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Chapter 1: Introduction

The purpose of this project is to examine if linking school music routines focused on literacy skills to home activities and programming is a viable and sustainable learning option for immigrant and refugee families as well as to examine the sustainability of this program for non-musician staff at Learning in Style (LIS). It will serve the adult English language learning students who attend LIS and their children who attend the childcare program. It will also serve the staff who will potentially carry on some of the elements into future years to serve future LIS students. This project was highly requested by the staff at LIS. While they have had some music-based intervention in the past, none of these programs have been sustained. Continued music intervention may help enhance the educational components of the childcare offered at LIS (Hansen & Milligan, 2012 & Register, 2004).

Education plays an important role in future health outcomes (Carey & Crammond, 2015). Using data from the 2000 US census, Galea et al. (2011) estimated that 244,526 deaths might have been attributable to low education. In 2005, individuals who had completed high school could expect to live 5.3 years longer than individuals of the same age who had not completed high school (McGill, 2016). Unfortunately, there is a great deal of disparity regarding high school graduation rates for different racial and ethnic groups (McGill, 2016), but addressing education in early childhood may help to reduce these disparities (Muennig, Schweinhart, Montie, & Neidell, 2009). Music education has proven to play an important role in language and literacy development and therefore implementing music routines into family life may help enhance early childhood education received outside the home (Hansen & Milligan, 2012 & Register, 2004).

One of the primary roles of occupational therapists is to help clients establish and maintain routines (American Occupational Therapy Association, 2014). The goal of this project is to encourage parents to implement music routines with their children and assess the sustainable of these routines. The project also aims to develop literacy-based music routines at LIS that staff can sustain once the project is complete. OTs unique understanding of and role in the establishment and implementation of routines as well as the evaluation and grading skills of OT make OT students and practitioners uniquely qualified to contribute to this project (AOTA, 2014). The remainder of this portfolio outlines the literature review, needs assessment process, interventions, assessment methods, and results of this Master's Project.

Chapter 2: Review of Literature

In order to determine how to best serve immigrant and refugee families, this literature review explores some of the unique health concerns of immigrants and refugees. Some of the societal factors that affect health and wellness, particularly education, will also be explored. Finally, adult learning styles for English language learners will be explored in terms of how to best work with this population to meet their health needs.

The 'healthy migrant phenomenon' explains that immigrants are often healthier than native-born United States residents, however, the health advantages displayed by immigrants dramatically diminish overtime (Fennelly, 2006). Thus, health and wellness concerns may need to be addressed differently when working with children of immigrant English-language learners (Connor, 2010; Ebenegger et al., 2011; Fennelly, 2006; Li, Strobino, Ahmed, & Minkovitz, 2010). Beagan (2015) emphasized the importance of practicing self-awareness and recognizing cultural differences when working with individuals from different cultures than one's own. It is also important to remember that, as with all children, a family-centered approach should be used (Beagan, 2015).

Working with immigrants can also enhance students' cultural awareness and increase their cultural competence/humility (Hagan, 2004; Morton, 2012; Ross, 2010). Morton (2012) explained that "students cannot adequately or ethically make the connection between acquired global knowledge and caring for patients in diverse settings very different from their own without the benefit of direct experience" (p. 303). Cultural immersion experiences may help students recognize their biases and gain insights into their privilege, making them better equipped to serve individuals from cultures other than their own (Ross, 2010). This review of the literature will explore how to best address healthy eating and exercise for immigrant children and

their families adjusting to life in the US in a culturally appropriate manner as well as the potential benefits for both the immigrant participants and the practitioners or students working with these immigrants. Education as a social determinant of health and ways to enhance education in ways that may break the cultural divide currently present in the U.S. education system will also be discussed.

Health Concerns for Immigrants and Refugees

Refugees are individuals who have fled their home countries to escape war, invasion, persecution or other unsustainable circumstances (Grambs, 1981). Grambs (1981) explained that "they do not want to relocate, but must do so to survive" (p. 159). Non-refugee immigrants, on the other hand, are individuals who have "made a decision to relocate to a new land, to establish a new and permanent home elsewhere" (Grambs, 1981, p. 159). Individuals from both groups may have higher rates of certain infectious diseases, but they generally display less health risk factors, have fewer chronic conditions, and lower mortality rates than individuals born in the U.S. (Fennelly, 2006). Health care providers who participated in Fenelly's (2006) study indicated that refugees and non-refugee immigrants often present with old injuries, undiagnosed hypertension, and diabetes. There also seems to be a misconception that American food is healthy food resulting in more dietary problems for immigrants and refugees (Fenelly, 2006). Finally, immigrants and refugees also tend to live in large, overcrowded households leading to problems with infectious diseases (Fennelly, 2006).

Health care access is often more difficult for refugees than it is for non-refugee immigrants due to employment and economic differences, but both groups share many of the same concerns regarding health and health care (Connor, 2010 & Fennelly, 2006). Refugees are more likely to be single parents, and on average, there are more minor children in their

households than other immigrant populations (Connor, 2010). Refugees also have lower levels of

physical health than non-refugee immigrants (Connor, 2010). Far fewer refugees (25.6 percent)

work in skilled jobs than non-refugee immigrants and their jobs are less likely to offer health

insurance benefits than those worked by non-refugee immigrants (Connor, 2010). Connor (2010)

indicated a significant wage gap between refugees ($11.71/hour) and non-refugee immigrants

($17.66/hour). This gap is likely due to differences in English language skills and lower

education levels (Connor, 2010).

Obesity in immigrant children. Research has indicated that adult immigrants in the U.S.

are at a lower risk for obesity than U.S. born citizens, but there is no evidence to suggest that

having foreign-born parents protects children from becoming obese (Li et al., 2010). Several

socioeconomic circumstances may increase immigrant children's chances of becoming obese

(Ebnegger et al., 2011 & Li et al., 2010). While the risk of obesity increases for some immigrants

the longer they are in the US, immigrants who have obtained a bachelor's degree or higher do

not experience an increased risk of obesity based on the duration of time they've lived in the US

(Li et al., 2010). Immigrant families are more likely to live in low-income neighborhoods where

fast food is more readily available than fresh, healthy fruits and vegetables and immigrant

children whose parents have achieved lower levels of education eat more fatty foods and fewer

fruits and vegetables and are more likely to eat meals while watching TV (Ebenegger et al., 2011

& Li et al., 2010). These children also tend to have higher body fat percentages (Ebenegger et al.,

2011). In addition to poor eating habits, immigrant parents may be fearful about the safety of the

neighborhood that they live in leading to a decrease in physical activity for their children (Li et

al., 2010). Obesity is one of just many factors that may contribute to the health disparities faced

by immigrants to the United States (Diehr, Jordan, Price, Jiunn-Jye, & Dake, 2017; Ebnegger et al., 2011; Li et al., 2010). Societal factors may also contribute to health disparities.

Social Determinants of Health

Specific social factors including low education, racial segregation, limited social support, individual-level poverty, income inequality, and area-level poverty are known as social determinants of health (SDH) and have also been shown to influence individuals' health. Researchers have suggested that SDH may have just as much, if not more, influence on health disparities than physical health factors (Diehr et al., 2017). Diehr et al. (2017) surveyed state offices of minority health (SOMH) to determine how the officers believed they could best reduce minority health disparities. They found that "officers believed addressing SDH--including issues such as improving access to care and promoting higher quality education--would have the greatest impact at reducing racial and ethnic health disparities" (Diehr et al., 2011, p. 12). Public health advocates have stressed the importance of addressing inequalities in SDH in order to reduce health inequalities. One of the key SDH is education during critical developmental stages, particularly early childhood (Carey & Crammond, 2015).

Education as a social determinant of health. The social-emotional skills typically taught during a child's preschool years serve as a foundation for improved future health (McGill, 2016). Participation in early childhood education programs also helps families make sure that their child is up to date on their vaccinations and provides initial screening for health issues (McGill, 2016). A longitudinal study conducted by Muennig, Schweinhart, Montie, and Neidell (2009) found that at age 40-years individuals who had participated in pre-kindergarten programs as young children had improved educational attainment, health insurance, income, and family environment compared to those who did not attend pre-kindergarten.

Music education has proven to play an important role in language and literacy development and may therefore enhance early childhood education programs (Hansen & Milligan, 2012 & Register, 2004). Research in a variety of areas has suggested that musical training may help reinforce reading ability and functional magnetic resonance imaging has revealed that music training increases size and functionality of brain areas critical for reading (Hansen & Milligan, 2012 & Register, 2004). Additionally, pairing academic material with music may increase a child's ability to recall information (Register, 2004). Sight identification, sequencing, phonemic awareness, and fluency are just a few of the areas in which music and literacy overlap (Register, 2004).

Completing high school plays a crucial role in future health (Galea, Tracy, Hoggatt, DiMaggio, and Karpati, 2011 & McGill, 2016). High school dropouts are more likely to engage in risky behaviors and experience multiple health problems as adults (McGill, 2016). Using data from the 2000 US census, Galea et al. (2011) estimated that 244,526 deaths might have been attributable to low education. In 2005, individuals who had completed high school could expect to live 5.3 years longer than individuals of the same age who had not completed high school (McGill, 2016).

Unfortunately, there is a great deal of disparity regarding high school graduation rates for different racial and ethnic groups (McGill, 2016). During the 2013-2014 school year, white students had an 87.2% graduation rate while Hispanic students had a 76.3% graduation rate, blacks a 72.5% graduation rate, and American Indian/Alaska Native students had only a 70% graduation rate (McGill, 2016). A possible driving force behind these disparities may be the fact that "minority groups may be more likely to live in areas known for violence, teen pregnancy, unsafe housing, and less access to health care." (McGill, 2016, para. 25). High school

suspensions and expulsions have also been shown to have adverse influences on health and minority boys experience a disproportionately high rate of suspension and expulsion (McGill, 2016).

Finally, it is essential to consider parents' education levels when viewing education as an SDH (McGill, 2016). 2014 Census Current Population data indicated that only 28% of 3-to-5-year-olds whose parents dropped out of high school participated in preschool programs while 49% of children of the same age whose parents had graduate or professional degrees participated in preschool (McGill, 2016). Differences in preschool participation are likely because parents who have obtained higher levels of education are better equipped to provide their children with intellectual stimulation through reading and other developmental activities (McGill, 2016).

English Language Learners

When educating parents on helping children maintain healthy lifestyles, it is important to consider the parent's learning style and motivation, especially when the parent is an English-language learner (Finn, 2011; Lambert, 2008). Finn (2011) indicated that the most common type of learner in adult English language learning settings is the goal-oriented learner. Goal-oriented learners enter into learning experiences with a particular outcome in mind, and in the case of refugees and immigrants, this is often to advance economically (Finn, 2011). Lambert (2008) determined that the desire to help their children is another primary reason that immigrant parents choose to study English. However, life complexities such as erratic work schedules or multiple jobs may make it difficult for adult learners to participate in English language education (Finn, 2011; Lambert, 2008). Therefore, they must decide if what they can gain from the educational experience is worth the cost of their time and money (Finn, 2011). It is important to keep these

preferences and motivations for learning in mind when deciding how to educate immigrant

parents on healthy lifestyles for themselves and their children.

Effects of Acculturation

Berry (2001) defined acculturation as "a process that entails contact between two cultural

groups, which results in numerous cultural changes in both parties" (p. 616). He described four

acculturation strategies: integration, assimilation, separation, and marginalization (Berry, 2001).

Health care providers and educators should consider which strategy the family appears to be

using to acculturate to the US and positively and productively promote acculturation (Rafieyan,

2016). Research suggests that immigrants who approach acculturation using the integration

strategy tend to be more successful in their new country and face less discrimination, however, in

order for this strategy to be successful, members of both the dominant and non-dominant cultures

must agree to cultural changes (Berry, 2001; Hagan, 2004; & Rafieyan, 2016). Individuals use

the integration strategy of acculturation when they have a desire to both maintain their original

culture and engage in their new culture (Berry, 2001; Hagan, 2004; & Rafieyan, 2016).

Rafieyan's (2016) research indicated that individuals approaching acculturation using the

integration strategy were more competent at comprehending and conveying social interactions in

their second language. Statistics have indicated a strong negative correlation between integration

strategy and discrimination, meaning groups that implement acculturation from the integration

attitude experience less discrimination (Berry, 2001). Berry (2001) explains that the integration

"strategy require immigrants to adopt the basic values of the receiving society and at the same

time the receiving society must be prepared to adapt national institutions to better meet the needs

of all groups now living together in the larger plural society" (p. 619). In his research, Rafieyan

(2016) found that an individual's acculturation strategy may play a role in how that individual is

best able to learn. Therefore, acculturation strategies must be taken into consideration when designing any sort of educational program for English language learners, requiring a great deal of cultural sensitivity on the part of the educator. (Rafieyan, 2016; Ross, 2010).

Cultural Humility and Immersive Health Care

Researchers suggest several approaches to culturally sensitive practice (Beagan, 2015 & Hammell, 2013). Perhaps the most frequently discussed approach to practice, cultural competence focuses on an individual's awareness of their cultural values, attitudes, and biases, knowledge of other cultures, and skills such as communication, rapport building, and advocacy (Beagan, 2015). Cultural humility is measured based on practitioners' comfort and confidence levels when working with individuals from other cultures. However, it is not uncommon for practitioners to feel less comfortable and confident as they become more aware of their own cultural biases and assumptions (Beagan, 2015 & Ross, 2010). Cultural humility focuses on knowledge, attitudes, and beliefs, aligning closely with the three main foci of cultural competence while recognizing that "an increase in knowledge that is derived through self-examination may actually lead to a practitioner feeling less competent to address problems..." (Ross, 2010, p. 318). Cultural humility combines elements from many older clinical approaches to culture making it an ideal approach for occupational therapy practitioners (Beagan, 2015 & Hammell, 2013). Much like the approaches of cultural relevancy and cultural safety, cultural humility emphasizes the importance of recognizing cultural differences within the therapist-client relationship and overcoming the cultural biases and assumptions of the profession as a whole (Beagan, 2015 & Hammell, 2013). One of the most effective ways for students and practitioners to overcome such biases and assumptions is through immersive healthcare experiences Ross, 2010 & Morton, 2012).

Immersive healthcare experiences play an important role in helping students and practitioners understand cultural humility (Ross, 2010 & Morton, 2012). Immersive healthcare experiences provide students with knowledge and awareness of their own biases, assumptions, and stereotypes and insights into their privilege (Ross, 2010). Immersive healthcare experiences allow students to practice effective cross-cultural communication and joint decision making with their clients (Ross 2010). Morton (2012) suggested that "students cannot adequately or ethically make the connection between acquired global knowledge and caring for patients in diverse settings very different from their own without the benefit of direct experience" (p. 303).

Conclusion

Immigrant and refugee children face a number of health disparities both in terms of physical health and SDH (Connor, 2010; Diehr et al., 2017; Ebenegger et al., 2011; Galea et al., 2011; Li et al., 2011; McGill, 2016; & Muenigg et al., 2009). The resources used to explore these health disparities can be found in Appendix A: Literature Matrix. Implementing community-based immersive health and wellness programs may help to reduce some of these disparities while also providing healthcare students the opportunity to expand their knowledge of other cultures and gain a better understanding of cultural humility (Ross, 2010 & Morton, 2012). To best implement such a program, however, students need to keep in mind the learning styles and learning goals of the individuals that they are working with (Finn, 2011 & Lambert, 2008). Approaching the work from an acculturation point of view requires that both the immigrant or refugee learners and the student or clinician completing the work adapt their cultural expectations (Berry, 2001). Ultimately, however, this can create an excellent working relationship and may result in better health outcomes for both client and practitioner (Berry, 2001; Ross, 2010; & Morton, 2012).

Chapter 3: Program Description and Needs Assessment

Learning in Style (LIS) is a school for adult English language learners in the Twin Cities, that was founded by the Sisters of St. Joseph. LIS offers courses in English, math, computers, and U.S. citizenship to immigrants and refugees that come from over 90 different countries (LIS, 2017). LIS has provided language classes to over 4,800 students, since it opened in 1994 (LIS, 2017). The director of LIS stated that they provide child care for children ages six weeks to three and half years old while their parents are attending English classes. The mission of LIS is "Empowering adult immigrants through education" ("Mission and vision," n.d., para. 1). Their vision states that "LIS was founded to provide quality education in English, math, computer and citizenship to adult immigrants and refugees living in the metropolitan area" ("Mission and vision," n.d., para. 2).

Needs Assessment Process

The needs assessment process included multiple steps. The first was a community walk to better understand the strengths, weaknesses, opportunities, and threats to occupational participation in the community surrounding LIS. Second, interviews with the director of programming at LIS and the staff at LIS were conducted. A tour of the physical space at LIS also occurred. Observations in the children's and adult classrooms occurred at a final piece of this process. Finally, the literature was reviewed briefly to determine evidence-based methods of teaching and learning for adult English Language Learners (See Appendix B: Teaching and Learning Strategies).

Community walk. The needs assessment process for this project began with a community walk through the area in which LIS is located. A SWOT analysis form and

Community Needs Affordances and Barriers form were used to gather information during the walk (see appendix C). Some of the community strengths included free street parking, garbage cans on every block, landscaping/planters, and community murals. The community also had a variety of ethnic food markets and restaurants including Oriental, Vietnamese, Muslim, Mexican, African, Greek, Thai, Malaysian, Caribbean, Mediterranean, Jamaican, and Tibetan cuisine. There were also markets that provided halal meat, which is essential to the Muslim faith. Another affordance included a multitude of coffee shops in the area offering free Wi-Fi. Though there were many dining options in the area, a weakness of the neighborhood was the high price of coffee and food at these shops. There were many transportation options in the area with multiple bus routes, bike lanes, and Nice Ride bike racks. There were also a number of options for healthcare including the Hennepin County Medical Center's Whittier clinic, a dental office, a pharmacy, numerous durable medical equipment stores, an addiction and rehabilitation center, and alternative medicine services/products. There were also several churches in the area, however, all of them appeared to be Christian churches. No Mosques or Synagogues were located during the community walk.

Some of the barriers and threats that were noted included expensive housing and restaurants and many one-way streets, which can be difficult to navigate. LIS is also located on a very busy street and, based on observations, there were not enough regulated cross walks in the area. Another barrier is that though there are many opportunities for LIS students on Nicollet Avenue, individuals would need to be quite fluent in speaking English to navigate around the area. As is true with most urban areas, there are many street signs that give direction to pedestrians, motorists and bikers. While proper signage is important, the amount of signs in the

area and ability to decipher them, could be a barrier in navigating the surrounding neighborhood, especially Nicollet Avenue.

LIS is located on the corner of Nicollet Avenue and 22nd Street in Minneapolis and has a good-sized parking lot, a small gated playground, a small garden, grassy areas surrounding the building, and is landscaped beautifully. The assessment included Nicollet Avenue which is the main street that LIS is located on, but did not include the surrounding neighborhood, which may have provided additional services and resources. The majority of the students live within a one mile radius of LIS in the Whittier and Phillips neighborhoods. However, a few students commute from Brooklyn Park, Brooklyn Center, Richfield, Edina, and Eden Prairie. It was observed that there are some students who drive and share rides with fellow students. It was not observed if the students used public transportation, or devices, such as GPS, to get to LIS. This would be a great piece of information with regards to how the students navigate the city and their level of street sign literacy.

LIS tour and director interview. The director led the OT students on a tour of the interior of LIS, which has approximately 10 classrooms, a computer lab, a great room with a kitchenette, a library, the director's office, a front desk and office area, an elevator, and numerous restrooms some designated for staff and some for students. The staff arrives around 8:00 am, but the building does not open to students until 8:30 am. The OT students also conducted an interview with the director of LIS (Appendix C) and learned that LIS has a free store called "The Clothes Closet" where individuals can get clothing, housewares, and small appliances on Wednesdays and Thursdays from 11am- 2pm. This is primarily for use of LIS students, but is open to the community as well. The director mentioned that a project that they are proud of is their library that they put together for the students. Their philosophy is to take a

book or two and bring it back, or replace it with some other books. The director said that this is

loosely enforced because the biggest goal is that the library is being used, and that the students

are learning. The books range in both subject and English level. When the director was asked

about whether there is any unused space in the building, she explained that there is no unused

space. The building has an upstairs, but it is rented out to an organization called Sponsor a

Family, which connects low-income families (LIS students included) with donor families. A

wish list is put together by the sponsored families, with the help of LIS volunteers, and then the

donor families volunteer to purchase items from the wish list for the holidays. In addition, in the

meeting with the director, when asked what were some other unrealized hopes she had for LIS,

she stated that they would like to be able to eventually offer evening classes to meet the needs of

individuals that cannot attend the daytime classes. She also mentioned that LIS would like to

pilot a 4 week, 1 hour per day, summer program to continue the learning process throughout the

summer months.

The students do not have class on Fridays, however, that day often is used to offer life

skill seminars, ranging in topics from immigration and citizenship issues, nutrition, online job

application skills, and real estate and financial information. The LIS director told us that in the

past special presentations have been given by the following organizations: Isuroon (Somali

Center for Women's Health), Legal Aid, Advocates for Human Rights, CAPi, Minneapolis

Office of Immigrant and Refugee Affairs, Hennepin County Multicultural Office, Minnesota

FEET, Real Estate and Mortgage consultants, and Metro State Nursing Students. In fact, LIS

recently had an Immigration attorney come in to address citizenship and other immigration

issues, and answer student questions. Isuroon has come to LIS and addressed issues on women's

health, domestic violence, and workplace concerns. Isuroon aims to empower Somali women

and children, and they have a number of resources (i.e., social services, attorneys, social

workers) that many of the LIS students have utilized. The human rights group that came to LIS

did role-playing on how to communicate with police and ICE (U.S. Immigration and Customs

Enforcement), an issue that creates a lot of confusion and fear for the students. LIS has staff that

are hired specifically to coordinate community outreach opportunities and education that is

incorporated into the Friday programming.

        Staff interviews and classroom observations. Interview questions for staff and an

observation form were used to guide this step in the process (see Appendix C). The OT students

had a conversation with the LIS staff who work in the children's room and provide care for the

children of adult students at LIS. During this conversation, the staff mentioned that some of the

potential areas they would like to see addressed with the children included manual dexterity,

writing the alphabet and numbers, gross motor movement, and music based interventions. The

lead teacher indicated that she would be interested in gross-motor activities, as well as activities

to help children identify feelings and facial expressions. The first team visit was shortly after

completing the neighborhood walk-through. In the children's room, there was an informal daily

schedule which usually starts with free play. During the first visit, the children were observed

playing with the kitchen set, dolls, dinosaurs, and bikes/wheeled toys. Soon after arriving, the

teacher lead the children in a quick calendar activity and had story time during which they

practiced identifying colors (approximately 10 minutes), had snack, and then continued with

more free play until their parents were done with class and picked them up. There are two 90

minute morning sessions and one 90 minute afternoon session in which the parents attend

classes, and their children are in the children's room for that entire time period.

For the adult learners, there are 10 classrooms, most of which are designated for the different levels of English classes. LIS also offers citizenship, math, and computer classes all of which are 45 minutes in length. Classes typically begin with writing the date and weather on the board. The students were observed writing this information in a notebook/journal. The teachers then taught according to the English level of the students. The teachers often use visual aids and hands-on interactive learning to teach and reinforce concepts. There are approximately four to eight students in each classroom and they are seated at tables instead of desks. The classrooms are decorated with academic posters such as the alphabet and pictures of objects that relate to the alphabet letter. Ethnic art and artifacts are also placed around the rooms, perhaps as a way to embrace the different cultures of the students. One of the classrooms had miniature street/traffic signs that may be used during instruction to help understand what these signs mean that are seen throughout the city. Most of the classrooms seemed to have projectors, whiteboards, magnetic boards, cork boards, a phone, a CD player, and a computer for the instructor. The rooms were carpeted, neat and were well-lit with both natural light from the windows, and overhead fluorescent lights, and the temperature of the classrooms were appropriate and conducive for learning. It was observed that the instructors, while they varied in their teaching styles, all had enthusiasm for teaching and were positive and encouraging in their interaction with the adult students. A brief review of literature on teaching and learning strategies that are most effective for the population at LIS was completed as part of the needs assessment and can be found in Appendix B.

Through the needs assessment process identifying emotions and increasing gross motor participation were identified as top areas of need. The staff also expressed that they would like to incorporate more music activities into the classroom. Research also supports the use of music in

early childhood education. Based on these results, music activities were designed to educate

children on emotions, promote gross motor movement, and enhance other educational outcomes.

The OT students also chose to implement gross motor art activities, an obstacle course, and

additional interventions focused on identifying emotions.

Chapter 4: Description of Project Activities

The information from the needs assessment activities outlined in Chapter 3 informed the development of the intervention sessions conducted in the Children's room at LIS. The focus of the sessions included gross motor activities, activities to address expressive and receptive emotions, and use of music to support literacy and social emotional development. Three sessions were conducted on three separate dates with children and staff in the Children's room at LIS. Home activity sheets were provided to parents at the end of each session. See Appendix D: Intervention Session Plans for detailed information for each session.

First Session

The first intervention session took place on October 17, 2018 and lasted 90 minutes. The session was completed twice with two different groups of children as there are two separate morning class times at LIS. It began with a Hello song during which the children took turns strumming the guitar while being sung hello to by adults and peers in the room. Next, the OT students implemented a feelings check-in. Each of the children were asked how they were feeling. They were able to choose from four images representing happy, sad, mad, and scared. Following the feelings check-in, a feelings song activity describing the different feelings was implemented using the same images from the feelings check-in activity. To wrap up the feelings portion of the session, a feelings game was implemented in which the children were asked to make a 'happy, sad, mad, or scared' face.

The next area of focus for the session was gross motor skills. It began with a "warm-up activity" involving blowing ping-pong balls across a table using straws. A small obstacle course was set up with a zig-zag line tapped on the floor and different colored balls lined up for students to toss into a laundry basket. After completing the obstacle course, the children participated in a

dancing activity. The song instructed children to dance, turn, jump, clap, and stretch. OT students assisted the youngest children who were not yet able to complete the movements independently.

Then, a gross motor painting activity was carried out. The activity was set up prior to the session beginning. Large sheets of paper were taped to the wall and the OT students drew dotted lines representing shapes (triangle, circle, rectangle, square). The children were asked to trace the shapes. Then they were given sponges cut into the shapes and asked to match the sponge shapes to the larger painted shapes. The different colors of paint (red, yellow, blue, and green) also correlated to the colors of the different colors of the sponges.

Two final music activities were implemented to end the session. Each of the children were given small shakers to play and a pre-recorded instrumental activity song was played. The song instructed children to tap the shaker on their tummies, toes, nose, bones, and heart. The OT students and LIS staff modeled the motions to go with the song, and assisted the children who were not yet able to understand the instructions or perform the actions by themselves. Finally the OT students sang and did an A-B-C-D movement song (Appendix E) with the children. This song/activity was completed three times. A handout with the words to the songs and pictures of corresponding actions was sent home and parents were asked to complete the activity at home with the children if possible.

During this session all three OT students were present for the entire time. Angela led the music portions while Liz and Rachel supported this. Likewise, Rachel led the feelings check-in and co-lead the feelings songs with Angela. Liz led the obstacle course and gross motor painting activities while Angela and Rachel provided one on one support to the children.

Second Session

The second intervention session took place on October 25, 2018 and lasted 90 minutes. Just as during the first week, the session was conducted with both of the two morning class groups at LIS. The same activities that were used in the first session were used during this session with some minor adaptations in order to provide continuity. There were two other LIS staff that stayed in the children's room to help. The activities in this session were the same as the previous week to provide continuity. The session started with a Hello song led by Angela where each child had a turn strumming the guitar while singing a song with their names in it. Following the song, Rachel led a feelings check-in using four images that resembled happy, sad, mad, and scared. The feelings check-in sheet had a boy and girl body and the children could take off a face representing a certain feeling and velcro it to a body. The OT students then sang a song about feelings and asked the children to show a face that resembled the emotion when singing. Next, the OT students facilitated the counting song "Alice the Camel" (Appendix E) and encouraged the children to help them count backwards from 5. The children also participated in a freeze dance activity during which they were instructed to move their bodies in different ways and stop when they heard the word freeze. Then, they completed an instrument play song playing small maraca shakers on different body parts. The OT students included a five minute break to allow the students to have some time for free play.

After the break, the LIS staff helped the OT students split the children into two groups: one group painted and one group did the obstacle course. Because the obstacle course was familiar to LIS staff from the previous week, the OT students were able to coach them on how to complete it and they supervised the obstacle course while the OT students led the painting session. In the obstacle course, a balance beam, a tunnel, and balls were utilized and the LIS staff

allowed the children to be independent or held some of the younger children's hand when going across the balance beam. The staff were very comfortable leading this activity, suggesting that it will be feasible for them to carry this over in the future. For the painting activity, the OT students allowed the children to free paint without prompting any particular shapes or color. The OT students did guide the children to stay on the paper while painting and ensured that the paint want not consumed. After these two activities, it was time for snack; this allowed the OT students to clean up materials and tidy up the room before the parent pick-up time. A handout with the words to the song "Alice the Camel" was sent home with parents for them to complete at home if possible.

Similar to the first session, Angela led the music interventions and co-lead the feelings song with Rachel. Rachel led the feelings check-in intervention and Liz led the gross motor painting activity. When not leading an activity, the other two students supported the children's participation.

Third Session

The last intervention session was on October 30, 2018, and again was implemented two times, once with each morning class group. In this session, there were more children participants than there had been in the two previous session dates that the OT students conducted. The day started with a hello song that instructed students to engage in different seated movement activities such as clapping, stomping feet, wiggling fingers, patting head, and rubbing tummy. The children were asked how they were feeling that day, and were asked to choose the face that matched that feeling and velcro it on the back on a little body on a paper. In order to provide continuity, this was the same as the feelings check-in activity used during the first two sessions. The OT students introduced a new "Monster Feelings" song that introduced the students to two

new feelings: sleepy and friendly. Each child was given a shaker to play while singing the

"Autumn Leaves" song (Appendix E), and then the children stood up and participated in "The

monsters dance around the house," a monster version of "The ants go Marching." The same

instrument play song from the first two sessions was also implemented and the children were

encouraged to play the shakers on different parts of their bodies . The OT students and the LIS

staff modeled how to follow along with the song, and assisted the children as needed.

Next, the children were given time to engage in unstructured free play. Following the free

play, the children were gathered and led to the obstacle course area where they used gross motor

body movements as they jumped through a hula hoop, walked on parallel lines, and threw

colored balls into a basket. These activities were graded according to the age of the child. For the

younger children, the OT students helped them walk the parallel lines, and for the ball throwing

activity, the basket was brought closer to the child and they were handed the balls to throw in the

basket.

The last intervention of the day was the gross motor painting, where the children painted

on a vertical surface using large brush strokes that required the children to stand and use

shoulder, elbow, and wrist movements to paint across the whole surface of the paper that

measured approximately 2.5 feet by 2.5 feet. The children were given four different colors, and

were given both brushes and sponges to paint with. Rather than having the children trace pre-

dotted shapes on the large paper, the children were allowed to paint freely. However, at times the

OT students prompted the students by asking if they could draw a circle, or draw a line.

Following the last intervention, the children cleaned up and gathered at the table for their snack

to finish off their day. Handouts with words to the "Autumn Leaves" song were sent home for

parents to implement into their routines if possible. Each of the students maintained the same

roles as they had for the first two sessions with Angela leading the music activities, Rachel

leading the feelings check-in and co-leading the feelings song, and Liz leading the obstacle

course and painting activity. The other two OT students supported children's participation and

engagement when not leading an activity.

Chapter 5: Description of Assessment Processes

This chapter outlines the multiple methods used to assess the effectiveness of the interventions provided during sessions at LIS. Methods included surveys and observations. Stakeholders involved in the assessment included adult students at LIS whose children receive care at LIS, staff in the children's room at LIS, observations of the children at LIS, and the occupational therapy students' skills demonstrated.

Caregiver Assessments

Prior to the intervention sessions, adult students with children receiving care through LIS were given a simple picture survey to assess how music activities were being used in the home (See Appendix F). After each intervention session, parents were given copies of a literacy-based music activity. The following week, they were asked to complete a survey indicating if they had implemented the music activity at home, who was involved in the activity, and at what time of day they implemented the activity (Appendix F). This allowed the OT students to explore carryover of classroom-based music-based literacy routines in the home when working for immigrant and refugee families.

Staff Assessments

Staff in the children's room were also given a survey to determine how they use music activities with the children at LIS and their comfort level with leading music activities prior to the starting interventions in the children's room at LIS (Appendix F). Once all of the intervention sessions had been completed, the staff were asked to complete a post-test survey (Appendix F) to determine whether they felt they would be able to sustain a music program similar to the one implemented through the project. In addition, verbal feedback from staff was obtained in an

informal way at the end of each session and during a debrief visit to LIS after all interventions

were completed (See the list of interview questions and debrief form in Appendix F).

Child Observations

Child engagement was observed throughout each intervention session in the following

categories: direction following, use of materials provided for activities, and student subjective

statements to measure the effectiveness of the interventions with the student. At the end of each

session, the OT students conducted debrief discussions to assess all of this information.

OT Student Observation and Data Forms

In addition to the data gathered from participants, the OT students also created methods

to assess the effectiveness of their intervention and the OT students' learning during the process.

A Peer Rating form (Appendix F) was completed for each OT student at the end of the session

by both of their peers. In addition to this form, each OT student completed journal reflections

based on guided questions after each visit to LIS. Finally, prior to starting this project, all

students in the group completed a "Self-Assessment of Clinical Reflection and Reasoning

Cultural Assessment and Sensitivity Questionnaire" (Appendix F). At the end of the project, this

was taken again and scores on this self-assessment were compared individually and as a full

group of the seven OT students collaborating with LIS during this project.

Conclusion

The various assessment methods supported modifications of the interventions plan for the

following week. Other assessment methods were used as a measure of overall effectiveness and

learning. The results of these methods will be outlined in Chapter 6.

Chapter 6: Results and Recommendations

The role of the OT students, at Learning in Style (LIS), was to provide support in the child care classroom and incorporate activities that encourage the recognition of emotions and facial expressions, fine and gross motor skill development, and engage children in music and art activities that promote pre-literacy skills. After two pre-intervention observations, three intervention sessions, and one post-intervention session, the OT students obtained results through verbal and formal feedback from both staff and parents. Chapter 5 outlined all the tools used to measure effectiveness of the OT student interventions. This chapter will outline and address the results of these measurements and provide recommendations for LIS and OT students working with LIS in the future.

Survey Results

Parents of the children receiving child care at LIS were asked to complete a pretest survey indicating how often they participate in music in their home and what types of music activities they use at home (singing, dancing, playing instruments, and/or listening to music) (See appendix F). The staff in the children's room at LIS were also asked to fill out a survey indicating their comfort level with implementing music activities, how often they implement the activities, and what types of activities they do with the children at LIS (See appendix F).

Parent pre-survey results. A total of 11 parents completed the pre-test survey. Of those 11, three completed the post-test survey following each of the three intervention sessions and an additional parent completed the post-test survey following the second intervention session only. The first question asked parents to indicate how often they used music activities in their homes with their children and the second question asked them to indicate what types of music activities they used. For the second question, the parents could select multiple answers (all that applied).

Figure 1 below outlines how often music was used in the home by the 11 pre-test participants and Figure 2 below outlines the types of music used in the home by the 11 pre-test participants.
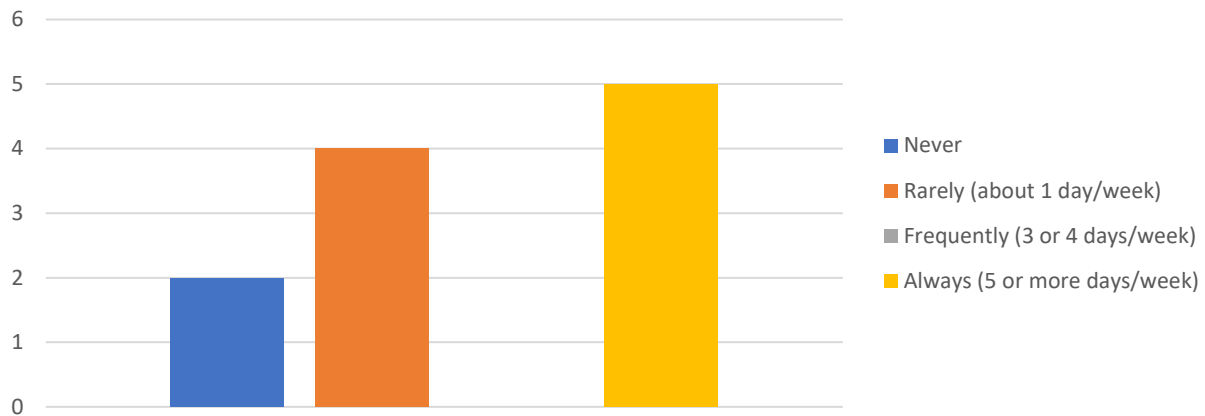
Figure 1. Pre-test use of Music in the Home. In this figure $n = 11$. This figure shows the number of respondents indicating frequency of use of music in the home for each category above.

As noted in Figure 1, two parents indicated that they 'never' used music in their homes with the children. One of them stated "dancing is not good for home." Four parents said that they 'rarely' use music in the home. Two of the parents who said they rarely used music in the home indicated that they did dancing activities, one parent indicated that they played instruments, and one parent said they used singing, dancing, playing instruments and listening to music activities (as seen in Figure 2). Five of the eleven participants indicated that they 'always' use music activities in their home with the children. When speaking with one of the parents who 'always' used music, she said that she tried to do a lot of music because she knew that when kids are doing music they are learning. Two parents said that they used all four types of music activities, one parent said that they used singing and dancing activities, one indicated that they sing and listen to music in the home, and one indicated that they only listen to music in the home. In total,

five parents said they did singing activities in the home, four indicated that they dance, four said

that they played instruments, and five said that they listened to music (see Figure 2 below).
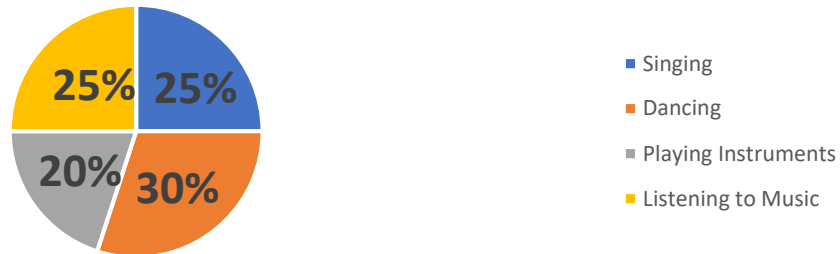
Figure 2. Types of Music Used in the Home Pre-Intervention. This figure depicts the types of

music that were currently being used in the home by the participants in the project pre-

intervention.

Parent post-survey results. The post-surveys tracked the number of times a week they

participated in the home music activity. Figure 3 shows the responses for that item. It is

important to note that there was 1 week between session 1 and session 2 for participants to

engage in the home activity, 5 days between sessions 2 and 3 for participants to engage in the

home activity, and 1 week between session 3 and the follow-up session for participants to engage

in the home activity. Three parents responded on weeks 1 and 3 and four parents responded on

week 2. Other items on the survey included who participated in the home music activity, level of

enjoyment in the activity, how difficult it was to implement, and what time of day/routine the

music activity was implemented within in the home. Only respondents who reported completing

the activity at home answered these follow-up items ($n = 2$ for each week).
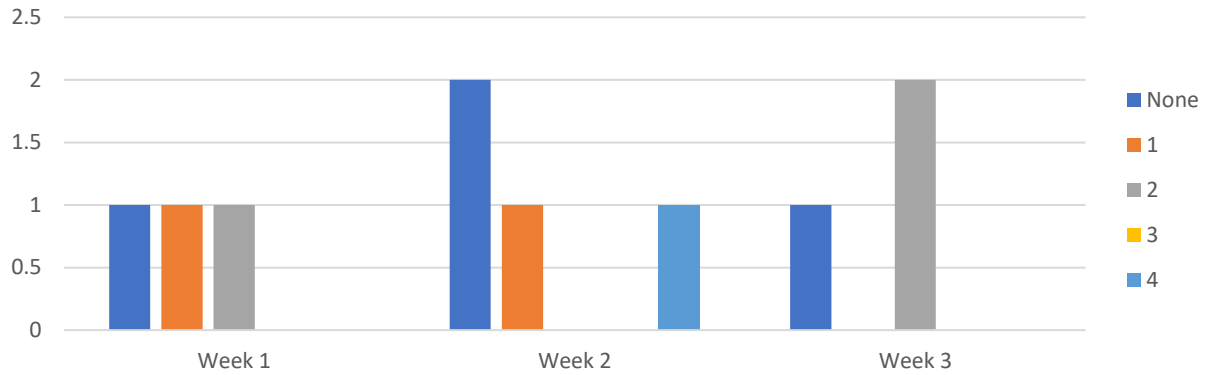
Figure 3. Number of Times per Week Intervention was Completed at Home. This picture depicts the number of times participants completed the take-home music activity between sessions.

Week 1 results. Of the two parents who participated in the activity during the first week, one participated with just themselves and their child who attends LIS and the other participated with multiple children. One parent indicated that they very much enjoyed the activity and the other said that it was just OK. Both parents said that they felt the activity was very easy and they both participated in the activity in the afternoon/after the end of the school day.

Week 2 results. Of the two parents who participated in the second week, one participated with just themselves and their child who attends LIS and the other participated with multiple children. One parent indicated that they very much enjoyed the activity and the other said that it was just OK. One parent felt that the activity was very easy and the other felt that it was of medium difficulty. Both parents participated in the activity in the morning and one of the parents participated after their older child got home from school as well.

Week 3 results. During the final week, both of the parents who participated in the home music activity did so with multiple children and indicated that they very much enjoyed the activity. One parent indicated that it was very easy and the other said that it was of medium

difficulty stating it was "too hard for the youngest". Both parents participated in the activity during the afternoon.

Summary of parent results. Of the total responses over the 3 weeks 67% indicated very much enjoyment in participating in the home music activity and 33% indicated "just ok", none indicated didn't enjoy. Week 3 was "very much enjoyment" for all respondents. Overall, 67% of the responses received indicated that the activities were very easy and 33% indicated that they were of medium difficulty. None of the responses indicated that the activities were very difficult (Figure 4).

■ Very Difficult
■ Medium
■ Very Easy

Figure 4. Level of Difficulty of Implementing Activities. This figure depicts the level of difficulty of implementing the take-home music activities for those who completed it at home.

Staff surveys. Three staff members completed the pre-test survey. Only one staff member completed the post-test survey. The information on these surveys was more narrative than that obtained from the parent surveys. The first question asked staff members to rate their level of comfort pertaining to facilitating music activities with the children at LIS. One staff member indicated that she was "very comfortable," another staff member responded with "yes, will do, like it," and the third rated herself as a 10 or very comfortable. Two of the staff members said that they implement music activities at LIS less than once per week while the third indicated that they implement music activities at least once a week. When asked about the types of music activities implemented with the children at LIS one staff member said that they use singing,

listen to background music, and rarely do dancing and playing instruments. The second staff

member indicated that they use singing and the third said that they listen to music in the

children's room at LIS.

On the post-test survey, when asked to indicate the level of comfort pertaining to

facilitating music activities, the one respondent indicated "Very comfortable-but I am not a

skilled musician…I can sing and use commercial products." When asked how comfortable she

would be implementing the activities used by the OTs over the course of the project she

indicated "The children and I love the actions and movements, I will definitely use these

activities." The final question asked how likely the staff was to incorporate more music activities

into the children's program at LIS, and the staff indicated that was "very likely" to occur.

Observational Data

Session 1 observations. There were five children, ages 14 months to 3.5 years old, that

were in the morning session, and all of the children participated in the music activities. They

were able to listen, tried to sing along, play musical instruments, dance and strum the OT

student's guitar. Roughly 80% of the children were able to sustain their attention and identify

their emotions with a few prompts from the OT students. 80% of the children in this session

actively participated in the obstacle course, of those children none of them were able to do the

zig-zag line independently. This was something that the OT students changed in the following

sessions. All of the children were able to do the throwing balls activity with grading of the

distance the laundry basket was placed from the child. 80% of this group participated in the gross

motor painting activity, and most were able to independently dip the paintbrush in paint and

bring it to the paper on the wall. Roughly 20% of the children were able to trace with the

paintbrush the pre-drawn dotted shapes, while the rest free painted. One child, aged 14 months,

needed HOH to keep the paintbrush on the paper and not on the wall. They all were engaged and seemed to enjoy newness of the activities.

Session 2 observations. There were five children in this session ranging in ages 2-4 years old. It was the first day for one of the little girls and she stayed with a LIS staff member the majority of the session, until the painting activity which near the end of the session, right before snack. Of the five children, roughly 60% of the children sustained attention during the music activity, danced and played instruments and were smiling and laughing. Roughly 80% of the children listened to the activity about feelings and roughly 40% were able to identify their feeling and were able to place the feelings face on the picture of the little body with prompting. But enjoyed the activity as evidenced by their smiling and laughing during the activity. Roughly 80% of the children participated in the obstacle course and were partially able to walk on the parallel tape lines on the floor. 80% were able to participate in throwing the balls with grading the distance of the laundry basket. All of the children painted and were encouraged to free paint. They all seemed to really enjoy this activity and wanted to continue painting even after they were told it was snack time.

Session 3 observations. There were seven children in this session, ranging in ages from 14 months to 4 years old. For the most part, all of the children sustained their attention, as observed from them staying in our near their seats and watching the music activity. This session was a little more chaotic than the others because of the amount of children and the range of ages. Roughly 85% of the children were able to follow the actions to the song at one point or another during the songs, with their maracas. Roughly 85%, of the children were able to sustain their attention during the feelings activity, and most were able to identify their feelings with some prompting. For the painting and obstacle course activity, we had to split the group into two.

Roughly 85% were able to throw the balls into the basket with grading, roughly 28% of the

children were able to walk on the parallel lines on the floor. 85% of the children were able to

paint with minimal assistance as they were encouraged to free paint and needed only occasional

prompting to keep the paint on the paper, and not on the wall. I feel that the children enjoyed the

activities as indicated by their interest in wanting to keep doing each of the activities instead of

moving on to the next activity.

Based on this observational data, the OT students debriefed as a group to plan for each

subsequent session. The OT students discussed the children's behavioral responses to the

activities, the level of participation in each child, and if the activities were age-appropriate for all

the children. Following the first debrief session, the OT students made some adaptations to the

obstacle course to make sure that it was at the appropriate developmental level for the children at

LIS. In addition, there were some adaptations made to the painting activity. Initially, the plan

was to have the children trace dotted lines in the form of shapes, and after the first session, the

OT students realized that this was not age appropriate for the children under three. For the

following sessions, the OT students encouraged the children to use their creativity and free paint,

as this still involved gross motor movement, which was one of the goals of the interventions. The

last adaptation that OT students made involved providing opportunities for free play in between

the three different interventions (music activity, feeling activity, and gross motor activities).

Two of the three parents who completed the post-test survey stayed during the second

morning session to observe the music activities and see how the activity being sent home was

being used in the classroom. One of the parents asked the OT student facilitating the music

activities to sing one of the songs for her and then sang it back to the student OT to make sure

that she knew how to sing it properly to do the activity at home with her son. This same parent

also asked the student OT if she could use her guitar during the transition times between classes and played it with her son.

During the final follow up session, the lead staff in the children's room got out the instruments that they have at LIS and led an instrument play song and dance activity. After completing the activity she stated "Thanks to [the OT student] I had courage to try this. During the same session she also had background music playing throughout free play and snack time.

OT Student Effectiveness

Following each of the intervention sessions, my peers filled out an evaluation form about my effectiveness in leading (Appendix F). Based on the feedback from my peers, my strengths included preparedness and ability to adapt activities to appropriate level for children in the moment. My peers mentioned that they appreciated the fact that I always arrived early and prepared my surveys as well as the materials for the music activities. My peers also indicated that I did a nice job integrating information from our pediatrics courses into my planning and implementation of the music activities.

The main area for development identified by my peers was communication with the non-English speaking parents. I definitely agree with this evaluation as I was very nervous and uncomfortable when asking parents to complete my surveys, but tried to keep in mind that they were likely more nervous and uncomfortable than I was. One of my peers pointed out that by asking them "you don't understand?" when I felt they didn't not know what I was asking on the surveys I may have made them feel more intimidated. I don't feel it would have been appropriate for me to not ensure they were fully understanding as I wanted to make sure I was gaining informed consent before collecting survey results. However, based on the feedback from one of my peers about how I asked if they understood, I tried to adapt the way that I addressed their

understanding. For example, if I felt someone was not understanding me I simply said "It's ok, you don't have to" and based on body language and facial expressions, this seemed to put many of the parents at ease. After changing some of my wording and trying to keep in mind how nervous the parents must feel, my peers commented on how my communication with the parents seemed to improve.

As a group we also received feedback from the lead staff member in the children's room. This feedback was given to the OT students at the end of each session. The lead staff felt ecstatic to have OT students to help with the activities; she felt that materials the OT students provided were professional and the activities were well thought out. She also felt that the OT students were well-prepared to lead the sessions and courteous in cleaning after every activity.

The staff at LIS also provided written feedback and it was given to the OT students at the end of each session. The lead staff felt ecstatic to have OT students to help with the activities; she felt that materials the OT students provided were professional and the activities were well thought out. She also felt that the OT students were well-prepared to lead the sessions and courteous in cleaning after every activity.

OT Student Learning

Group results. The OT students as a whole have grown from this experience. This is evidenced by pre-assessments done prior to starting the literature review or any project activities and followed by post-assessments after all sessions of this project (see Appendix F for survey tool used). Before the project, the OT students responded to the statement, "I ask myself and others questions as a way of learning" with two people strongly agreeing, three people agreeing, one person neither agree or disagree, and one person disagreeing. After the project, all seven students fell into the strongly agree or agree categories (two strongly agree and five agree). See

Figure X. This can imply that we realized how important it is to ask for feedback and grow from those communications as a way to learn how to become a better OT.
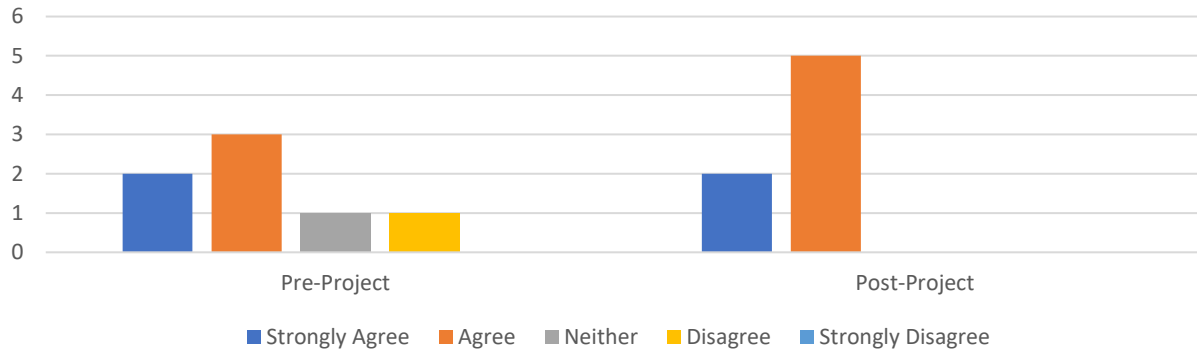
Figure 5. I Ask Myself and Others Questions as a Way of Learning. This figure depicts the change from pre-project to post-project on OT self-assessment of the statement "I ask myself and others questions as a way of learning"

Another change that occurred was an increase in agreeing with the statement, "Regarding a particular intervention, I ask, 'in what context would it work?'" (Figure 7). This can imply that after the LIS experience, the OT students now understand the crucial role that context plays when planning interventions. The OT students can now integrate the theoretical aspects of environmental and contextual influences on participation into practice and question the effectiveness of intervention based on contextual conditions.
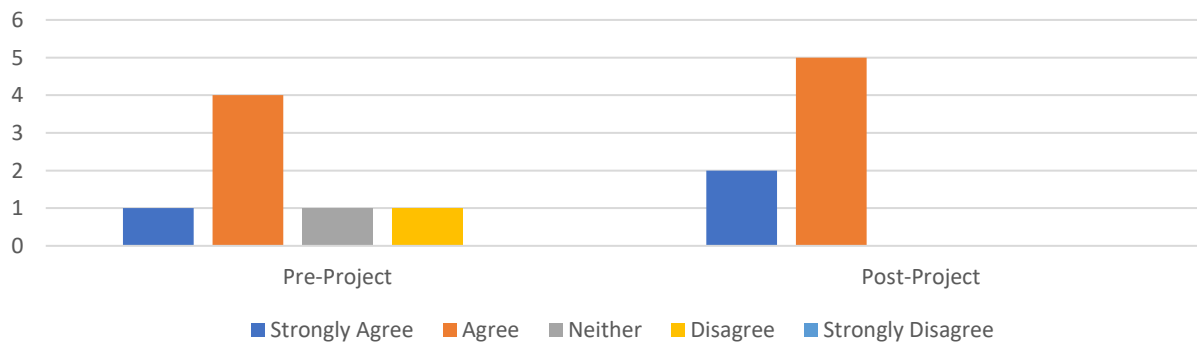
Figure 7. I Ask in What Context Would it Work. This figure depicts pre and post project OT

student self ratings of the item "Regarding a particular intervention, I ask, "in what context

would it work"?"

Lastly, there was a significant difference in the survey concerning the impact of different

cultural factors for individuals and OT practices. The OT students reported having a better

understanding of the impact of culture in terms of an individual's behavior, values, belief, and

lifestyle on the post-assessment which could be due to the interactions with LIS students who are

of different ethnicities. Prior to completing this project, three students felt that they were

culturally effective, only one student indicated that they felt they had a high level of

effectiveness in this area, and three students indicated limited awareness. The number of

individuals who felt cultural effective in this area remained the same after completing the

project, however, the other 4 individuals all indicated a high level of effectiveness. Another

significant difference in the survey was knowledge of the impact of different cultural factors that

could affect OT. Two students felt they were culturally effective in this area before completing

this project. Three students felt they had a high level of effectiveness and two students indicated

limited awareness. After completing the project, all of the students indicated either a high level

of effectiveness (three students) or felt they were culturally effective (four).

Individual results. I also feel that I made some noticeable growth in my own cultural

humility and abilities to interact with individuals from different cultures. As mentioned earlier, I

felt very uncomfortable communicating with the English language learner parents at LIS. I had

worked with individuals whose first language was not English before, but until completing this

project, I had not considered that the other individual likely feels equally uncomfortable if not

more so than I do. Throughout my communication with the adult English language learners in

this project I tried to consider their feelings and the difficulties associated with living in a

country where you are just learning to speak the primary language above my own comfort level.

This is definitely something I will keep in mind when working with non-English speakers or new

English speakers in the future.

The main area in which I improved in terms of cultural understanding and humility is my

awareness of how cultural background impacts a person's beliefs, attitudes, behaviors, and

lifestyle. I went from feeling I had limited awareness in this area to feeling I had a high level of

effectiveness. Through the completion of my surveys with parents I learned that some of the

parents felt music and dancing was in appropriate for the home. These findings helped me to

have a better understanding of cultural differences in terms of leisure activities as well as how

different activities our valued. While many Western U.S. citizens consider highly value music

and dance lessons for their children for a variety of reasons (potential influence on academic

success, self-discipline, etc.), it became clear to me that this is not the case for all cultures and

these differences must be respected.

Discussion and Recommendations

While this research only took place for a short time and results are limited the trends seen

suggest that the implementation of home music routines for academic enhancement is not outside

of the realm of possibilities for immigrant and refugee families. Two of the three parents who

competed all three surveys participated in at least two of the three potential music activities at

home. In terms of enjoyability they felt that the activities were all 'just ok' or 'very enjoyable'

and none of the home activities were rated at higher than medium difficulty. Both of these

parents also independently sought out additional information about the activities in order to

better implement them in their homes. Observational data also suggests that the staff at LIS feel

confident and comfortable sustaining the music activity implemented by the OT students. The lead staff indicated in the survey that she was 'very likely' to implement more music activities. She also independently implemented and led a music activity while the OT students were there and stated that she now had more courage to do that.

The OT students decided to make LIS a song book that has several of the activities introduced by the OT students as while as other simple movement songs. The OT students discussed this with the staff in the children's room and the staff agreed this would be a great contribution from the OT students to the children's room. The LIS staff also discussed how the children's room could use more donations for supplies: batteries, toys, snacks, and juice. Because of these supplies are currently being donated by the children's parents, it sometimes is not enough. Lastly, the LIS staff talked about having more volunteers. This is something the OT students can help promote to other college students so that LIS can have more helping hands in the children's room. For future students who partner with LIS, it would be helpful to know that LIS truly embraces the cultures of the families, so timeliness is not a big concern of theirs when it comes to start and end time. Lastly, a future project that may support the students at LIS parent-child classes that allow the children to learn new activities (music and art) and provide the parents with formal education on how to use the activities at home with their children. Continued gross motor activities are highly recommended for the children at LIS.

Chapter 7: Reflection

Personal Leadership Development

Over the short amount of time spent completing this project, I feel that my leadership skills have grown immensely. Being an effective leader when working with children is kind of a balancing act. It requires not only effective communication and interaction with the children themselves, but also respectful communication with parents. In order to be an effective leader in this setting (and in similar settings in the future) I had to respectfully communicate with parents while keeping cultural differences in mind and share my knowledge and expertise with the parents in a way that was not overbearing or demeaning to them.

I have always felt quite comfortable leading group interventions with children, but experience quite a bit of discomfort when interacting with parents. In addition to that, the parents that I interacted with for this project did not speak English as their first language. My role in this project forced me to push myself outside of my comfort zone to communicate with the parents about the activities being done and the goals for the project. The language barrier and cultural differences made this more challenging, but also presented me with more opportunities to learn and grow. I feel that I have developed several skills that will help me to communicate better with parents in the future including increased confidence, improved use of facial expressions and body language, and better recognition of potential discomfort felt by the parents. While I have grown in these areas, I recognize continued need for growth and am more open-minded about taking on roles that will allow for this growth than I was before completing the project.

I also feel that I have grown as a peer leader throughout the completion of this project. Having chosen to participate in the Paul Ambrose scholar program (PASP), I feel like I had a bit more invested in this and perhaps felt more urgency in terms of completing the project. With all

of the work that myself and my peers had to complete throughout the semester, I felt this project

sometimes took a back burner to other assignments. I found myself stepping up and respectfully

reminding my peers what we had left to complete and asking them when they would have the

time to work on our project. At times I did feel frustrated, but I think I managed the frustration

well and approached my peers in an assertive but non-intimidating way that allowed us to

compromise on our time lines and split up the work evenly and fairly. This was quite challenging

for me as I don't normally consider myself an assertive person and prefer working alone over

working with teams. However, I feel much more prepared to navigate teamwork and act

assertively but respectfully than I did before completing this project.

Implications for OT Practice

This project involved a unique, but growing practice setting in the field of OT. My fellow

students and I learned a lot about community-based practice and working with individuals who

are not necessarily seeking OT for the purposes of medical treatment. I feel that this project

really got to the heart of OT as it focused on ways to help individuals in general increase

occupational engagement in their daily life rather than taking a more medical approach of

treating a particular medical condition or disorder. As I move forward in more OT career, I am

excited to advocate for more programs such as this that allow OTs to work with the general

public.

This project also allowed my peers and I to learn about and promote OT's unique role in

population health. After attending the leadership symposium as part of the PASP last Spring, I

came to realize that population health is an area in which OT needs to become more involved.

The knowledge and experience that I have gained through this project will help me to take a

more active role in addressing population health as a practicing OT. Hopefully, our project, in some small way, will help to increase OT participation in public health promotion in general.

My primary portion of this project looked specifically at the implementation of home music routines for immigrant and refugee families. The knowledge gained, however, may be applied to the implementation of any type of routine with this population. Exploring, establishing, and reestablishing routines are key concepts in OT practice, making the information gained through this project extremely relevant in working with immigrant and refugee populations to establish routines that allow for increased occupational engagement (AOTA, 2014).

MAOT Mission

According to the MAOT mission, the "program prepares students to lead and influence occupational therapy practice in existing and emerging professional areas" (St. Catherine University, 2016, p. 10). This project most clearly emphasizes the latter. Before beginning the OT program at St. Kate's, I had virtually no knowledge of OT in community-based settings. I didn't realize that there were many ways that OT could be implemented into the lives of individuals without specific medical diagnoses or disorders. I also didn't realize what a huge role OTs can play in terms of advocacy and had never even heard the term 'population health.' This project really brought together all of my learning from previous courses and provided me with the experience and knowledge necessary to work and promote OT involvement in this very unique practice setting in which, I feel, OT needs to be more active.

Catholic Social Teachings

This project most clearly reflects the St. Kate's principles of Catholic Social teachings of 'Family, Community, and Participation,' and 'Priority for the Poor and Vulnerable' (St.

Catherine University, 2014). The interventions implemented in the children's room and the

activities sent home emphasized family participation while the interventions used in the adult

classrooms helped to promote community participation. Before beginning the project myself and

my fellow students researched may of the inequities and disparities facing the immigrant and

refugee populations and planned our interventions to try and help overcome and eliminate some

of these problems. We familiarized ourselves with the things making this population more

vulnerable and prioritized these areas with the goal of minimizing some of the divisions between

U.S. born citizens and immigrants and refugees.

Conclusion

Overall, I feel that I have grown quite a bit over the course of this project; not only as an

OT student and future OT practitioner, but as a person in general. I am very pleased to have had

the opportunity to learn so much about cultural humility, to recognize my own strengths and

weaknesses in this area, and to challenge myself to grow. I pushed myself outside of my comfort

zone and interacted with both the children in parents in a professional and respectful way. I am

excited to continue to challenge myself to practice with even more cultural humility, improve my

confidence, and advocate for/promote OT in community-based settings.

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Chapter 8: Appendices
Appendix A: Literature Matrix

Reference	Type of Article & Publication	Purpose	Methods	Results/Conclusions	Application to paper/project
1	Literature Review; Peer-Reviewed Journal	To review and synthesize OT literature from 2007-2014 regarding culture and diversity; Explore implications of four different approaches.	Searched CINAHL using diversity, culture, or cultural combined with occupational therap* Articles that reported on or promoted a specific approach to working with diversity in OT were read in full and formed the basis for analysis.	• The cultural competence approach lacks attention to power relations and applies primarily to ethnicity. • Cultural humility maintains the primary tenets of cultural competence while addressing the areas in which the cultural competence approach is lacking.	• Emphasizes the importance of approaching multi-cultural experiences using the cultural humility approach. • Explains the main principles of cultural humility and how to implement the approach.
2	Survey/multi-variate modelling; Peer-Reviewed Journal	To explore potential reasons behind the economic differences between refugees and non-refugee immigrants and the implications of these differences.	Data from the New Immigrant Survey were used to compare economic status, and demographics of refugees and non-refugee immigrants; Statistical analysis was used to determine which differences likely have an effect on the economic disparities facing refugees versus non-refugee immigrants.	• Employment rates for refugees and non-refugee immigrants are about the same. • Possible explanations for the difference in economic status between refugees and immigrants include education, English language abilities, and neighborhood of residence.	Presents important differences to keep in mind when working with groups of individuals made up of both refugees and non-refugee immigrants.

Reference	Type of Article & Publication	Purpose	Methods	Results/Conclusions	Application to paper/project
3	Semiqualitative /survey, Statistical analysis of BMI and resting activity.	To assess the effects of migrant status and parent education level on weight and eating habits of preschool children.	Parents of participants completed a food frequency questionnaire, a general questionnaire, and an eating habits questionnaire. BMI, body fat, and percent body fat were calculated. Activity levels were measured using an accelerometer worn around the hip for 5 consecutive days.	• Immigrant children whose parents had lower education levels ate more fatty foods and less fruit and had higher body fat percentages. • Children of parents with lower education levels drank less water and ate less vegetables.	Suggests some specific eating/exercise issues that appear to have a greater effect on immigrant children.
4	Qualitative, exploratory study; Peer-reviewed Journal	To promote understanding of immigrant and refugee needs and the effects of poverty and post-immigration stress on their ability to access these needs.	In-depth interviews conducted with 62 health and social services providers working with immigrants and refugees in Minnesota. Providers were asked to identify what they considered to be the primary needs of the clients that they serve.	• Housing was the first need identified by 30.6% of participants. • Healthcare was also identified as the first need by 30.6% of participants. • 16.1% identified jobs/poverty as the first need. • 6.5% identified language as the first need. • 4.8% identified education as the first need.	• Provides insight into the needs that caregivers consider most important for their immigrant/refugee patients and clients. • These needs can be compared with the needs indicated by patients/participants themselves.
5	Case Study	To explore how acculturation issues influence the experiences of adult ESL students.	Qualitative data collected from a women being tutored in ESL.	• Acculturation is a mutual experience requiring both parties involved to commit to multiculturalism. • Suggests that integration is the most effective acculturation attitude.	Provides an understanding of the mutual relationship required for true acculturation to occur.

Reference	Type of Article & Publication	Purpose	Methods	Results/Conclusions	Application to paper/project
6	Meta-Synthesis; Peer-reviewed Journal	To emphasize the importance of culture in theories of occupational therapy and suggest the stance of cultural humility for theoretical development.	Collected and synthesized literature on various approaches to intercultural practice.	• Suggests that incorporating more culturally diverse perspectives into theories of occupation may enhance theoretical relevance. • Advocates for the use of the cultural humility approach in theoretical development.	• Provides support for the suggestion that an approach of cultural humility be used when engaging in intercultural experiences. • Explains the basic principles of cultural humility to be used when practicing from this approach.
7	Qualitative, Questionnaire, Pilot Study; Peer-reviewed Journal	To develop and pilot a questionnaire that provides important information about adult ESL students to teachers and administrators and be used for large-scale data collection for program-planning and research purposes in the future.	Semi-structured interviews with adult immigrants studying ESL through community- and workplace-based programs; Initial interview transcripts were used to develop a more detailed questionnaire which was administered to a larger sample.	• Primary reasons for studying English: Talk to children's teachers, help children with school, talk about thoughts and feelings, learn about American people & culture, make friends. • Questionnaire suggests that the prime indicator of English competency from the adult learners point of view is "when I can get a good job" (Lambert, 2008, p.168).	Provides a basic understanding of possible goals of immigrant ESL learners, and outcomes that the learners may be looking for to indicate competence.
8	Non-randomized, Experimental, Longitudinal Study	To explore factors contributing to early childhood obesity and determine if having a foreign born mother protects against childhood obesity.	Data collected from the Early Childhood Longitudinal Study-Birth Cohort. Data studied at 9 months and 4 years. Used chi-square statistics to determine correlation between overweight/obesity and foreign born mothers.	Suggests that children of foreign born mothers have no advantage in terms of developing childhood obesity.	This research supports the idea that childhood obesity in immigrant children is an important issue to address.

Reference	Type of Article & Publication	Purpose	Methods	Results/Conclusions	Application to paper/project
9	Survey	To determine the relationship between acculturation attitudes and the effectiveness of pragmatic education for English language learners.	English language learners were given a pragmatic test. Immediately following the test they were given an acculturation attitudes questionnaire. Pragmatic competence was rated on a Likert scale of 0 (can't evaluate) to 3 (native like). Correlations between competence levels and acculturation attitudes were than calculated.	• 46.15% of participants approached acculturation from an integration attitude. • Learners who approached acculturation using assimilation and acculturation strategies performed best on the pragmatic language test.	Suggests that individuals working with English language learners promote integration and assimilation strategies of acculturation.
10	Meta-Analysis, Participatory research, Case study	To explore and make recommendations for instruction/learning of cultural humility.	• Students participated in classroom education to learn about cultural inequities such as healthcare, housing, and education. • Students conducted community based participatory research studies in small groups and engaged in intensive, ongoing reflection during the experience.	• Intentional discussions about privilege may help facilitate cultural humility. • Exploring personal beliefs toward race, class, sexual identity and other cultures may help students incorporate cultural humility. • Opportunities to confront cultural attitudes and beliefs are important for students developing cultural humility.	• Emphasizes some possible important learning points for students participating in this project. • Makes suggestions for developing beginning cultural humility.

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Appendix B: Teaching and Learning Strategies

There are a number of different types of literacy and learning styles that need to be considered when working with adult learners including digital literacy, experiential learning, and Bloom's Taxonomy (Adams, 2015; Culatta, 2018; Jenkins, n.d.; & Khuu, Lee, Zhou, Shim, & Lee, 2016). In addition to literacy and learning styles, the the characteristics of adults as learners model (CAL), adult learning theory, and Bloom's taxonomy are important considerations when developing adult education (Adams, 2015 & Culatta, 2018). Finally, other important aspects to consider include literacy and health literacy, digital literacy, and the use of icebreakers (Khuu et. al, 2016; Jenkins, n.d.; & Mindtools Content Team, n.d.). Each of these will be discussed in this appendix.

Learning styles and types of literacy. The National Center for Education Statistics (NCES) (2003) defines two different types of literacy: task-based literacy and skill-based literacy. Task-based literacy is one's ability to function in the world using printed and written language to reach certain goals as well as reach one's full potential (NCES, 2003). On the other hand, skill-based literacy involves the use of reading skills to achieve a higher level of literacy skills (NCES, 2003). Health literacy involves the integration of both of those processes in order for a person to understand their health conditions, health care options, and written information about their health (Khuu, et. al, 2016). Khuu, et. al (2016) defined health literacy as "...the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions" (p. 220). Based on these definitions, it stands to reason that an individual must obtain a certain level of basic literacy before they can establish a level of health literacy. This adds to the importance of the work such

as that done at Learning in Style (LIS) and the emphasis that it has on the health of the local

immigrant and refugee population.

Digital literacy also plays an important role in adult English language education (Jenkins,

n.d.). Jenkins defines digital literacy as "...the skills associated with using technology to enable

users to find, evaluate, organize, create, and communicate information and the ability to use

those skills to solve problems in technology-rich environments" (p. 2). In today's society where

technology is ever more prevalent, it is not uncommon for digital tasks to be a part of daily

routines, making digital literacy an essential survival skill (Jenkins, n.d.). Digital literacy skills

are necessary for immigrants and refugees to find/keep jobs, support their children in school,

obtain and participate in community services, and access further education and training (Jenkins,

n.d.). LIS addresses this important aspect of literacy in the U.S. by offering optional computer

classes to all adult students enrolled in their English classes (M. Nemesi, personal

communication, May, 2018).

Adult learning theories and models. When addressing adult education concerns, it is

necessary to consider the unique ways in which adults learn (Culatta, 2018). Four important

assumptions come out of Malcolm Knowles' theory of andragogy: "1) Adults need to know why

they need to learn something; 2) Adults need to learn experientially; 3) Adults approach learning

as problem-solving; 4) Adults learn best when the topic is of immediate value" (Culatta, 2018b,

para. 2). This theory has been used extensively and is therefore important to consider when

designing any quality adult education program (Culatta, 2018b). The experiential learning model

was developed by Carl Rogers who distinguished between cognitive or 'meaningless' learning

and experiential or 'significant' learning (Culatta, 2018c). Rogers suggested that in order for

personal growth and change to occur, experiential learning must also take place (Culatta, 2018c).

His theory posits that all humans have a natural aptitude for learning and that learning is best

facilitated when "1) the student participates completely in the learning process and has control

over its nature and direction, 2) it is primarily based upon direct confrontation with practical,

social, personal or research problems, and 3) self-evaluation is the principal method of assessing

progress or success" (Culatta, 2018c, para. 3)." One way of promoting the level of engagement

and participation suggested in Rogers' theory is through the use of icebreakers (Mindtools

Content Team, n.d.). It is important to keep icebreakers simple, particularly when working with

English language learners (Mindtools Content Team, n.d.). Keeping it simple will allow

instructors/facilitators to gauge the culture of their students, get a better idea of the students'

current English skills, and introduce new, simple English words while getting to know the

students and giving the students an opportunity to get to know one another (Mindtools Team,

n.d.).

The Characteristics of Adults as Learners (CAL) model is a multifactorial model that

"...attempts to integrate other theoretical frameworks for adult learning such as andragogy,

experiential learning, and lifespan psychology" (Culatta, 2018a, para. 1). The CAL model takes

into account two components when teaching adults: personal characteristics-including age, life

phase, sensory motor abilities, intelligence abilities, and developmental stages-and situational

characteristics such as part time vs full time student, voluntary vs compulsory student, location,

and schedules (Culatta, 2018a). The model suggests that adult learning programs should

capitalize on the personal characteristics of adult learners while adapting to the situational

characteristics (Culatta, 2018a).

Another important model to consider, Bloom's Taxonomy, is not a theory of adult

learning, but rather, a cognitive skills model (Adams, 2015). The Taxonomy has "six categories

of cognitive skills that require less cognitive processing to higher-order skills that require deeper

learning and a greater degree of cognitive processing" (Adams, 2015, p.152). The first level on

this hierarchy is knowledge, or in later revisions remember, "a foundational cognitive skill [that]

refers to retention of specific, discrete pieces of information like facts and definitions of

methodology, such as the sequence of events in a step-by step process" (Adams, 2015, p. 152).

The next level is comprehension or understanding shown by paraphrasing information into own

words, classifying, comparing and contrasting aspects, and explaining information to others

(Adams, 2015). Adams (2015) explained that the application level takes place when an

individual incorporate new knowledge into their life schema, uses this new information in a new

situation, and generalizes and transfers knowledge across contexts.

After an individual has reached the application level they move up to analysis which

involves critical thinking skills, distinguishing between fact and opinion, and analyzing aspects

of information that argumentative claims are based on (Adams, 2015). After analysis, synthesis

or creating occurs (Adams, 2015). This level involves formulating a novel product or question

(Adams, 2015). The highest level of Bloom's Taxonomy, evaluation, is a higher-level skill that is

an important aspect of critical thinking- judging the relevance of information learned about a

particular subject (Adams, 2015). This taxonomy may be used by an individual when creating an

adult learning program. The creator/instructor should also consider what level their students may

be at throughout the implementation of the program and adjust their teaching accordingly.

Conclusion. When working with adults, it is important to keep in mind these unique

learning styles and literacy skills. The OT students have learned through personal experience that

they are better able to grasp and retain information when our unique learning style is applied to

teaching methods. Therefore, this must be considered when providing education-based

interventions to other individuals. By using the principles of these unique learning styles, OT

practitioners can better design intervention strategies that meet the needs of the individuals being

served.

Appendix C: Needs Assessment Forms

Classroom observation form.

Classroom Observation Form			
Nonverbal Behaviors	**Interactions**	**Contexts**	**Children's Room**
Adult Students:	Parents and Children (Who initiates, what are the responses?):	Physical:	Independent Play:
	Children and Staff:	Social:	
Children:	Students and Staff:	Cultural:	Structured Activities:
	Student to Student (do students help teach each other?):	Personal:	
Staff:	Students/staff and Volunteer (how do they interact with us?):	Temporal:	Staff to child ratio/interactions:
		Virtual:	

Community needs affordances and barriers.

Community Needs Assessment		
	Affordances	**Barriers**
Demographics ● SES ● Education level ● Ethnicities/diversity ● Age distribution ● Gender distribution ● Married/single		

Resources (use websites)
● neighborhood walk
  ○ Businesses
  ○ Services
  ○ Clinics
  ○ Parks
  ○ Schools		

Physical Environment ● Neighborhood Structure- and organization ● ADA accessible ● Green space ● Landscaping ● Litter/Clean ● Public garbages ● Bike racks/lanes		
Social Environment ● Public gathering spaces ● ?.....		

Interview Questions.

1. What are the current needs at LIS?

2. What are some unrealized hopes that you have for LIS and for the students, and how can we help to address these while we are here?

3. What tend to be the biggest concerns for the (adult) students?

4. How long have the current group of students been in the U.S. (what is the range)?

5. What is the ethnic demographics of your classes, and how does this impact teaching and skill level?

6. What are some of the students' strengths?

7. What are some of the barriers that the students face?

8. What are some of the needs in the children's room?

9. How can we as OT students assist you during class time? How involved do you want us to be during the class time?

10. What the daily schedule in the children's room (instruction/structured time, free play)?

11. Are all the toys available for them to play with, or are only certain toys accessible?

12. Do your classes solely focus on learning English, or are other topics embedded within the classes/teaching? Or are other topics typically focused on during the special Friday programs?

13. Are there any spaces/rooms that are not used at LIS? If not, what would you like to see them used for?

14. What are your special programs on Friday typically about?

Appendix D: Intervention Session Plans

Session # and Date: Session 1-10/17/18			
Objectives: (what to focus on)	**1.** Identifying emotions **2.** Gross motor **3.** Pre-reading skills		
Session key words: (Words to define for students)	Happy, Sad, Mad, Scared Tummy, Toes, Nose, Bones, Heart Alligator, Crocodile, Kangaroo, Raccoon, Butterfly, Snail Circle, Triangle, Square, Rectangle, Red, Yellow, Blue, Green		
Time 90-minute class	**Section**	**Content:**	**Supplies and room set up**
3-5 minutes	Hello Song	Beautiful Day: Children take turns strumming a guitar while singing.	Guitar, musical supplies for the kids
5 minutes	Feelings Check-In	"How are you feeling?" Pick a picture, post to 'board.'	Laminated sheet either on board or on the clipboard to pass around
5 minutes	Feelings Song	Been there Too: Show feelings picture during each verse. Children practice making faces that correspond to different emotions.	Guitar, musical supplies for the kids
3 minutes	Feelings Game	Show me your (happy, sad, mad, scared) face.	Feelings flashcards
10 minutes	Obstacle Course	Hopping, throwing, catching, following tape line maze on floor, blowing ping pong balls.	Basket, 4 medium size spikey balls, tape, straws, ping pong balls, orange cones
3 minutes	Dancing	Dance anyway that you want to: Instruct children to dance, turn, jump, clap, stretch, etc. during different verses of the song; adults provide HOH assistance for small children who cannot yet complete the movements.	Guitar

Time 90-minute class	Section	Content:	Supplies and room set up
10 minutes	Art	Vertical Gross Motor Painting: ● Instruct children to trace- with paint brush, large dotted shapes on paper posted on wall (square, triangle, circle, rectangle). ● Instruct children to use sponge shapes, with matching color, to push into paint and then put in side larger shape on wall. NOTE: HOH assistance provided as needed.	Large sheets of paper, paint, sponges, sponge brushes, tape, scissors, tarp
3 minutes	Instruments	Song in my tummy: Play record song, tap body parts with shakers as song instructs; adults provide HOH assistance for small children who cannot yet complete the movements.	Recorded song, Small shakers
5 minutes	Pre-academic Song (literacy)	A,B,C,D movement song: Sing song and complete motions as song instructs; adults provide HOH assistance for small children who cannot yet complete the movements.	Song lyrics, guitar
3 minutes	Goodbye Song	See you later alligator: Talk through visuals of animals with children. Sing song using visuals to encourage children to sing along and say animal names.	Guitar, Animal picture visual aids

Session # and Date: Session 2 10/25/18			
Objectives: (what to focus on)	**1.** Identifying emotions **2.** Gross motor **3.** Pre-reading skills		
Session key words: (Words to define for students)	Happy, Sad, Mad, Scared Tummy, Toes, Nose, Bones, Heart Alligator, Crocodile, Kangaroo, Raccoon, Butterfly, Snail Circle, Triangle, Square, Rectangle, Red, Yellow, Blue, Green		
Time 90-minute class	**Section**	**Content:**	**Supplies and room set up**
3-5 minutes	Hello Song	Beautiful Day: Children take turns strumming a guitar while singing.	Guitar, musical supplies for the kids
5 minutes	Feelings Check-In	"How are you feeling?" Pick a picture, post to 'board.'	Laminated sheet either on board or on the clipboard to pass around
5 minutes	Feelings Song	Been there Too: Show feelings picture during each verse. Children practice making faces that correspond to different emotions.	Guitar, musical supplies for the kids
3 minutes	Feelings Game	Show me your (happy, sad, mad, scared) face.	Feelings flashcards
5 minutes	Academic Song: Counting	Alice the Camel: Sing song and have children practice counting and indicating numbers on fingers.	Guitar, Song lyrics
3 minutes	Dancing	Dance anyway that you want to: Instruct children to dance, turn, jump, clap, stretch, etc. during different verses of the song; adults provide HOH assistance for small children who cannot yet complete the movements.	Guitar, S
3 minutes	Instruments	Song in my tummy: Play record song, tap body parts with shakers as song instructs; adults provide HOH assistance for small children who cannot yet complete the movements.	Recorded song, Small shakers

Time 90-minute class	Section	Content:	Supplies and room set up
10 minutes	Obstacle Course	Hopping, throwing, catching, following tape line maze on floor, blowing ping pong balls.	Basket, 4 medium size spikey balls, tape, straws, ping pong balls, orange cones
10 minutes	Art	Vertical Gross Motor Painting: ● Instruct children to trace- with paint brush, large dotted shapes on paper posted on wall (square, triangle, circle, rectangle). ● Instruct children to use sponge shapes, with matching color, to push into paint and then put in side larger shape on wall. NOTE: HOH assistance provided as needed.	Large sheets of paper, paint, sponges, sponge brushes, tape, scissors, tarp
3 minutes	Goodbye Song	Goodbye _____: Children take turns strumming guitar as adults sing goodbye to them by name.	Guitar

Session # and Date: Session 3 10/30/18			
Objectives: (what to focus on)	**1.** Identifying emotions **2.** Gross motor **3.** Pre-reading skills		
Session key words: (Words to define for students)	Happy, Sad, Mad, Scared Tummy, Toes, Nose, Bones, Heart Alligator, Crocodile, Kangaroo, Raccoon, Butterfly, Snail Circle, Triangle, Square, Rectangle, Red, Yellow, Blue, Green		
Time 90-minute class	**Section**	**Content:**	**Supplies and room set up**
3-5 minutes	Hello Song	Music time: Sing song and children perform motions as instructed in the song (i.e. clap, wave, stomp feet)	Guitar, musical supplies for the kids
5 minutes	Feelings Check-In	"How are you feeling?" Pick a picture, post to 'board.'	Laminated sheet either on board or on the clipboard to pass around
5 minutes	Feelings Song	Feelings Monsters: Ask (or tell) children how each monster feels before singing each verse. After posting monster to board sing verse and perform actions that go with each feeling.	Guitar, Song lyrics, flannel board, feelings monsters
3 minutes	Feelings Game	Show me your (happy, sad, mad, scared) face.	Feelings flashcards
5 minutes	Academic Song: Literacy	Autumn Leaves Song: Sing song four times (loud, quiet, fast, slow) children play shakers while singing	Guitar, Song lyrics, shakers
3 minutes	Dancing	Monsters stomp around the house: Sing song, children complete movements as the song instructs	Guitar
3 minutes	Instruments	Song in my tummy: Play record song, tap body parts with shakers as song instructs; adults provide HOH assistance for small children who cannot yet complete the movements.	Recorded song, Small shakers

Time 90-minute class	Section	Content:	Supplies and room set up
10 minutes	Obstacle Course	Hopping, throwing, catching, following tape line maze on floor, blowing ping pong balls.	Basket, 4 medium size spikey balls, tape, straws, ping pong balls, orange cones
10 minutes	Art	Vertical Gross Motor Painting: ● Instruct children to trace- with paint brush, large dotted shapes on paper posted on wall (square, triangle, circle, rectangle). ● Instruct children to use sponge shapes, with matching color, to push into paint and then put in side larger shape on wall. NOTE: HOH assistance provided as needed.	Large sheets of paper, paint, sponges, sponge brushes, tape, scissors, tarp
3 minutes	Goodbye Song	Goodbye _____: Children take turns strumming guitar as adults sing goodbye to them by name.	Guitar

Appendix E: Home Music Activities

A-B-C-D movement song.

A-B-C-D Movement Song

A is for alligator, chop, chop, chop!
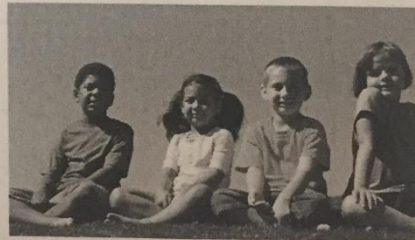
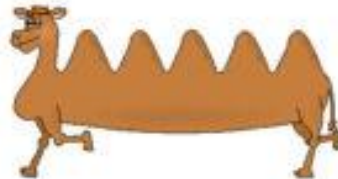B is for bouncing, hop, hop, hop!

C is for circle, round and round.

D is for dizzy, we all sit down!
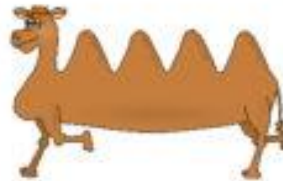
Alice the camel.

Alice the Camel

Alice the camel has five humps.
Alice the camel has five humps.
Alice the camel has five humps.
So go, Alice, go.
Boom, boom, boom!

Alice the camel has four humps.
Alice the camel has four humps.
Alice the camel has four humps.
So go, Alice, go.
Boom, boom, boom!

Alice the camel has three humps.
Alice the camel has three humps.
Alice the camel has three humps.
So go, Alice, go.
Boom, boom, boom!

Alice the camel has two humps.
Alice the camel has two humps.
Alice the camel has two humps.
So go, Alice, go.
Boom, boom, boom!

Alice the camel has one hump.
Alice the camel has one hump.
Alice the camel has one hump.
So go, Alice, go.
Boom, boom, boom!

Alice the camel has no humps.
Alice the camel has no humps.
Alice the camel has no humps.

'Cause...
...Alice is a horse, of course!

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Autumn leaves song

Autumn Leaves Song Lyrics

Autumn leaves are falling,
Falling to the ground.
Autumn leaves are falling:
Yellow, red, and brown.

Falling, falling, falling
To the ground.
Falling, falling:
Yellow, red, and brown.

Pick them up and gather
In a pretty bunch,
Autumn leaves are falling
In the parks they crunch.

Falling, falling, falling
To the ground.
Falling, falling:
Yellow, red, and brown.

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Appendix F: Surveys and Assessment Forms

Parent pre-intervention survey.

1. How often do you use music in your home (circle one)?

A) Never

Sun	Mon	Tue	Wed	Thu	Fri	Sat

B) Rarely

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	♪					
			♪			
						♪

C) Frequently

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	♪		♪		♪	
♪		♪		♪		♪
	♪		♪		♪	
♪		♪		♪		♪
	♪		♪		♪	

D) Always

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	♪	♪	♪	♪	♪	
	♪	♪	♪	♪	♪	
	♪	♪	♪	♪	♪	
	♪	♪	♪	♪	♪	
	♪	♪	♪	♪	♪	

2. What kind of music activities do you use in your home (circle all that apply)?

A)   Singing

B)   Dancing

C)   Playing Instruments

D)   Listening to music

Parent post-intervention survey.

1. Please mark which days you completed_____(image of activity sent home for week).

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

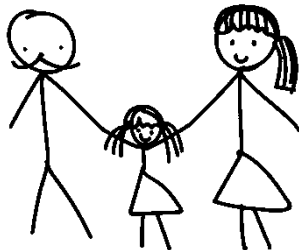2. Who participated in the activity (Circle one)?

A) Self and child who attends LIS.   B) Self and multiple children.

C) Multiple adults and child who attends LIS.   D) The whole family.

3. How much did you enjoy the activity (circle one)?

A) Didn't enjoy   B) Just OK   C) Very much enjoyed
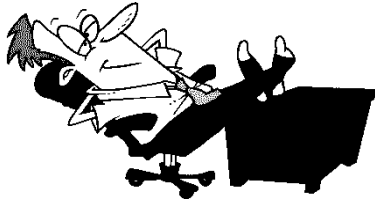

4. How easy or difficult was the activity (Circle one)?

A) Very Easy   B) Medium   C) Very Difficult

5. What time(s) of day did you complete the activity (circle al that apply)?

A) Morning   B) Lunchtime

C) Dinnertime/Evening   D) Night/Bedtime   E) Other

Staff pre-intervention survey.

1. On a scale of one to ten, one being not at all comfortable and ten being very comfortable, how comfortable are you facilitating music activities with the children at Learning in Style (LIS)? _____

2. How often do you currently implement music activities with the children and LIS (Circle one)?
A) Rarely (less than once per week)   B) Regularly (at least once per week)

C) Frequently (two or more times per week)   D) Always (Every day)

3. What kinds of music activities do you implement with the children at LIS (circle all that apply)?
   A) Singing
   B) Dancing
   C) Playing Instruments
   D) Listening to music

Staff post-intervention survey.

1. On a scale of one to ten, one being not at all comfortable and ten being very comfortable, how comfortable are you facilitating music activities with the children at Learning in Style (LIS)? _____

2. On a scale of one to ten, one being not at all comfortable and ten being very comfortable, how comfortable are with your ability to implement the activities introduced over the last 3 weeks (song book will be provided)? _____

3. Now that the program is complete, how likely are you to incorporate more activities into the children's program at LIS (Circle one)?

A) Not at all likely   B) Somewhat likely   C) Very Likely

Comments:

Intervention follow up interview questions.

1. What other things/supports would you like for the children's room?

2. How is transition time for you? Are you OK with lingering parents?

3. Other comments:

Site evaluation of OT student effectiveness.

Objective	Method of Assessment	Comments
Students will participate in class activities and discussions	1. Completion of class activity 2. Verbal contributions to class activity	
Students will identify tools and equipment needed for class activity	1. Knowledge of vocabulary 2. Appropriate selection of objects for class activities	
Students will demonstrate ability to carry out tasks as performed by instructors	1. Observe instructor carrying out parts of tasks 2. Appropriately complete demonstrated task	

Peer evaluation of OT student effectiveness.

Objectives	Rating Scale (5 = Exemplary, 1 = Poor)					Comments
Student was prepared	1	2	3	4	5	
Student actively engaged with students in a professional and respectful manner	1	2	3	4	5	
Student demonstrated an understanding of class concepts and teaching strategies	1	2	3	4	5	
Student shared equal responsibility in planning and teaching	1	2	3	4	5	
Communication skills (appropriate pace, level of communication, etc.)	1	2	3	4	5	
Ability to adapt (flexibility, grading of tasks, etc.)	1	2	3	4	5	

Comments:

Cultural assessment and sensitivity questionnaire.

Please note your response to each question

Question	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
1. I question how, what, and why I do things in practice.					
2. I ask myself and others questions as a way of learning.					
3. I don't make judgments until I have sufficient data.					
4. Prior to acting, I seek various solutions.					
5. Regarding the outcome of proposed interventions, I try to keep an open mind.					
6. I think in terms of comparing and contrasting information about a client's problems and proposed solutions to them.					
7. When there is conflicting information about a clinical problem, I identify assumptions underlying the differing views.					
8. When planning intervention strategies, I ask "What if" for a variety of options.					
9. I ask for colleagues' ideas and viewpoints.					
10. I ask for the viewpoints of clients' family members.					
11. I cope well with change.					
12. I can function with uncertainty.					

Question	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
13. I regularly hypothesize about the reasons for my clients' problems					
14. I must validate clinical hypotheses through my own experience.					
15. I clearly identify the clinical problems prior to planning intervention					
16. I anticipate the sequence of events likely to result from planned intervention					
17. Regarding a proposed intervention strategy, I think, "What makes it work?"					
18. Regarding a particular intervention, I ask, "In what context would it work?"					
19. Regarding a particular intervention with a particular client, I determine whether it worked.					
20. I make decisions about practice based on my experience.					
21. Cultural factors influence a client's occupational performance.					
22. Cultural factors should be considered in the occupational therapy process.					
23. Overlooking cultural influences could affect the outcome of the occupational therapy assessment.					
24. Overlooking cultural influences could affect the outcome of the occupational therapy process.					
25. Students often have limited knowledge about different cultures.					

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Item	Culturally effective	High level of effectiveness	Limited Awareness	Culturally unaware
26. How aware are you of the impact of culturally background on a person's belief, attitude, behavior, and lifestyle?				
27. How aware are you of the impact of different cultural factors which could affect OT?				
28. How aware are you of the sources of information such as books, leaflets, or websites about different cultures?				
29. How aware are you of access to translation services?				
30. How aware are you of methods to reduce cultural barriers?				

Item	I have significant experience and understanding	I have more experience and understanding than most people	I have average experience and understanding	I have little experience or understanding	I have almost no experience in this area
31. When you consider your background and life experiences to date, how would you rate your understanding of persons from backgrounds unlike yours?					