit*) AND (money management)</td>
</tr>
<tr>
<td>Health Management</td>
<td>(intellectual disabilit* or developmental disabilit*) AND (health OR “health behavior”) AND (self-management)</td>
</tr>
<tr>
<td>Food Preparation, Nutrition, Cooking</td>
<td>(intellectual disabilit* or developmental disabilit*) AND (food preparation, meal preparation, nutrition, OR cooking)</td>
</tr>
<tr>
<td>House Management</td>
<td>(intellectual disabilit* or developmental disabilit*) AND (independent living skills) AND (housekeeping)</td>
</tr>
<tr>
<td>Public Transportation</td>
<td>(intellectual disabilit* or developmental disabilit*) AND (public transportation)</td>
</tr>
<tr>
<td>Personal Safety and Emergency Skills</td>
<td>(intellectual disabilit* or developmental disabilit*) AND (personal safety)</td>
</tr>
</tbody>
</table>

*Health Management*

Compared to the general population, individuals with ID have higher rates of chronic health conditions and their lifespan is up to 20 years shorter (Friedman et al., 2019). The rate of chronic health conditions for people with ID are exacerbated by “environmental conditions, genetics, social circumstances, and issues with access to healthcare services” (Friedman et al., 2019, p. 600). Quality of life is impacted by physical well-being and linked to community and social inclusion, therefore increased risk of chronic health conditions can adversely impact the lives and community engagement of
individuals with ID (Hanson-Baldauf, 2011; Friedman et al., 2019). Quality of life is also reliant on self-determination (Hanson-Baldauf, 2011). In their recent study, Friedman et al. (2019) discovered that

“people with disabilities that lived in family homes were 1.89 times less likely to be supported to self-manage [their health] compared to people who live in their own homes/apartments” and

“those who were supported to self-manage their health were 2.81 times more likely to have healthcare professionals identify their best possible health situation, including addressing their healthcare issues, concerns, and/or interventions and 2.3 times more likely to have effective health intervention services” (p. 604).

With the push for independence and independent living for individuals with ID, it is imperative for these individuals to acquire the skills needed to be successful navigating the healthcare world, including setting up doctor’s visits, what information to communicate with healthcare professionals, and what happens after the visit, such as picking up prescriptions, blood work, labs, or scheduling an appointment with a different doctor. Friedman et al. (2019) state that in order to be effective with the self-management of services, the person “has to be supported to understand how their impairments or diagnoses impact them, what health treatment options are available, and be involved in the decision-making process regarding treatments” (p. 601). With these things, self-management “not only increases choice and empowerment, it can also produce better outcomes” (Friedman et al., 2019, p. 605). The vast majority of people with ID are under the care of caregivers and/or disability service organizations who are responsible for the well-being of persons with ID. The authors also recommend “balancing duty of care and dignity of risk to support the person to understand the risks and benefits, rather than taking away their choices altogether” when supporting individuals in the road to self-management (Friedman et al., 2019, p. 601).

**Sexual Health.** Miller and colleagues (2017) report that,

“children with developmental disabilities may be particularly vulnerable to sexual abuse due to factors such as social skills deficits, limited judgement regarding appropriate interpersonal
boundaries, a lack of knowledge regarding sexuality and sexual behavior, and a lack of strategies to defend themselves against abuse” (p. 290).

It takes a village to raise a child, but more support is needed to care for a child with a IDD and the care often continues into adulthood. Most families utilize community and governmental programs to assist in the care of their child. “Exposure to different service providers and care takers may contribute to offenders’ access to children with developmental disabilities” (Miller et al., 2017, p.291). Individuals with IDD may have communication deficits that limit their ability to refuse sexual advances and/or inappropriate touches and the ability to inform a trusted individual of sexual abuse that has occurred. Furthermore, individuals with higher support needs may need assistance with self-care, which allows offenders access to vulnerable situations, as well as confusion for the individuals about appropriate boundaries (Miller et al., 2017). Additionally, individuals with disabilities often learn to be compliant with a variety of caretakers, which can contribute to the child engaging in sexual acts (Miller et al., 2017).

Like their neurotypical peers, individuals with IDD experience sexual feelings and seek romantic relationships in both adolescence and adulthood. Miller and colleagues (2017) surveyed 37 children, ages 7-19 years old, and their parents’ knowledge of personal safety, such as knowledge about private body parts, physical changes with puberty, identifying inappropriate touch, identifying safety skills, and identifying trusted individuals. Nearly 73% of children could not identify a medical term for private body parts, 54% of children could not identify inappropriate touch, 46% were unable to identify an adaptive response to inappropriate touch, and 40% could not identify a trusted adult (Miller et al., 2017). The researchers state, “sex education for youth with developmental disabilities that promotes knowledge and skills may be crucial in reducing not only victimization, but also perpetration of inappropriate or abusive sexual behaviors” (Miller et al., 2017, p. 291).
Money Management

The majority of students [without ID] who are completing high school or enrolled in higher education report they are ill-prepared to make decisions regarding money and finances (Caniglia & Michali, 2018). In order to gain independence, one must be able to be financially responsible, requiring basic math and personal finance skills. While there are an array of resources and programming designed to teach financial skills, there are few available for those with ID (Caniglia & Michali, 2018). “Spending their own money opens up more opportunities for students to make decisions about daily life, such as what to wear, what to eat, and what to do” (Barczak, 2019, p. 314). However, individuals with ID often are not in charge of their finances “due to lack of skills, opportunities, or both” (Caniglia & Michali, 2018, p. 295). In their study, Caniglia and Michali (2018) report that students with ID, enrolled in their financial literacy course, “can become more financially capable to direct their life needs” (p. 297). Learning the ability to engage in financial decisions unlocks opportunities for people with ID to “be more active in their community and provides [them] with more control over their own finances, leading to greater autonomy and self-determination”, leading to an increase in independence and financial awareness (Barczak, 2019, p. 320).

Food Preparation and Nutrition

Individuals with ID are at a higher risk of developing cardiovascular disorders, obesity, and osteoporosis (Johnson & Matthews, 2011). Due to this increased risk and the push for transitioning to community living, food preparation and nutrition education is important for this population. Johnson and Matthews (2011) surveyed 28 individuals with mild to moderate developmental disabilities, seven managers, and 21 support staff about nutrition and food preparation. The results showed seven recurring themes from all of the participants: poor eating habits, safety concerns, low transferrable skills, social relationships, staff training needs, resource needs, and limited funding (Johnson & Matthews, 2011). The authors discuss changes that need to be addressed at the individual,
interpersonal, organizational, and community levels. Individually, people with ID would benefit from improved nutrition knowledge, increased opportunities to cook, and the availability of healthy foods (Johnson & Matthews, 2011). Having a support system is one of the most important factors of change for people with ID, hence conducting cooking courses in a group setting provides an opportunity for individuals to build social relationships and promote a sense of well-being (Johnson & Matthew, 2011). Organizationally and at the community level, greater awareness for the importance of nutrition education resources, staff training, and the development of food preparation courses are needed, as well as expanding funding to sustain programming (Johnson & Matthews, 2011). Teaching food skills and nutrition will promote independence, knowledge, skills, and self-confidence to make healthy meals, improve dietary variety, increase socialization, and enhance overall health (Johnson & Matthews, 2011; Goldschmidt & Song, 2017). Increasing the availability and access to food nutrition programming, tailored to individuals with ID, may help to address the chronic health issues facing this community.

**Home Management**

There was limited research regarding the benefits or teaching of home management or house chores, specifically for individuals with ID. However, Hong and colleagues (2017) completed a meta-analysis to determine the effects of different teaching methods for functional living skills to adolescents and adults with Autism Spectrum Disorder (ASD). Among the functional living skills studied were house chores, employment skills, community access skills, and self-help skills (Hong et al., 2017). The results of the study showed that all four skills had strong effects and can be successfully taught to individuals with ASD (Hong et al., 2017). The authors also state, “given the lack of these skills, individuals with ASD often tend to be dependent on their families or related services when they reach adulthood” (Hong et al., 2017, p. 269). Additionally, data showed strong effects for video modeling, audio cueing, behavioral in-vivo, and visual cueing teaching methods, with video modeling being the most effective (Hong et al., 2017). To further investigate video modeling, the authors also expanded their analysis to determine if
the intervention was more effective for individuals with ASD, “cognitively high-functioning” autism, and ASD coupled with an intellectual disability. The results showed the greatest effect for individuals with ASD and an intellectual disability (Hong et al., 2017). Learning home management and house chores increases independence, especially for those who want to transition to community living. The evidence from the meta-analysis supports the use of video modeling teaching method and strong effects for success of teaching house chore skills (Hong et al., 2017).

**Public Transportation**

AOTA (2020) defines community mobility as, “planning and moving around in the community using public or private transportation, such as driving, walking, bicycling, or accessing and riding in buses, taxi cabs, ride shares, or other transportation systems” (p. 31). Accessing the community requires the use of many skills, simultaneously, such as motor, cognitive, processing, and social interaction skills. Pfeiffer et al. (2020) state,

“transportation options are often limited for individuals with IDD due to disability-specific barriers such as decreased communication, physical limitations, cognitive function, and adaptive behaviors that impact a person’s travel skills, as well as environmental barriers such as availability, accessibility, affordability, acceptability, and adaptability” (p. 2).

Therefore, lack of transportation is a barrier to accessing and participating in the community and work. Beham and McDonnell (2019) report that 30% of individuals with IDD have difficulties with accessing transportation and the “issue is frequently cited as a reason a person with a disability is discouraged from seeking employment” (p. 2). However, participating in community life, such as employment, social activities, and health care appointments, have a positive impact on a person’s quality of life (Pfeiffer et al., 2020).

Benham and McDonnell’s (2019) study to address public transportation access included community mobility interventions, such as “crossing the street, following directions, ‘stranger danger’,...
using a bus pass, and following Google Maps directions” utilizing strategies of role playing, real life applications, and problem-solving issues during travel (p. 3). The researchers also included adaptive strategies such as technology aids, picture directions, social stories, phone travel apps, and digital schedules (Benham & McDonnell, 2019). Approaching transportation skill acquisition through the use of simulated and community-based scenarios and adaptive strategies, each of the ten participants in the study were able to increase their travel skills and required less support when accessing transportation (Benham & McDonnell, 2019).

**Personal Safety**

Personal safety skills “refer to a wide variety of skills needed to maintain physical well-being, including routines such as crossing the street, responding to a house fire, and contacting emergency services” (Kearney et al., 2018, p. 640). When compared to their neurotypical peers, children with IDD’s risk of unintentional injury is higher, and increases as they age (Kearney et al., 2018). To be successful living and accessing the community, knowing how to independently prevent and respond to emergency situations is essential and “incorporating first aid skills into education and habilitation programs facilitates independent living during adulthood” (Kearney et al., 2018, p. 640). However, individuals with IDD are often overlooked and not provided with the training they require to learn personal safety skills because caregivers and educations have assumed they “are uncapable of learning them” or do not need them, as they are usually accompanied with a caretaker (Kearney et al., 2018, p.640). “The absence of safety skills training leave students with developmental disabilities vulnerable to household injuries and accidents” (Kearney et al., 2018, p. 640). The researchers report that individuals with IDD are able to learn a variety of personal safety skills when methods such as “individual training, backward chaining, peer teaching, and small group instruction” (Kearney et al., 2018, p. 640-641).
Teaching Methods

The creation of all course materials were developed utilizing evidence-based teaching methods. In a study by Hong and colleagues (2017), the data showed intervention techniques video modeling, audio cuing, in-vivo, and visual cueing had strong effects. Kearney et al. (2018) report “individual training, backward chaining, peer teaching, and small group instruction” as effective teaching methods (p. 640-641). Additionally, Barczak (2019) reported that for “instructions to be effective, behaviors should generalize across persons, across settings, and over time” (p. 314). Barczak (2019) also discusses promoting generalizing skills utilizing teaching strategies designed specifically for generalization, such as community-based instruction (CBI). CBI is “instruction delivered in the natural setting using materials found there” or learning in the community versus the classroom. Barczak, 2019, p. 314). Some of the benefits of CBI include a reduction of repetitive instruction, allows teachers and students the ability to problem-solve challenges and address barriers in real time, and provides an opportunity for students to engage in their environment to build relationships (Barczak, 2019). Easterseals will be providing simulated-based instruction (SBI), or instruction provided in the classroom or in a setting that is able to approximate the natural environment, to begin each course, working toward CBI to apply skills learned in the classroom (Barczak, 2019). SBI addresses many of the gaps in CBI, including pre-teaching skills needed in the community, increased opportunities to practice, and provides an opportunity for student to master a skill and generalize it in the natural environment (Barczak, 2019). Barczak (2019) states, “by combining community-based and simulated instruction, teachers can maximize instructional time to better prepare students to complete [activities] in the community, thereby opening up a wider world of opportunity for these students” (p. 320).
Guiding Theories and Frameworks

Occupational Justice and the Participatory Occupational Justice Framework

According to Nilsson and Townsend (2010), occupational justice is “a justice of difference: a justice to recognize occupational rights regardless of age, gender, social class, or other differences” and injustice is “an outcome of social policies and other forms of governance that structure how power is exerted to restrict participation in the everyday occupations of populations and individuals” (p. 58). Humans are occupational beings and have a desire to engage in meaningful activities (Nilsson & Townsend, 2010). For far too long, individuals with ID have been marginalized and stigmatized, even with the creation of multiple supportive national policies and laws. As Dubois et al. (2019) and Amado et al. (2013) and their colleagues have discovered, family members and environmental factors are large contributors of occupational injustice. However, “an occupational justice lens may be used to advance toward the vision of an occupationally-just world by enabling the empowerment and social inclusion of populations who routinely experience social exclusion, such as disabled people” (Nilsson & Townsend, 2010, p. 57). King et al. (2016) state, “transition to community dwelling has been promoted as a means of enhancing opportunities for participation and engagement in daily life, as well as promoting equality and inclusion of people with intellectual disabilities” (p. 1). It is important to consider physical, social, and cultural influences and barriers and their impact on available opportunities for individuals as they prepare for transitioning into the community and engage in daily living activities, thus by “utilizing an occupational justice perspective ... to work with adults with ID before, during and after transition [can] maximize potential for successful transition to community living, and full and active engagement in daily life of the community” (King et al., 2016, p. 8).

The Participatory Occupational Justice Framework (POJF), as explained by Whiteford and her team (2018), is a tool used “to facilitate social inclusion by raising awareness of and addressing occupational injustices” (p. 497). The framework in non-linear and is comprised of six parts that are
aimed at collaborative, enabling processes: raise consciousness of occupational injustice, engage collaboratively with partners, mediate agreement on a plan, strategize resource funding, support implementation and continuous evaluation, and inspire advocacy for sustainability or closure (Whiteford et al., 2018). The theory of knowledge behind POJF is also made of six key articles. Each article is designed to help “develop and implement transformative and justice-oriented practice in an attempt to more fully consider the complexities of people’s everyday lives” (Whiteford et al., 2018, p. 499). The main focuses are human rights, equalized power relations, social inclusion, social and cultural relevance, equitable opportunities and resources, and agency within adverse environments (Whiteford et al., 2018).

**Model of Human Occupation (MOHO)**

The MOHO model is an occupational therapy theory that seeks to understand human occupations in terms of its three interrelated components: volition (motivation), habituation (habits and routines), and performance capacity (physical and cognitive abilities) (University of Chicago, n.d.). To fully understand human occupation, we must also “understand the physical and social environmental contexts in which it takes place” (University of Chicago, n.d.). Together, these four factors can influence how and what people do in their everyday lives. The key to this model is recognizing and understanding that these factors are also dynamic. When any part of a factor changes, it shifts how the person performs occupations. MOHO also requires a top-down approach, looking at the abilities of the person and environmental context as a starting point.

Together, the MOHO theory and the Participatory Occupational Justice Framework can lead to programming that focuses on the individual and the environment to promote social inclusion and address the occupational injustices within the ID population.
Capstone Project Plan and Process

The capstone plan began with a meeting in May 2020, to discuss the idea of developing a new life skills program. In the months that followed, the capstone project plan included an in-depth literature review regarding individuals with disabilities accessing and living in the community and the associated barriers. Once on site, a thorough needs assessment was conducted based on an in-depth discussion with the capstone mentor. The needs assessment included course topics and project goals and top priorities to be used as a basis of project evaluation at the conclusion of the capstone experience. A second literature review was conducted to support courses and intervention lesson plans. The capstone plan is to develop lesson plans, course and job descriptions, as well as marketing materials and staff trainings for the onboarding process. A detailed timeline of the capstone experience can be found in Appendix B.

Goals

Prior to the beginning of the capstone experience, goals and objectives were developed, in collaboration with the capstone mentor. The goals and objectives are outlined below.

1. **Project Goal 1**: Student will develop IADL curricula including assessment, skill training, task modification, and/or adaptive strategies within 10 weeks
   a. **Objective 1**: I will meet with capstone mentor to review current assessments and surveys available at Easterseals and assess applicability and feasibility with IADLs, within 4 weeks.
   b. **Objective 2**: I will develop skills-based, curricular assessments for IADLs (cooking, food management, financial management etc.), within 6 weeks.
   c. **Objective 3**: I will develop curricular content including IADL skill training, task modification, and/or adaptive strategies, within 6 weeks.
2. **Project Goal 2**: Student will present the project portfolio including assessments, literature, syllabi, and other project-related materials to Easterseals personnel to ensure sustainability, by the end of the capstone.

   a. **Objective 4**: I will create and upload materials and provide a project portfolio including assessments, literature, syllabi, and other project-related materials to the Easterseals shared drive, by the end of the capstone.

   b. **Objective 5**: I will meet with capstone mentor, every 4-6 weeks biweekly, to discuss portfolio additions and content to keep shared drive portfolio up to date.

3. **Project Goal 3**: Student will assess staff satisfaction with IADL program developed through qualitative interview and follow-up interview at week 14.

   a. **Objective 6**: I will create a qualitative interview to gain understanding of program priorities and service gaps to guide project development and submit to IRB, on or before September 18, 2020.

   b. **Objective 7**: I will administer the initial interview with Easterseals staff by week 2, in order to create a program that will be beneficial to Easterseals.

   Few changes have been made to the original goals. After discussions with the capstone mentor, it was decided that Objective 2 would be eliminated, as we shifted the focus to functional skill achievement, based on course learning objectives, rather than standardized assessments. In lieu of a portfolio, all program documents have been uploaded to the Easterseals shared drive, organized into folders, so they are easily accessible by all future staff. Lastly, the frequency of meetings with the capstone mentor has been extended to every 4-6 weeks. This change will result in added time for research and the creation of program materials.

**Program Evaluation**

To evaluate the success of the capstone experience, a second qualitative interview was
conducted with the capstone mentor at the beginning of the 14th week, allowing for any last-minute adjustments to be made during the final week of the capstone experience. During the in-depth interview, the project goals and top priorities were assessed to ensure they have been met. Questions for the interview can be found in Appendix A.

**Capstone Implementation**

The development of the new life skills program was supervised by the Director of Community Day Supports at Easterseals Crossroads. Prior to the start of the capstone, multiple virtual meetings were held to gain more knowledge of the ideas for the project. The new program was designed to offer life skills courses to individuals in HS or younger adults who have intellectual or developmental disabilities and wish to live independently in the community (Director of Community Day Supports, personal communication, May 29, 2020). During the first week of the capstone, an on-site interview was conducted to outline the top priorities for the capstone. Priorities include delivering functional and practical independent living skills, building a community for participants, and determining what training and qualifications are needed for future program staff (Director of Community Day Supports, personal communication, January 14, 2021). A Community Day Supports former staff member created a list of possible course topics and lesson ideas. The capstone student organized the topics into three tiers: foundational skills, intermediate skills, and advanced skills, based on the importance of the skill (See Appendix C for a more detailed list of topics). The focus of the capstone experience was on the first tier, Foundational Skills. These skills will set the foundation for independent living and provide the basis for the rest of the courses. Eventually, the program will offer a variety of courses from each of the three tiers but will offer tier one courses first.

**Existing Resources**

The first step to creating courses and the associated lessons was sifting through and analyzing current curricula and resources available at Easterseals. The organization has two complete curricula
RISE PROGRAM: FUNCTIONAL LIVING SKILLS TRAINING

series, Phillip Roy and Attainment. Both programs are life skills curricula designed for individuals with ID. Materials from Attainment (2007) include foundational skills, such as food preparation, housekeeping, shopping, social skills, and personal care. The Phillip Roy curriculum is comprised of foundational and advanced skills. Topics available in the Phillip Roy curriculum include employment skills, financial skills, social skills, consumerism skills, and special interest topics, such as death, arrest, discrimination, etc. (Phillip Roy, 2011).

Course and Lesson Development

Each course was developed with the same process: finding current resources at Easterseals, ensuring it is still applicable and relevant, noting any knowledge gaps in the resource, and developing a lesson outline, worksheets, activities, and handouts to supplement the resource. For example, the food management course was the first to be developed. The Attainment (2007) curriculum provides the ingredients and steps of recipes in written and picture format, but is lacking information regarding food temperature, knife skills, kitchen safety, nutrition, and portion sizes. To supplement the curriculum, lessons on these topics were created. Each lesson has either a PowerPoint, worksheet, a handout, or a combination of the three. Lesson outlines include session objectives, materials and equipment needed, flow of the lesson, and wrap-up discussion or questions (See Appendix D for an example). The lessons also include ways to adapt or modify the activities to ensure all lesson materials are accessible for every participant.

Staff Training Development

A thorough review of current Easterseals staff training policy for the Community Day Supports program was conducted. Mandatory training includes government-mandated training (e.g., CPR/First Aid, HIPAA, Infection Control, etc.), as well as program- and organization-specific training (e.g., Crisis Behavior Management, emergency and safety preparedness, diagnosis information, etc.). It was determined that the training was a great starting point for future staff. Additional training was needed
in the areas of decision-making for people with disabilities, assistive technology, durable medical equipment, activity analysis/activity grading, and disability etiquette (e.g., working with individuals with intellectual disabilities, Deaf of hard of hearing, speech impairments, etc.). After exhaustive searches for each topic was completed, a comprehensive list of videos, reliable and credible websites and PDFs, and examples and definitions of important terms was created and added to the Easterseals network drive for future use during the on-boarding hiring process and in-services.

Marketing Materials

Before creating marking materials, the program needed an official name. Discussing the vision and purpose of the program, the name “RISE Program” was chosen. The title is an acronym for Reaching Independence through Support and Education, but also is a symbol for future participants rising as a more independent person in their life and community.

The creation of two different marketing materials were created to attract community partners and future participants. First, a PowerPoint comprised of current programming, gap analysis and needs assessment statistics, and program purpose and vision, and course-specific information. The PowerPoint outlines all current and future courses, as well as the tentative lesson topics. The capstone mentor will use the PowerPoint in meetings with potential community partners to give a comprehensive overview of the program. Secondly, a flyer was generated to provide community partners and Easterseals a way to promote the new program to members of the community. The flyer provides a basic overview of the program and course topics.

Capstone Project Evaluation

A final interview with the capstone mentor was conducted during the 14th week of the capstone experience (See Appendix A for questions). The interview was recorded and transcribed via a transcription application and edited for errors once downloaded. The interview questions were developed to evaluate the capstone experience to determine if the project goals were met.
At the conclusion of the capstone experience, Easterseals has a “robust curriculum as a really
good starting point with a good foundation, a staff list of required training, from the state level, as well
as trainings and modifications for making those different classes work for a variety of people across the
spectrum” all located on the Easterseals shared drive (Director of Community Day Supports, personal
communication, April 13, 2021). The organization also has “preliminary job descriptions to help with the
hiring process” (Director of Community Day Supports, personal communication, April 13, 2021).
Additionally, capstone experience has aided the capstone mentor in realizing what kind of resources are
needed to continue to create a great a curriculum for the program (Director of Community Day
Supports, personal communication, April 13, 2021).

Furthermore, the capstone experience and all materials were presented to the CEO and Vice
President of Easterseals to determine satisfaction with the development of the RISE Program. The
development of the program and all of the supporting materials gives the capstone mentor and
Easterseals a realistic foundation to start the program and realize the needs to move forward and “is a
real gift to Easterseals and the population in which [they] serve” (Vice President, personal
communication, April 7, 2021).

**Capstone Discussion and Impact**

Despite the vast programming currently offered for adults with disabilities, including respite
care, adult day programs, and vocational training, there is little to address the acquisition of
independent living skills (Director of Community Day Supports, personal communication, January 14,
2021). There is a great need for services for individuals who are not eligible for adult day programs and
have the potential to live a more independent life, with the right supports and education. The purpose
of this capstone was to create a program to equip teens and adults with intellectual disabilities with the
functional skills to access and live in the community independently.
From the literature, individuals with ID want increased independence, autonomy, self-determination, and quality of life (Dubois et al., 2019; Hanson-Baldauf, 2011). With education and support to improve health management, community skills, and food preparation, and money skills, individuals with disabilities also gain self-management skills, increased choice and empowerment, and improved social inclusion, sense of belonging, and self-confidence (Friedman et al., 2019; Amado et al., 2013; Barczak, 2019; Johnson & Matthews, 2011). Support and education of these skills are recommended to be via video modeling, audio and/or visual cueing, and in-vivo, as well as in simulated and community-based environments (Hong et al., 2017; Barczak, 2019).

Over the course of the capstone experience, six courses (e.g., Food Preparation/Nutrition, Home Management, Health Management, Money Management, Public Transportation, and Emergency Safety Skills) were developed. Each course is comprised of lessons, resources, and supporting literature. The lessons are equipped with objectives, materials needed, lesson outline, modifications/adaptations, and extension activities (community-based components for skill application). Some courses have a course outline to ensure courses are taught in a successive manner to make certain participants learn the skills required to continue through the course. Additionally, supplementary staff training topics were identified and outlined for future use. Lastly, two marketing materials were created to promote the program, as well as advertise the program when Easterseals is ready to begin offering courses.

Capstone Impact

In the state of Indiana, the total population reaches over 5.5 million individuals, with nearly five percent of those living with intellectual disabilities, amounting to 267,000 Hoosiers (State of Indiana, 2020). In Indianapolis and the surrounding area, Easterseals Crossroads’ (n.d.-c) “reach extends to 88,000 people who benefit from our services as they live, learn, work, and play – people who need [their] services to maintain independence and thrive”. The organization currently offers adult day
services for adults with intellectual disability but does not adequately meet the needs of individuals with low support needs, who wish to access and live in the community more independently.

At the conclusion of the capstone experience, Easterseals was provided with six fully developed courses and 100+ lesson plans to be used during the RISE program. Staff recruiting and training materials and marketing materials were also provided to continue building and developing the RISE program. The program has the potential to reach hundreds of central Indiana Hoosiers, as the program grows and develops.

**Sustainability Plan**

To ensure the program is sustainable, all of the courses and lessons are evidence-based, client-centered, and able to be adapted or modified to be accessible across varying abilities. Additionally, all materials, including literature and curricular materials, staff trainings, and marketing materials have been added to a shared drive on the Easterseals network. Furthermore, all of the created materials are living documents that can be utilized, edited, and updated as the program grows and adapts to the participant and community needs.

**Limitations**

Due to the RISE Program being in the early stages of development, it was impossible to plan for future participants and the supports needed to best accommodate. General modifications and adaptations for broad disabilities were listed in lesson plans, but specific accommodations will need to be determined after participants are observed.

**Conclusion**

Functional life and community skills include home management, food preparation/nutrition, public transportation, social skills, emergency skills, money management, etc. that are needed to live and access the community independently. Individuals with intellectual disabilities are often not able to live and access the community due to marginalization, stigma, and lack of programming to learn
functional skills. The acquisition of these skills is most effective when delivered via video modeling, audio and/or visual cueing (Hong et al., 2017). To determine proper supports, skills should be taught in simulated environments, with opportunities to apply skills in a community-based setting. The development of the new life skills program gives people with ID the opportunity and access to gain functional skills, leading to increased self-management, self-confidence, social inclusion, sense of belonging, and overall independence and quality of life, as well as decreasing caregiver burnout (Friedman et al., 2019; Amado et al., 2013; Barczak, 2019; Johnson & Matthews, 2011).
RISE PROGRAM: FUNCTIONAL LIVING SKILLS TRAINING

References


Phillip Roy. (2011). *Life skills curriculum: Transition to work and independent living [Digital Kit]*.


University of Illinois at Chicago. (n.d.) Introduction to moho. https://www.moho.uic.edu/resources/about.aspx

Appendix A

Needs Assessment and Post-Capstone Interview Questions

On-site Interview – Week 1

1. What are your overarching goals for the new life skills program?

2. What are your top priorities for this phase of program development?

3. How will this new program differ from services currently being offered?

4. What resources does the project/program need?

5. What current skills do your participants need to possess?

   a. What skills gaps do you potentially see?

Program Evaluation Interview – Week 14

6. How have your top priorities for this phase been met?

7. How has progress in this phase impacted your overarching goals for the program?

8. In what ways are you better equipped with the resources you need?

9. In what ways have skill gaps been addressed in this phase?
Appendix B

Project Plan Timeline

Development of a Life Enrichment Program for Easterseals Crossroads

TIMELINE OF PROGRAM DEVELOPMENT

WEEK 1
- Orient to Easterseals site
- Interview Capstone Mentor for Needs Assessment and Gap Analysis
- Examine themes from interview and refine goals
- Create weekly schedule timeline

WEEK 2
- Review Literature Review
- Create SharePoint Drive
- Analyze current curricula and resources at Easterseals
- Create course tiers and umbrella topics

WEEK 3
- Continue reviewing current curricula/resources
- Plan specific topics for each umbrella topic

WEEK 4
- Begin creating lesson plans
- Necessary research for specific topics

WEEKS 5-7
- Continue lesson planning
- Week 5: Meet with Capstone Mentor for progress
- Finish midterm report
- Week 7: Meet with Capstone Mentor for midterm evaluation

WEEKS 8-10
- Continue developing lesson plans
- Create course descriptions
- Create job descriptions
- Meet with capstone mentor for project progress

WEEK 10-12
- Finalize lesson plans
- Begin planning staff training
- Meet with capstone mentor for project progress

WEEKS 12-14
- Create project portfolio
- Interview capstone mentor for project evaluation
- Make necessary adjustments to program development
- Finalize Capstone Report
- Meet with capstone mentor for final evaluation
Appendix C

Life Skills Program Outline of Topics

Tier 1 – Foundational Skills

• Food Preparation
  o Kitchen utensils and equipment
  o Knife skills
  o Introduce meal planning
  o Introduce stove/oven
  o Cooking/kitchen safety
    • Fire extinguisher, how to store each food item to maintain quality, cross contamination, expiration dates, mold/spoilage

• Nutrition
  o Food Groups
  o Healthy choices (MyPlate)

• Financial Management
  o Budgeting, banking, how to write a check, using an ATM, etc.
  o Real life math
  o Grocery shopping on a budget

• Housekeeping/Home Management
  o Cleaning, laundry, easy plumbing, breakers, shopping, scheduling, grocery lists, to do lists, common tools/devices, etc.
  o House maintenance - light bulbs, appliance maintenance, lawn care, navigation/maps, etc.

• Health Management
o doctor’s appointments, first aid, sexual health, medication management, etc.

- Safety and Emergency Skills
  o cyber safety, emergency situations, strangers/helpers, personal safety, community safety

- Using public transportation
  o Bus
    1. Indy Go, Indy Go Open Door Service
    2. Buying bus fair
    3. Schedules and Mapping routes
  o Bike
  o Uber/Lyft
  o Taxi

**Tier 2 – Intermediate Skills**

- Social Skills
  o communication, cooperation, empathy, impulse control, social initiation, building friendships, active listening, following directions, manners, etiquette, goal setting, problem solving, character strengths, wants/needs, respect, stop & think, good/negative consequences, teamwork, peer pressure, bullying, joining in, personal space, perspective, sportsmanship, transitions, being assertive, encouraging others, compromise/being flexible

- Coping Skills
  o emotion regulation, anxiety, stress, pressure, positive thinking, resilience, self-confidence, relaxation/meditation, recreational/leisure activities, negative coping skills of the same categories
o diversions, social/interpersonal (with others), cognitive, tension releasers, physical, spiritual, limit setting

Tier 3 – Advanced Skills / Elective Courses / Seminars

- Baking
  o Desserts, baked goods

- Computer Skills
  o literacy, researching, word processing, etc.

- Arts
  o Visual - painting, ceramics, drawing, etc.
  o Performing - drama, dance, choir, etc.

- ASL

- Job Skills
  o public speaking, writing, etc.

- Physical Education
  o Chair One, Yoga, Aerobics, Weightlifting, etc.

- Leisure activities/recreational activities
  o Gardening, sewing, sports, etc.

- Self-Advocacy/Voting/Relevant laws

- Government Programs
  o SSI, Medicaid, EBT, etc.

- Technology/Adaptive equipment
  o iPads, Alexa/Echo, etc.
Appendix D

Food Safety Lesson Outline

Objectives:

1. Participants will communicate the steps of hand washing
2. Participants will be able to define foodborne illness and cross-contamination
3. Participants will communicate the 4 Steps to Food Safety

Supplies/Equipment Needed:

1. Food Safety Video
2. Food Safety Quiz (SharePoint)
3. Food Safety PowerPoint (SharePoint)
4. Thermometer Basics YouTube Video
5. Safe Minimum Cooking Temperature Chart (SharePoint)
6. Cold Storage Chart (SharePoint)
7. Poster Activity
   a. Magazines, glue, scissors, markers, newspapers, etc.

Lesson Description/Flow:

1. Welcome & Ice Breaker
2. Introduce topic and objectives: Food Safety
3. Go over Food Safety PowerPoint (on SharePoint)
4. Watch Food Safety Video on YouTube (linked above)
   a. Class discussion of video
5. Go over 4 Steps of Food Safety
   a. Clean
   b. Separate
c. Cook
   i. Temperature Checks YouTube Video
   ii. Hand out, go over: Safe Minimum Temperature Chart

d. Chill
   i. Hand out, go over: Cold Storage chart

6. Food Safety Quiz (4 questions)
   a. Can be a quiz or a discussion with the group

7. Poster Activity
   a. Create their own 4 Steps of Food Safety
   b. Optional: Add Temperature Chart, cold storage, etc.

8. Wrap Up
   a. Participant Questions
   b. Introducing topic for next session

Adaptations/Modifications:

1. Adapted scissors and writing utensils
2. Blind/Low vision – contrasting colors, texture
3. Models/Examples for participants to copy