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The Development of 4THEKIDS: An Educational Support Group for Caregivers of Individuals with Cerebral Palsy

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THE DEVELOPMENT OF 4THEKIDS: AN EDUCATIONAL SUPPORT GROUP FOR CAREGIVERS OF INDIVIDUALS WITH CEREBRAL PALSY

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THE DEVELOPMENT OF 4THEKIDS: AN EDUCATIONAL SUPPORT GROUP FOR CAREGIVERS OF INDIVIDUALS WITH CEREBRAL PALSY

BY

KHRISTA E., NEVILLE

Submitted to the Faculty of the Graduate School of Eastern Kentucky University
in partial fulfillment of the requirements for the degree of
DOCTORATE OF PSYCHOLOGY
2024

DEDICATION

I want to dedicate this doctoral specialization to the individuals constantly giving and fighting for their loved ones with cerebral palsy. Let this group be a space for them to come and be supported as they face the various challenges of caring for their loved ones. I would also like to dedicate this project to my own family because of the love and support they offered me while I was growing up with my own diagnosis of cerebral palsy.

ABSTRACT

Raising a child can be challenging. Raising or caring for an individual with a disability can be even more challenging. Currently, groups exist to support these caregivers for individuals with disabilities. For example, caregivers of children diagnoses with Autism Spectrum Disorder often have groups designed to build community with others in similar positions while they support their loved one. However, there are few to no groups supporting caregivers of individuals with cerebral palsy. This doctoral specialization project aims to provide clinicians with a treatment manual to guide them through running a group that supports caregivers of individuals with cerebral palsy.

TABLE OF CONTENTS

I. Introduction

Purpose

This doctoral project aims to design an educational support group for caregivers of individuals with cerebral palsy. The group is designed to improve quality of life and knowledge of resources while decreasing parent stress and risk of developing mental illness. This program may be beneficial as part of the treatment plan for a child diagnosed with cerebral palsy. However, it is designed to be used in any setting where families/caregivers of individuals with cerebral palsy may seek mental health or family support services. Once created, this group can be evaluated to determine its effectiveness in meeting its goals and objectives.

Statement of Significance

Raising a child is challenging; however, raising and caring for a child with a severe motor disorder like cerebral palsy can be more difficult. Caregivers raising or caring for a child with cerebral palsy are at risk for developing anxiety and depression symptoms and may need additional support (Altindag et al., 2019; Basaran et al., 2013; Cheshire et al., 2010). This project aims to provide an intervention that may lower the risk of developing these symptoms and increase the caregiver's quality of life. Additionally, this group will support caregivers while they embrace this challenge. This writer has not found any programs or interventions that aim to reduce mental illness symptoms and risks, educate caregivers on available resources, and provide a supportive environment with others who have similar experiences. Therefore, this program adds to the available group treatments for caregivers of individuals with cerebral palsy in a new way. This program has the potential to impact the lives and functioning of caregivers who may not have any other access to learning these skills.

Distribution and Permissions

Distribution of 4theKids will take place at conferences and, upon expansion, web-based access. Permission for incorporation of 4theKids is not yet granted by the creator, the writer, due to a lack of research on the group's effectiveness. Once sufficient evidence of the group's effectiveness has been established, the creator may grant permission to use it upon request.

II. Literature Review

Methods of Literature Search

The literature review was primarily conducted utilizing databases and literature from the Eastern Kentucky University libraries, including the following databases: Academic Search Complete, PsycARTICLES, PsychINFO, EBSCOhost, and Google Scholar. Search topics include families/caregivers with children/wards with cerebral palsy, mental health treatment for cerebral palsy, cerebral palsy and family well-being, and support groups for cerebral palsy. The search was broadened to include research relating to caregivers with wards with disabilities and individuals with cerebral palsy. Research regarding individual mental health treatment for individuals with cerebral palsy was explored, and those findings were compared to research relating to group treatment of caregivers of individuals with cerebral palsy.

Cerebral Palsy

Cerebral Palsy (CP) is a disorder that affects a person’s ability to move and maintain balance and posture and is one of the most common movement disorders in children (CDC, 2022). It is believed that CP is caused by either abnormal brain development or brain damage to developing areas responsible for an individual's ability to control their muscles. While CP is a permanent disability, it is not progressive and remains stable throughout an individual's development.

Individuals with CP may experience different symptoms depending on the severity level (CDC, 2022). On one end of the spectrum, individuals with CP may be unable to walk and require lifelong assistance to perform daily living tasks. On the less severe end of the spectrum, individuals with CP may not require assistance but may have an awkward gait. Symptoms of CP do not worsen over time, but symptoms can change as the individual develops and the body changes. Individuals with CP may also have additional related conditions such as intellectual disabilities; seizures, vision, hearing, and speech problems; spinal conditions; and joint problems (CDC, 2022).

Types of Cerebral Palsy. Four types of CP are based on the type of movement disorder: Spastic CP, Dyskinetic CP, Ataxic CP, and Mixed CP (CDC, 2022). When the individual is experiencing stiff muscles, they fall under the Spastic CP category. These stiff muscles result in the individual exhibiting awkward movements. Dyskinetic CP involves difficulties controlling the movement of the hands, arms, feet, and legs. Individuals with Dyskinetic CP tend to have difficulty sitting or walking. Individuals with Ataxic CP have problems with balance and coordination; they can walk but may be unsteady. Individuals with symptoms of more than one type of CP have Mixed CP.

Mental Health in Caregivers

Mental Health in Caregivers of Wards with Cerebral Palsy

The mental health of caregivers and parents is a concept that needs to be considered when looking at healthy parenting. When struggling with a mental illness, caring for someone, especially a child, can be incredibly challenging. These challenges are even more complicated when raising or caring for a child with CP. The affected areas of the caregiver's life include physical well-being, social well-being, freedom and independence, family well-being, financial stability, and support services (Davis et al., 2010). Caregivers of a ward with CP are also at greater risk for having or experiencing mild to severe depression and anxiety (Altindag et al., 2019; Basaran et al., 2013; Cheshire et al., 2010).

There are many factors to consider when determining what puts a caregiver at higher risk for developing high levels of depression and anxiety. Some research suggests that the level of depression experienced by the caregiver is related to the level of disability in the child (Altindag et al., 2019). Quality of life (QOL) and psychosocial well-being have also been shown to be related to levels of depression and anxiety (Basaran et al., 2013, Davis et al., 2010, & Raina et al., 2005).

Disability Severity Level. Higher levels of severity often mean that the child experiences lower levels of independence, requires more assistance, and may spend more time at medical appointments. This puts more strain on the child and the caregiver, who is often responsible for helping them with their daily tasks and taking them to appointments. The increased strain due to caring for a child with lower levels of functioning has been shown to impact a caregiver's mental health. Altindag and colleagues (2019) studied depression and anxiety levels in mothers of children with CP. In their study, mothers of children with CP and without completed questionnaires related to their child's functioning, anxiety, and depression. The authors found a significant relationship between participants' Beck Depression Inventory scores and the level of disability in their children.

Quality of Life and Well-Being in Caregivers of Cerebral Palsy. When looking to identify and quantify mental health challenges that caregivers and parents face, research often attempts to measure the caregiver's quality of life (QOL). QOL is defined as an individual's perception of their position in life in terms of their culture and value systems with their goals, expectations, standards, and concerns (Division of Mental Health and Prevention of Substance Abuse, World Health Organization, 2013). Often, families caring for a child with CP, who feel they are well-supported, have an overall higher level of QOL than families who do not feel as supported (Davis et al., 2010). However, the QOL of parents can change depending on changes in the child's health. For example, children with CP can have multiple surgeries throughout their life to improve their quality of life. These surgeries can be stressful mentally and financially for the family, which may decrease the family's QOL. On the same note, the surgery may have granted the individual the ability to walk or feed themselves. This would positively impact QOL for both individual and the family as strain is reduced on both parties.

The World Health Organization Quality of Life – Brief (WHOQOL-BREF) and the World Health Organization Quality of Life - 100 (WHOQOL-100) are measures that are often used to measure QOL in caregivers. Compared to caregivers of healthy children, caregivers of children with CP were found to have significantly lower scores in all domains of the WHOQOL-BREF TR (Basaran et al., 2013). These domains included physical, psychological, relationships and environmental well-being.

Caregiver well-being can be impacted by several factors, as caring for even a healthy child can often be challenging. However, these challenges are even more significant when the child has CP. Factors that impact a caregiver's well-being can be the demands of caregiving (Raina et al., 2005). How CP affects the body limits an individual’s ability to care for themselves properly. Caregivers often have to help their children complete many tasks of daily living because of these limitations, increasing caregiver demand, and decreasing caregiver well-being. Psychosocial well-being in parents of children with CP has also been significantly impacted compared to parents of healthy children (Cheshire et al., 2010).

Decreases in caregiver QOL are evident in the studies mentioned above. Decreases in a caregiver’s QOL can have many different implications, including placing them at risk for developing more serious mental illness. It may also impact the caregiver's ability to properly care for their child with CP. Treatments must be developed that target caregiver QOL so that caregivers receive the support they need while facing the challenges of raising a child or caring for an individual with CP (Basaran et al., 2013; Davis et al., 2010).

Caring for an individual with CP can also impact a caregiver’s subjective burden and caregiving uplifts (a positive psychological state related to caregiving; Carona et al., 2013). Parents of children with CP may experience more subjective burden and less caregiving uplifts (Carona et al., 2013). The decrease in caregiving uplifts may be due to the stress associated with caring for a child with CP, as it is difficult to see the positive aspects of caregiving.

Mental Health in Caregivers of Wards with Disabilities

As noted above, caring for a child with CP can impact a caregiver's mental health. The same can be said for caregivers of wards with other disabilities or special needs. Similar to individuals with CP, individuals with other disabilities can struggle with completing tasks of daily living, properly caring for themselves, and interacting with the world and those around them. Caring for an individual with a disability or special needs impacts the caregivers' mental health.

Hauge and colleagues (2015) researched the common mental health impairments in mothers of children with special health care needs. During the first four years following the birth of a child with special health care requirements, mothers had significant symptoms of a psychiatric disorder that required at least one sick leave. Mothers whose children had more severe needs were at a higher risk of missing work due to a psychiatric disorder. Mothers examined in this study had significantly poorer mental health than mothers of healthy children.

The COVID-19 pandemic added to the mental health challenges caregivers of wards with a disability experience (Grumi et al., 2021). Caregivers in this study experience significant levels of stress, symptoms of anxiety, and symptoms of depression. During the pandemic, caregivers were more concerned about their children's growth and development without specialist rehabilitation programs than their child's exposure to COVID-19. Lack of services was a primary source of distress for these caregivers.

Challenges and Concerns Caregivers Face

Raising or caring for a ward can come with numerous challenges and concerns regardless of whether they have a disability. That being said, caring for an individual with a disability has unique challenges and concerns that caregivers often experience. Challenges that caregivers of an individual with disabilities may face include access to services, special knowledge to care for the individual, financial concerns, and more.

Davis et al. (2010) examined the impact of caring for a child with CP focusing on the quality of life for mothers and fathers. They found that a considerable concern for participating parents was a lack of funding and available services, such as occupational therapy (OT). More recently, COVID-19 presented caregivers with a unique challenge when accessing services for their children (Grumi et al., 2021). Many rehabilitation services were closed during the pandemic, and in the process, many children and individuals with disabilities lost a crucial part of their treatment. The pandemic left caregivers struggling to find services for their wards.

Finding suitable housing is another challenge caregivers of wards with disabilities frequently face. Individuals with CP often require special equipment to assist them in daily tasks of living, for example, wheelchairs or walkers, shower chairs and other shower equipment, a lift for stairs, a medical bed, and more. Finding housing with this equipment or space for this equipment to be installed can be challenging.

As discussed, caring for an individual with a disability can be extremely demanding and difficult for parents. The impact of these challenges is often observed in the individual's overall mental health. Hauge and colleagues (2015) researched the mental health of mothers of children with special healthcare needs. They found that mothers of children with special healthcare needs had significantly poorer mental health than mothers of healthy children. Increases in childcare needs were also found to be associated with an increased risk of both short-term and long-term sick leave due to psychiatric disorders. Overall, the study found that mothers caring for an individual with a disability are at high risk of missing work due to the caregiving burden impact on their mental health (Hauge et al., 2015).

Current Group Interventions

Group Interventions for Caregivers of Wards with Disabilities

There is a plethora of group interventions targeting caregivers of wards with disabilities, as caregiving for a child with a disability is challenging. Most common group interventions focus on caregivers of wards with an autism spectrum disorder or other neurodevelopmental disabilities, traumatic brain injuries (TBI), seizures, communication disorders, and more (Aitken et al., 2005; Law et al., 2002; Lo, 2010). While some groups had a specific focus on a singular disability, others were open to all caregivers of any disability (Law et al., 2002; Lo, 2010). Reviewing group interventions for other disabilities is essential for considering what concepts are helpful and what can be utilized in the current group project.

Aitken's and colleagues (2005) created and described the Be ALERT program. The Be ALERT program provides educational and support services to children with TBI and their families. The group has three primary pillars: patient education, discharge coordination, and parent support program. These pillars are covered nine different topics throughout the group's curriculum. Topics covered in the Be ALERT program include how to "work the system" to obtain needed assistance, finding resources and identification or personal support system, understanding TBI and SCI, CARE package, school reintegration, “ask the doc” session, personal stories, and family traditions and celebrations. Information from each topic is delivered in the form of either group discussion, resource library materials, videos, brochures, outside speaker presentations, and group activities (Aitken et al, 2005).

Law, King, Stewart, and King (2002) reviewed nine different support groups to determine parent experiences, frustrations, and satisfactions. They defined a support group as a regular meeting of parents of children with disabilities who got together to provide support and information to one another. Participants consisted of parents who were caring for children between the ages of 0 – 18 with disabilities of cerebral palsy, communication disorder, acquired brain injury, and other disabilities. Law and colleagues (2002) identified several main elements of parent support groups, including most groups being ‘self-help’ in nature, ranging in size, and consisting primarily of mothers. The groups also had a mix of focusing primarily on emotional support or providing information, education, and advocacy. Group themes uncovered were developing a sense of belonging, not feeling alone in dealing with disability issues, and giving parents a sense of legitimacy and power to tackle the day-to-day challenges of raising a child with a disability.

Similar to Law and colleagues (2002), Lo and colleagues (2010) research parent reactions to support groups for parents of individuals with disabilities. In their study, parents of children with disabilities shared about the challenges of finding support within their own families and how eager they were to share once they became support group members. Additionally, being a support group member allowed parents to receive support from other parents and find information about additional resources. Parents in Lo et al. (2010) reported wanting to share their knowledge and experience with other parents, and in doing so, they developed a sense of comradery with one another. Families could also develop close friendships with other group members, increasing their social support.

Group Interventions for Caregivers of Wards with Cerebral Palsy

Current group interventions designed explicitly for CP are too few and far between. To this writer's knowledge, only two group interventions have been created and evaluated, explicitly targeting caregivers of wards with CP. Both groups discussed below were designed for caregivers in areas with little to no services or support for families with CP. Therefore, the groups were designed to provide participating caregivers with the information they would need to properly care for their wards.

Hambisela Project: Cerebral Palsy. The Habisela Project aims to empower and develop the skills of therapists, parents, and other caregivers of people with CP in communities with limited resources (Physiopedia, 2016; van Aswegen et al., 2019). The Hambisela Project aims to present information that allows therapists, families, and caregivers to provide children with CP basic level of beneficial therapeutic and ongoing care (Physiopedia, 2016). Additionally, the project aims to enhance individual understanding of CP and provide opportunities for caregivers to meet and support each other.

The Hambisela Project consists of seven modules: an introduction, evaluating your child, positioning your child, communication, everyday activities, feeding your child, and play (Physiopedia, 2016; van Aswegen et al., 2019). Each meeting ran for three hours and took place over eight consecutive weeks. Week one consisted of the introduction, which introduced information about CP and the brain and allowed caregivers the opportunity to share their experiences. Week two covered development, introducing their children's typical development and expected milestones. Week three introduced positioning, teaching caregivers how to position their child correctly and use special equipment to assist in positioning. Week four focused on communication and its importance. Week five explained how everyday activities could help their child’s development. Week six covered feeding, helping parents understand and overcome challenges related to feeding. Week seven explained the importance of play for their child’s development. Week eight was graduation, where caregivers practiced their knowledge with their children and shared feedback on their experience with the group.

A program evaluation was done by van Aswegen and colleagues (2019) to determine whether the Hambisela educational program reduced stress levels and improved the QOL of caregivers. Researchers used a pre-posttest design to examine the program. The Paediatric Quality of Life-Family Impact Module (PedsQL^{TM}-FIM) was used to assess QOL, and the Parenting Stress Index-Short Form (PSI-SF) was used to assess stress levels in caregivers. Eighteen primary caregivers were included in the study, seventeen of whom were mothers, and one was a grandmother. Results of the study found that only three participants experienced a decrease in stress, indicating that the intervention did not reduce overall caregiver stress. Similarly, the intervention did not improve caregiver QOL. In fact, caregivers scored lower in the ‘Daily Activities’ subcategory. This indicates that daily activities became more stressful after the intervention (van Aswegen et al., 2019).

Overall, the Hambisela Project did not have the desired outcome of reducing caregiver stress and improving caregiver QOL (van Aswegen et al., 2019). Van Aswegen and colleagues (2019) explained that the Hambisela Project was insufficient to reduce stress or improve QOL as an educational program. However, anecdotal evidence from participating caregivers indicated that their knowledge, self-efficacy, sense of belonging, and self-esteem improved as a result of participating in the program.

Getting to Know Cerebral Palsy (GTKCP). *'Getting to know cerebral palsy'* (GTKCP), a parent training program that aims to empower caregivers and enhance childcare and support, was based on the Habisela Project (London School of Hygiene & Tropical Medicine, International Centre for Evidence in Disability, Christian Blind Mission, Cerebral Palsy Association, & Child Sight Foundation, n.d.); Zuurmond et al., 2018). The group's primary focus is to provide a rehabilitation training program to families of children with CP in rural Bangladesh, where these families have no access to the services needed. GTKCP is designed to teach parents the skills and tools to care for their children and assist them in their development.

There are ten modules in GTKCP, and each model covers different ideas that teach parents how to take care of their kids (London School of Hygiene & Tropical Medicine, International Centre for Evidence in Disability, Christian Blind Mission, Cerebral Palsy Association, & Child Sight Foundation, n.d.). Module zero focuses on prepping parents for the training, helping them plan for their training. This module also provides them with tools for monitoring and evaluating their child. Module one is a more in-depth introduction to the training program and an introductory session about CP. Module two teaches parents how to evaluate their child in terms of development, set short-term goals, and provides information about epilepsy. Module three provides parents with advice on how to carry and correctly position their child. Module four explains the importance of communication and what parents can do to help their children communicate. Module five looks at how everyday activities can help their child develop. Module six focuses on feeding practices and challenges and can last several sessions and must have a practical session. Module seven provides parents with ideas for play and introduces the challenges around inclusion in play in the community. Module eight educates parents on the basic rights of persons with disabilities and some barriers disabled children encounter. Module nine teaches parents how to run their own support group. Module ten provides information on assistive devices, available resources, and materials (London School of Hygiene & Tropical Medicine, International Centre for Evidence in Disability, Christian Blind Mission, Cerebral Palsy Association, & Child Sight Foundation, n.d.).

The program evaluation consisted of eight groups with eight to ten caregivers per group (Zuurmond et al., 2018). Groups were co-led by a physiotherapist or physiotherapist assistant with a primary health worker. Facilitators underwent one week of training from a master trainer before leading their groups. Groups met for 11 once-a-month group training sessions, each lasting approximately three hours. A facilitator visited all families once a month to provide one-on-one support to the primary caregiver and discuss the training material with other family members.

Zuurmond and colleagues (2018) evaluated GTKCP to determine its impact on children with CP and their caregivers in Ghana. They evaluated the impact on caregiver quality of life, knowledge, and attitudes toward caring for their child and their overall health and nutritional status. Participants were caregivers of 75 children with a confirmed diagnosis of CP (any type) between 12-18 years old. Caregivers were excluded if they were already a member of a parent support group.

Pre-test data was collected one month prior to the start of the training program (Zuurmond et al., 2018). Caregiver data comprised socio-demographics, quality of life, and knowledge in caring for their child. Child data consisted of demographics, the severity of CP, health status, anthropometry, and reported feeding difficulties. Post-test data were collected from the initial respondent one to two months after completing the last training session. Caregiver QOL was measured using the PedsQL Family Impact measure. This self-report measure evaluates parents' physical, emotional, social, and cognitive functioning, communication, worry, family's daily functions, and relationships. Caregivers were also asked about their level of knowledge and confidence in caring for their child using a Likert scale of five possible responses from 'none' to 'lots.' Data collection on the child's health and severity of CP was assessed using the Gross Motor Function Classification System (GMFCS), eight questions about eating and drinking, and four about child health.

At baseline, the average caregiver QOL score was low but increased significantly upon completion of the training program (Zuurmond et al., 2018). Results indicated a QOL improvement across all summary scales and domains. Significant improvements in QOL were found in each severity group of mild, moderate, and severe CP. Regarding knowledge and confidence, 94% of the caregivers reported no or low knowledge of their child's condition and diagnosis at the pre-test. Caregiver's report of good/lots of knowledge increased from 6% to 73% upon completion of the training program. Similarly, the caregiver confidence level at baseline indicated that 49% of caregivers had low or no confidence in caring for their child with CP (Zuurmond et al., 2018). Upon completion of the program, 89% of caregivers reported they had ‘good’ or ‘lots’ of confidence. Researchers also found a significant decrease in caregiver-reported problems in feeding and drinking.

Overall, GTKCP significantly impacted caregiver QOL, knowledge and confidence, and some aspects of child feeding (Zuurmond et al., 2018). The results of this study demonstrate that a parent group specifically designed for caregivers of children with CP can be effective and impactful. Specifically, parents enrolled in the training program experienced an overall improvement in their QOL, knowledge, and confidence.

Rationale for 4theKids

To the writer’s knowledge, the only groups specifically designed to target caregivers of wards with CP are discussed above. The Hambisela Project did not successfully reduce stress and increase QOL (van Aswegen et al., 2019). However, GTKCP, designed from the Hambisela project, successfully increased caregiver QOL, knowledge and confidence, and some aspects of child feeding (Zuurmond et al., 2018). Both groups were designed to provide primary education on caring for an individual with CP due to the scarcity of services available to caregivers in South Africa and Ghana. While lack of education on caring for an individual with cerebral may be a factor in caregiver QOL and stress, educating the caregiver alone is insufficient.

Davis et al. (2010) explained that services need to be designed to meet the needs of parents caring for an individual diagnosed with CP. These services should be designed to reduce the long-term impacts of caring for an individual with CP on parents. Parents also struggle with acknowledging the positive aspects of their caregiving and may benefit from being in an environment that assists them in finding meaning in their parenting experiences (Gupta & Singhal, 2004). Van Aswegen et al. (2019) expressed a need for interventions to reduce stress and improve QOL in caregivers of individuals with CP.

Unlike the Hambisela Project and GTKCP, 4theKids is specifically designed to target caregiver mental health. 4theKids will target caregiver stress and QOL by providing psychoeducation on mental health and the development of serious mental illness. Additionally, 4theKids includes a module aimed at developing the caregiver’s self-care and coping skills with the purpose of decreasing the caregiver's risk of developing a serious mental illness. Caregivers participating in 4theKids will also be asked to complete a post-test questionnaire packet. These questionnaires are designed to determine if 4theKids was successful at providing caregivers with information and tools to promote healthy mental health.

Further supporting the idea that parents and caregivers need proper support an education to care for their children can be found in the research done by Braga, Da Paz Junior, and Ylvisaker (2005). In their study, they researched the differences between family-supported treatment and clinician-delivered treatment. Participants in the family-supported treatment group underwent two weeks of assessment and training to determine their child’s needs and how to adapt the rehabilitation program to everyday social and other family routines. The clinician-delivered program implemented a two-hour-a-day, five-days-a-week conventional rehabilitation program. Parents were provided information on what the intervention was but were not trained to implement any aspect of the program themselves.

The study found that not only could the parents be trained to effectively deliver rehabilitation exercises (under supervision) but that the cognitive and physical outcomes of children with TBI whose interventions were largely delivered by parents were superior to those who received interventions directly from specialists in a clinical setting (Brage et al., 2005). These results indicate that with the proper training and support, parents can positively impact their child's overall level of functioning. While 4theKids is not designed to train parents and caregivers to deliver rehabilitation services in the home, it is a good steppingstone for getting them supported and in touch with other services that may provide them with such opportunities and training.

Additionally, participating in a support group can also give people emotional support, a sense of community, the opportunity to learn new skills, and ways to deal with problems they face every day (Law et al., 2002). It was clear that participating or belonging to a group played a significant role in helping parents cope. The study found that parents in a support group were able to receive emotional support by meeting others who have faced similar issues of disability. 4theKids aims to provide similar experiences by ensuring participating caregivers can share their challenges and support one another. According to Law et al. (2002), parents highly value sharing and receiving information from one another. 4theKids schedules time in each session for participating caregivers to exchange information. Additionally, 4theKids is designed so that participating caregivers are surrounded by other caregivers who have similar challenges in terms of their ward's severity level.

III. Original Contributions to Practice

Proposed Program

The current project proposes a group that targets the needs of caregivers caring for an individual with CP and includes a treatment manual. This project will serve as the first edition of the 4theKids treatment manual. This group still needs to be implemented; therefore, this manual will be revised as more research is completed.

4theKids

Purpose of 4theKids

The proposed group, 4theKids, is an educational support group for caregivers of individuals with CP. The purpose of the group is to educate caregivers on the diagnosis that their loved one has received, as well as resources in the area that are available to them. In addition, this group is designed to educate caregivers on the mental health challenges that may come with raising a child with CP. This group is not designed for paid and trained professional caregivers to care for individuals with disabilities. This group is designed to serve individuals who are legal guardians/caregivers/parents of an individual with CP.

Goals of 4theKids

Each cycle of 4theKids should accomplish the following goals:

- Goal 1: Increase caregiver knowledge of CP.
- Goal 2: Increase caregiver knowledge of mental health challenges in general and in relation to raising/caring for an individual with CP.
- Goal 3: Increase caregiver knowledge of self-care and coping skills to help prevent the development of mental illness and decrease stress.

- Goal 4: Increase caregiver Quality of Life.
- Goal 5: Provide a safe and supportive environment where caregivers can share their challenges raising/caring for an individual with CP.

A pre-posttest battery will be given to evaluate the group's effectiveness at accomplishing these goals. More information about program evaluation and included measures can be found below.

Group Suitability

Clinicians will determine suitability for the group. Several factors should be considered when deciding whether the group will benefit the caregiver. When determining whether a caregiver is suitable for the group, clinicians should consider the following:

- Is the individual a caregiver of someone with CP?
- What is the overall severity/level of functioning for the individual with CP?
- How old is the individual with CP?
- Will the individual benefit from attending the group based on their answers to the above questions?

It will ultimately be the clinician's decision to determine whether or not the potential caregiver will participate in the group. However, the clinician should consider the above questions. Suitability for the group should be determined before potential caregivers schedule the initial individual session.

If the participant is not a caregiver of someone with CP, they will not benefit from the group and, therefore, should not participate. However, the clinician must provide that individual with information on potential resources.

Clinicians will need to have an idea of what the severity/level of functioning will be for each cycle. Suppose participating caregivers are primarily caring for an individual who is high functioning. Will caregivers caring for an individual with lower functioning find the group to be as beneficial and vice versa? It may be challenging to make this call until clinicians know who will participate in the group better; however, making this call will be important for determining whether or not all caregivers find the group beneficial. Lo and colleagues (2010) found that parents of children with unique or more severe disabilities than those of other participating parents did not receive much help from their fellow group members and that topics discussed in group meetings were inapplicable to their situation. Similarly, the age of the individual with CP may impact whether or not that cycle of the group is appropriate for potential caregivers. If the majority of participating caregivers are caregivers of infants, a caregiver of an individual with an adult may benefit less. This is an essential aspect of 4theKids as parents of less severely impaired individuals may compare their lives to families with more severely impaired children (Davis et al., 2010). Ensuring that the caregivers in 4theKids are surrounded by others with similar experiences will help participating caregivers feel more supported and willing to share.

Should the caregiver benefit from 4theKids, but not that specific cycle, clinicians may put potential caregivers on a waitlist for the next group cycle. Clinicians can decide whether the current cycle they are running will primarily be for caregivers of children or adults or low vs. high functioning. Once this decision has been made, clinicians can screen potential caregivers more easily. The group should be run with no less than four caregivers and no more than eight.

Clinician Characteristics

Due to the difficulty and complexity of working with individuals caring for others with severe medical conditions, clinicians should be familiar with and comfortable with adult and rehabilitation therapy. They should be well-trained in group therapy. Clinicians leading the group should be knowledgeable about CP or comfortable consulting with a medical expert to understand the disability better. They should be willing to work in hospitals and/or medical settings where the group is most likely to reach the designated population. Clinicians uncomfortable working with caregivers of individuals with severe disabilities should not consider leading this program.

Module Instructions

The proposed modules of 4theKids are listed. Within is the ideal plan and structure of each module below. Some information provided in 4theKids may require additional sessions to ensure that participants of the group understand the concepts being taught. Therefore, 4theKids will move through modules instead of sessions to ensure each caregiver understands the different concepts. While one of the goals of 4theKids is to increase caregiver knowledge, it is also designed to provide caregivers with support. The module format is flexible enough to allow clinicians to spend additional time in one module should it be needed. The preference is that caregivers participating in the group leave each session feeling supported and heard in whatever difficulty they face while caring for an individual with CP.

Individual Session One

Individual Session One will be an introduction to the group and time for participating caregivers to complete the pretest packet of questionnaires. In this session, clinicians should plan on gathering some brief family history to confirm suitability for the group and begin building rapport. Clinicians should then provide a brief overview of what each group meeting will cover, review informed consent, see Appendix A, answer any questions that the individual may have, and then have the participant complete the pre-test packet of questionnaires, see Appendix B. Included in the pre-test packet is a brief demographics questionnaire to help group leaders gather information.

The length of this session is determined by the time the caregiver needs to complete the pre-test packet of questionnaires. Clinicians should avoid spending excessive time collecting family history so that caregivers' primary focus can be on completing the questionnaires. This session should occur before the initial group session. The clinician can schedule a second individual session if caregivers require additional time to complete the questionnaire. To ensure that the group has enough participants, clinicians should plan to complete this session a month prior to the initial group meeting. This will allow clinicians to screen additional participants should the need arise.

When briefly introducing the group to the potential caregiver, the clinicians may say the following:

“4theKids uses a modular format to give caregivers ample time to learn and understand each topic. The first module will primarily focus on helping participants better understand cerebral palsy and some of the challenges associated with caring for an individual with cerebral palsy. During each session, you will have an opportunity to share your own experiences and knowledge of CP, should you choose. In the next module, you will receive an introduction to mental illness and the opportunity to share your own experiences with mental illness and risk factors associated with mental illnesses. Module three will work on developing self-care toolkits. Module four focuses on providing education on local resources. The final module will focus on termination, questions, and feedback. You will meet once more for an individual session to address any concerns you may have, complete an exit questionnaire, and be provided additional recommendations as needed.”

Module One

Module one focuses on providing caregivers with basic information on CP and can be between one and two sessions (session duration and structure is provided below.) This should include information on what a diagnosis of CP means, what developmental challenges their loved one may face, and what challenges they may encounter while caring for this individual. Clinicians leading this group and who are unfamiliar with CP should consult with a medical professional who is familiar with CP to better understand the condition themselves.

When teaching this module, it is important that clinicians consider the overall severity level of CP that the caregivers are caring for. For example, a group that primarily consists of caregivers of low-severity CP may not benefit from this module if it primarily provides information about high-severity cases of CP. Similarly, a group of high-severity CP will not benefit from information primarily about low-severity CP. It is preferred if this module involves a guest speaker or a medical professional specializing in working with CP. Future renditions of this group may consider having a video recording of a medical professional providing this information instead of a guest speaker. This would allow for a more standardized explanation of cerebral palsy to be delivered to all participating caregivers. It would also ensure that the information delivered in this module would always be available from a specialist.

Module One Session Guidelines. Module one sessions should last at least 90 minutes and cover information regarding CP. Clinicians should encourage participating caregivers to share their knowledge and what additional knowledge would be beneficial. Because discussion is encouraged in this module, two sessions are allotted to ensure clinicians can cover all information in slides. Should a guest speaker be invited, one session may consist of the guest speaker and the other a discussion of that guest lecture.

Clinicians should plan time for each individual during the initial session to provide an introduction. Participants should provide their preferred name, their reason for attending the group, and any information they are willing to share about their loved one with CP. The purpose of sharing the reason for attending the group and information about their ward is to begin assisting the group members in enhancing their social support. Finding and interacting with others with similar experiences allow the group members to bond and develop more social support.

Each module in 4theKids should have planned opportunities for caregivers to share and support one another. During this time, caregivers can share challenges that arise with caring for their ward with CP, questions that they have about others' experiences, or simply sharing about what has been on their minds of late. The last half hour of each session should be dedicated to giving caregivers this time. That is why each module has multiple sessions to ensure all information is covered.

When concluding sessions, clinicians should ask if any members have lingering questions about what was discussed. Clinicians should also provide reminders for the next session.

Module Two

Module two focuses on providing caregivers with psychoeducation on mental illness and providing opportunities for caregivers to share their own experiences with mental illness. The module can be between two and four sessions long, depending on the caregivers' needs, and should last 90 minutes, with 30 minutes given to caregivers to share. Clinicians should encourage group discussion to ensure caregivers understand the concepts taught and to provide caregivers a chance to bond.

When teaching this module, clinicians should first give caregivers the opportunity to explain what they believe mental illness to be. Clinicians should ask caregivers to consider the differences between poor mental health and good mental health. Ask caregivers how poor mental health can affect them in different areas of functioning like self, relationships, adapting, cognition, work, and play. Have caregivers discuss how poor mental health may impact their ability to care for their individual with CP. After this discussion, clinicians should move to a more detailed explanation of mental illness and its effects. Specific topics to cover in this module are:

- What is mental illness?
- How can it affect us as individuals?
- How can it affect others?
- How can it affect our ability to interact in the world?
- How can it affect our ability to care for our loved ones?

    - Caregiver Burden
    - Caregiver Fatigue/Burnout
- What are the risk factors for developing a mental illness?

After all the above topics have been discussed, clinicians should devote, at minimum 30-minutes, for group members to discuss their challenges with mental illness in relation to caring for their wards. Group members should be encouraged to share their struggles and challenges raising/caring for an individual with CP. Clinicians should help facilitate discussion among group members but should refrain from directing the conversation. Caregivers should not be forced to share, but it should be strongly encouraged as full participation is required for members to get the most benefit out of the group. This group should be providing caregivers with a safe space to share and support one another, and clinicians may remind caregivers that it is a safe space.

Should any group members share about severe mental illness and are not already receiving individual psychotherapy, the clinician should make that recommendation privately. This program is not designed to treat symptoms of severe mental illness but to provide education and support to prevent such symptoms' development.

When ending, clinicians should ask if any members have lingering questions about what was discussed. Clinicians should also provide reminders for the next session.

Module Three

Module three focuses on teaching coping and self-care skills. This module can have between two and four sessions depending on caregiver need, including a mandatory practice session. Each session should be no more than 90 minutes, with 30 minutes for caregivers to share. The purpose of this module is to guide caregivers in developing a self-care tool kit while helping them understand the importance of self-care. At the end of the module, caregivers should have identified and practiced self-care skills that they may add to their self-care tool kit. It is important that caregivers be given the opportunity to practice skills during the session so that they understand how it is done and will be more likely to use it outside of the group.

This module has several concepts that must be covered to ensure the group is meeting its goals. Clinicians may present these concepts however they desire but should cover all information listed below. The following concepts should be covered:

- What is self-care?
- Why is self-care important?
- What are coping skills?
  - Health Coping Skills vs. Unhealthy Coping Skills
- Why are coping skills necessary?
- What coping skills are you already using?
- Teach at least three of the following coping skills:
  - Grounding
  - Thought Challenge
  - Developing a Call-list
  - Taking a break

After each skill has been practiced in session, caregivers should be instructed to practice at least one coping skill outside the group. Instruct group members to record the experience, when they used the skill, what they felt, and whether they felt better afterward. Clinicians should tell group members that they will be asked to discuss this experience in the next session. Homework handouts for these activities are provided in appendixes.

Teaching Coping Skills for Module Three.

Grounding. Grounding is a self-soothing skill that helps manage stress, overwhelming feelings, intense anxiety, and/or panic. Grounding is designed to help an individual regain control over their emotions in the moment so that they may calmly address the problematic situation or distressing event. It is a skill that can be used anywhere, at any time. There are three types of grounding exercises: mental, physical, and soothing. Each type of grounding exercise is a little different and may work better for each individual.

Mental grounding consists of focusing one's mind. This can be done by teaching participants to use all their senses to describe something in their environment or something close to them. Another example is teaching them to count to ten or say the alphabet with a deep breath between each number or letter. Physical grounding involves teaching how to focus the senses. This can be taught by using cold water on the face or hands, stretching, or eating something with intense flavor and paying attention to each part of that experience. Soothing should be taught in a way that helps participants talk kindly to themselves. Have participants think of kind things to say to themselves, think of something they favor, or picture people they care about. Appendix C is a handout with more examples of each grounding exercise.

Thought Challenging. Thought challenging is a cognitive behavioral therapy technique to help change unhelpful thinking patterns. It can be used to target anxious, angry, or hurtful thoughts. Thought challenging is more difficult still because it requires an individual to recognize their negative thoughts and challenge them at the moment. This skill requires practice, and group leaders should stress that this skill will only be effective with proper practice. Group leaders should take the time to teach thought challenging by helping participants identify their negative thoughts.

Group leaders should teach this by having participants think about a time when they were upset or anxious about something. Once participants have something, they should be instructed to describe the situation in writing briefly. Participants should then take a few moments to identify any negative thoughts they may have had before, during, and after that situation and write them down. Ask if those thoughts helped them feel better or worse about their situations and write that down as well. Group Leaders should have participants change or *challenge* their negative thoughts about that situation and identify whether it would have helped them at that moment. Group Leaders can do an example while teaching this so that participants have an understanding of what is expected. Appendix E has a worksheet that should be used to help facilitate this lesson.

Developing a Call List. Research has shown that caregivers of individuals with a disability often feel a lack of social support (Davis et al., 2010). One of the goals for 4theKids is to increase caregiver social support. Developing a call list, while simple, is one skill that may help increase caregiver social support. While teaching this activity, Group Leaders should have copies of Appendix E for caregivers to fill out while in session.

Group Leaders should instruct caregivers to think of close family and friends with whom they are comfortable talking or spending time. These individuals should be aware of the caregiver's home situation with the child's disability. This activity's purpose is to provide caregivers with support when they need help and for the company to do fun social activities. Many caregivers may struggle to think of individuals to add to this list in the beginning of the group due to the lack of support this population often has. Group Leaders should encourage caregivers to add to this list as the develop relationships with other participating caregivers. The handout also has a section for numbers caregivers can call should they require more assistance or encounter a problem they are not comfortable with going to a friend or family member.

Taking a Break. For this coping skill, Group Leaders should teach the importance of a break and understand what kinds of breaks these caregivers can realistically take. These caregivers are often providing round the clock care to individuals who cannot be left alone for extended periods of time. It is likely that the only reason these caregivers are attending 4theKids is that they have another who is able to provide care in their absence. For this skill, group leaders will need to have caregivers think about who can assist them so that the caregiver can take a break. Group leaders should explain to caregivers that during these breaks, they should practice self-care. It will be important for Group Leaders to consider caregivers' input on what they are comfortable doing with this coping skill.

Module Three Practice Session.

Module three's practice session should come at the end of the module after group members have had a chance to complete the homework. This session should be no longer than 90 minutes but no short than 45 minutes. The focus of this session is to have a more in-depth discussion of the experience of using the learned coping skills.

Ask each member to share their experience with using a coping skill. If a caregiver is comfortable, have them discuss what led them to use the coping skill and whether or not they believed the skill to help them at the moment. For group members that did not complete the homework, have them discuss when they could have used a coping skill, what skill they would have used, and how much they may have benefited from it.

If there is extra time in this session, clinicians may use it to continue practicing skills or teach new skills. Do not interrupt the group discussion to do this. This should only be done if the discussion lulls and the group have not lasted a minimum of 45 minutes.

Module Four

Module four focuses on providing caregivers with information related to resources in their local area. This module can have between one and four sessions, each session lasting no more than 90 minutes, the last 30 minutes being devoted to caregivers sharing and support. Ideally, this module will have a mix of sessions led by clinicians and guest speakers. Resources may differ depending on the group's location, but ideally, the resources shared with members will be related to financial assistance, housing assistance, school assistance, etc. For example, caregivers may benefit from having a speaker on the local areas' protection and advocacy department to provide them with information on their ward's rights as individuals with disabilities. Similarly, group leaders may ask that a speaker for the areas' Supplemental Security Income (SSI) office come to the group to present on any financial assistance that is available for them. During the initial individual session, group members will have completed a form asking for areas where members would like more information. It is up to the clinicians to procure guest speakers to provide this information or present what information they can find themselves.

The number of sessions and session plan rely solely on the clinician’s ability to procure guest speakers for the group. Because guest speakers may need an entire session to share on their topic, clinicians can allow up to four group sessions in this module. However, clinicians can plan the guest speaker schedule for this module as they see fit. If clinicians cannot procure guest speakers, they should plan at least one group session to provide as much information as possible on local resources and any national resources of which the caregivers may not be aware.

Module Five

Module five is the last module of 4theKids and should focus on any lingering questions caregivers have and termination. This module can have one to three sessions, with each session lasting 90 minutes, with 30 minutes devoted to sharing and support. Sessions in this module should allow caregivers to reflect on what they have learned thus far, allowing group members to set the tone and pace of the discussion. Clinicians and caregivers may decide to use one of this module’s sessions as a farewell party where caregivers can bring their families and mingle before the official end of the group.

Group leaders should address caregivers' concerns about losing this support when discussing termination. Clinicians should be able to provide caregivers with ideas that may increase caregiver support. For example, clinicians can encourage caregivers to exchange contact information if they haven’t done so already. Caregivers who exchange contact information add to their social support and decrease any social isolation or lack of support they may be experiencing.

Individual Session Two

This individual session should be used to address any concerns the individual has about termination. During this session, clinicians should also plan to administer the post-test packet. If needed, clinicians can make recommendations for group members to seek individual, couple, or family therapy as needed. Should clinicians make these recommendations, they should have a list of potential providers available during this session.

Additional Caregiver Support

In order to provide caregivers with additional support outside of 4theKids, it is recommended that group leaders create and invite caregivers to join an online community chat of sorts. This chat will only be available or open to participating caregivers and ideally gives that the opportunity to connect with one another outside of the group meetings. Additionally, group leaders should encourage caregivers to ask questions they didn’t think about at the time of the group meeting or were too shy to ask in person. Group leaders can also post the information and content covered in each session in this online community chat. This would allow caregivers the opportunity to refer to this information for later use. Group leaders should encourage caregivers to provide feedback on the content, discussing their thoughts and feelings about the content and any improvements they will like to see.

4theKids will meet weekly, and unless caregivers meet outside the weekly group sessions, caregivers will not have any opportunity to support one another or seek advice outside of the group. Creating an online community chat will allow participating caregivers always to have a way to reach out to one another. Group leaders should encourage caregivers to use the group to support each other, offer ideas for dealing with challenges, or share new information that they have learned with each other. The chat should continue to be available to caregivers even after their cycle of 4theKids has concluded.

There are several different formats that are free and available for group leaders to use in order to create an online community chat. The one more commonly used and most easy to obtain would be Facebook. Given Facebook’s popularity, it is very likely that caregivers are already familiar with the format. Should group leaders decide to use Facebook, a closed Facebook page for caregivers should be created. Facebook would allow caregivers to chat privately with one another or publicly with the entire group. It would allow for different chat threads with each post that is made. Another format that would be free for group leaders to utilize for 4theKids is GroupMe. GroupMe can be joined with an email or phone, is private to those only invited, and allows for shared documents like handouts and PowerPoint. GroupMe is not as well-known as Facebook, so caregivers may need some instruction on setting it up. Group Leaders may find a different platform; however, the platform must be free for caregivers to use. Caregivers should also not require participation in the chat, but it should be encouraged as it may serve to be an invaluable resource.

Implementation

This treatment manual aims to provide an educational support group for caregivers needing support while caring for their loved one with CP. In order to locate potential caregivers, information about this program should be distributed in children's hospitals, especially Shriner's hospitals. Ideally, 4theKids will be recommended by physicians who believe their patients' caregivers may benefit. 4theKids may be offered in-house, so long as it is provided by a trained, licensed clinical psychologist familiar with the curriculum and meeting the clinician characteristic expectations outlined in this paper.

The caregivers participating in this group may already be facing financial challenges preventing them from seeking treatment. Therefore, caregivers wishing to attend the group will not be charged if their insurance does not pay for this service. Funding for the group will need to come from grants, fundraising, or local donations.

The group is designed in a way that it can be presented in an in-person or virtual format. Providing the group in a virtual format may help caregivers overcome barriers to attending the group in person. Should the group be run in a virtual format, clinicians should mail participating caregivers' hard copies of the group materials as access to printing may be limited for these caregivers. The following section covers potential barriers to implementing 4theKids overall and for both formats.

Barriers to Implementation of Program.

Research has identified potential barriers to implementing caregiver support groups such as the proposed project. One such identified barrier is maintaining participation in the group (Aitken et al., 2005). Aitken et al, 2005 reported difficulties maintaining participation in the Be ALERT program with the parent population. Some factors that may have contributed to the lack of participation included scheduling issues, lack of incentives for attending, emotional and physical discomfort or fatigue, and lack of a personal bond or attachment to group leaders. Additionally, families may struggle to afford care for their children so that they may attend group meetings. In Law and colleagues (2002), the majority of families that attended group meetings made between $15,000 and $30,000. It may be difficult for these families to afford childcare and take off work to attend groups.

Using a virtual format may help address some of the barriers mentioned above. For example, if 4theKids were to utilize a virtual format, caregivers may find it easier to attend 4theKids. A virtual format will allow caregivers to attend groups from the comfort of their homes, removing the barrier of transportation and potentially the need for childcare. However, virtual formats may keep caregivers without home internet or computers from being able to attend the group. Aitken et al, (2005) reported that caregivers felt a lack of personal bond or attachment with group leaders in an in-person format. It is reasonable to worry that caregivers may experience similar issues in a virtual format, given the inability to see one another face to face. The Sharing and Support aspect of each session may help caregivers develop a bond with one another.

Similarly, the Sharing and Support aspect of each session may help facilitate the development of this bond in an in-person format as well. The in-person format also has several barriers, such as whether caregivers will have transportation to and from group meetings. Additionally, caregivers may struggle to find and afford childcare for their children or wards with CP. This may be increasingly difficult as not just anyone can provide care for individuals with CP. With proper funding, 4theKids Group leaders may consider offering Uber or Lyft gift cards to assist caregivers with transportation. To assist with childcare, group leaders may consider allowing caregivers to bring their children or wards to the group sessions to increase attendance.

Program Evaluation

Once implemented, 4theKids will need to be evaluated thoroughly to ensure the group serves its purpose correctly and efficiently. In order to evaluate the group’s effectiveness, a pre – post-test design will be utilized. At the start of the group, clinicians will have each participating caregiver complete a battery of questionnaires centered around the group's goals. The same battery of questionnaires will be given again at the end of the group in individual session 2. The results of these measures should be analyzed and compared to determine if the group had the desired impact.

Should the analysis show that the group did not have the desired impact, the group should not be rerun until the necessary corrections are made. In order to make the necessary adjustments, clinicians should review the group's curriculum and make changes where needed. Additional group sessions may need to be added to help the group reach its goals, as seven sessions may not be sufficient.

Should the analysis indicate that the group is having the desired impact, clinicians may offer the group again. It is expected that clinicians will adjust as needed and continue evaluating the program’s effectiveness after each cycle, regardless of previous analysis results. Information regarding the program evaluation should be provided in the group’s informed consent so that participating caregivers are aware of the evaluation.

Measures

The measures utilized in the pre-posttest batteries are subject to change depending on the area in which the group is being offered. Based on need and cultural factors, clinicians should determine measures to include in pre-posttest batteries. The following measures should be used in pre-posttest batteries. As mentioned, included measures may change based on availability and location. However, measures should still cover similar concepts.

The pre-test battery packet includes a demographic questionnaire for caregivers to complete. This questionnaire collects some basic information to help Group Leaders begin collecting information on caregivers. Information collected in this questionnaire should help Group Leaders decide whether or not caregivers would be appropriate for this cycle of 4theKids. While the questionnaire can be used to help Group Leaders determine suitability, it should not be the only determining factor for whether a caregiver is suitable.

Symptom Checklist-90-Revised (SCL-90-R)

The Symptom Checklist-90-Revised is a 90-item, multidimensional self-report inventory used to screen for a broad range of psychological problems and symptoms of psychopathology (Derogatis, 1992). The SCL-90-R is appropriate for ages 13 and older, with a minimum reading level of 6th grade, and takes 12-15 minutes to complete. The 90 items are rated with a 5-point rating scale: not at all, a little bit, moderately, quite a bit, and extremely. The measure consists of nine primary symptom dimensions: somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. Additionally, the SCL-

90-R has three general indices: global severity index, positive symptom distress index, and positive symptom total (Derogatis, 1992). This measure has demonstrated reliability, validity, and utility across several clinical populations.

The Global Severity Index (GSI) will be used as an index of caregiver psychological distress at the beginning and end of 4theKids. GSI scores at the beginning of 4theKids will indicate the caregiver's current level of functioning regarding their overall mental health. Caregivers who score within the clinical severity range at either pre-posttest will be monitored closely and referred to individual psychotherapy as needed. Pre-posttest scores on the GSI of the SCL-90-R will be compared to identify whether 4theKids positively impacted caregiver psychological distress.

The World Health Organization Quality of Life Assessment: Brief Version (WHOQOL-BREF)

The WHOQOL-BREF is a 26-item assessment of four domains by selecting at least one question from each of the 24 facets relating to the quality of life. Items are rated on a 5-point scale: not at all, a little, a moderate amount, very much, an extreme amount (Division of Mental Health and Prevention of Substance Abuse, World Health Organization, 2013). The Physical Domain consists of pain and discomfort, energy and fatigue, and sleep and rest. The Psychological Domain consists of positive feelings, thinking, learning, memory, and concentration; self-esteem; body image and appearance; negative feelings. The Social relationships domain integrates personal relationships, social support, and sexual activity. The Environment Domain incorporates physical safety and security, home environment, financial resources, health, and social care: availability and quality, opportunities for acquiring new information and skills, participation in and opportunities for recreation and leisure, physical environment, and transportation.

The WHOQOL-BREF will serve as an index for caregiver quality of life. All facets of the WHOQOL-BREF will be reviewed, but it is hoped that 4theKids will impact the Psychological, Social Relationships, and Environment Domains most. Scores on both the pretest and posttest will be compared to determine if 4theKids had a desired impact on the target domains. Scores on the other domains will similarly be reviewed to determine if 4theKids had any impact.

The Family Needs Survey

The Family Needs Survey (FNS) is a 35-item questionnaire developed to assess the needs of a family with a child with a disability (Bailey & Simeonsson, 1988). The 35 items are grouped into six categories; information needs, needs for support, explaining to others, community services, financial needs, and family functioning. Items are rated on a 3-point rating scale: 1- "I definitely do not need help with this," 2 – "Not sure," 3 – "I definitely need help with this."

The results of this measure will be analyzed at the pretest to determine the caregiver's needs and to help clinicians determine what guest speakers from the local area will prove more beneficial to participating caregivers. Posttest data will be used to determine if 4theKids provided participating caregivers with the needed information. Adjustments to future cycles of 4theKids will be made should the posttest not have the desired impact on caregiver needs.

Future Directions

Upon completion of the manual, clinicians will be able to implement this educational-support group. After 4theKids is initially implemented and data collected on its effectiveness, clinicians should adjust the group curriculum as needed. Once sufficient data has been collected on the effectiveness of the group in meeting its goals, the group can be expanded. Expanding the group would consist of training additional clinicians in the group's curriculum so that more than one group can be run at a time. More trained clinicians will allow additional groups and for this service to be offered in different locations.

In order for the group to expand, a website will need to be developed. Having a website will allow caregivers easy access to information about the group. The website would include information about the group, when the group is available based on their location, and whom to contact to participate in the group. Additionally, the website will serve as a place for interested clinicians to come and sign-up for training in the group’s curriculum.

This group will need to be open to growth and change as more data is collected to best suit the caregivers participating in the group. The purpose of 4theKids is to provide a supportive environment for caregivers to share and learn about caring for an individual with CP. For this group to achieve its goals, research, science, personal experiences, and caregiver needs must be incorporated to develop an influential group for caregivers.

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Appendix A

Informed Consent for Services
4theKids

Welcome to 4theKids!

Please read through the information below and feel free to ask your questions about our modules and/or anything about us. Once you are ready to participate, please sign this informed consent form below, so we will have on our records that you have read the information and have been properly informed about the group.

What is 4theKids?

4theKids is an educational support group for caregivers of individuals with cerebral palsy. In this group, caregivers with similar challenges come together to learn about mental health concepts and challenges associated with caring for an individual with cerebral palsy and share their difficulties. Using this method, caregivers give and, at the same time, receive help from not only the group facilitators but also each other.

We make sure to maintain a safe environment conducive to sharing and accepting each other, where everyone can grow and trust and feel respected and valued.

Confidentiality

We respect each and every one's right to privacy and confidentiality, and we shall make sure to maintain it that way. However, please understand that this is not absolute and is limited to what is provided for by law. Certain limitations are as follows:

- Information shared leads group facilitators to believe that you pose a danger to yourself or others.
- Information shared leads group facilitators to believe there is evidence of child abuse, spouse abuse, or other adult abuse.
- 4theKids materials are subpoenaed under a court order
- You or another group member requires immediate medical intervention

Conduct and Relationship

For safety, it is necessary that the following is required to be complied with by its members:

1. Discussions within the group session are not allowed to be discussed outside with anyone and should maintain the practice of confidentiality to build trust with fellow members.
2. Members should maintain positivity and not induce disrespect among others.
3. Members should not be drunk, nor are they allowed to take alcohol or take drugs before.
4. Maintaining conduct that respects fellow members' thoughts, emotions, or behavior.
5. Refrain from having a relationship with a fellow member other than therapeutic while engaged in the session.

Created for 4theKids
By: Khrista Neville, M.S.
February 10th, 2023

Informed Consent for Services
4theKids

The Therapist(s)

The therapists/group facilitators should maintain a professional relationship with the participants all the time and no more than that. Any relationship with a participant may result in a "dual relationship" and may affect the goals of the group.

What to Expect

The sessions consist of discussion lead learning of different concepts related to mental health and caring for an individual with Cerebral Palsy. Additionally, time is provided for participating caregivers to share and process issues that a member is involved where the others will give their feedback and reaction towards the said issue. This helps each member understand the issue from a different perspective. This also helps with one's reflection about their situation, which can then help for insight and personal growth.

Consent

I agree to adhere to the norms and expectations for 4theKids as they are listed above. I acknowledge that I have had the opportunity to ask questions, which were answered clearly and to my satisfaction.

First & Last Name	Signature	Date
Witness First & Last Name	Signature	Date

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By: Khrista Neville, M.S.
February 10th, 2023

Appendix B

Demographics Questionnaire
4theKids

1. What is your age?
    a. Under 18
    b. 18 – 25 years old
    c. 25 – 34 years old
    d. 35 – 44 years old
    e. 45 – 54 years old
    f. 55 – 65 years old
    g. Over 65
2. What is your child/ward’s age?
    a. Under 18
    b. 18 – 25 years old
    c. 25 – 34 years old
    d. 35 – 44 years old
    e. 45 – 54 years old
    f. 55 – 65 years old
    g. Over 65
3. What is your gender?
    a. Male
    b. Female
    c. Prefer not to say.
    d. Other: __________
4. What is your child/ward’s gender?
    a. Male
    b. Female
    c. Prefer not to say.
    d. Other: __________
5. What is your ethnicity?
    a. Asian/Pacific Islander
    b. Native American/American Indian
    c. Black/African American
    d. Hispanic/Latino
    e. White/Caucasian
    f. Other: __________
6. What is your child/ward’s ethnicity?
    a. Asian/Pacific Islander
    b. Native American/American Indian
    c. Black/African American
    d. Hispanic/Latino
    e. White/Caucasian
    f. Other: __________
7. What is the highest degree or level of school you have completed?
    a. Less than a high school diploma
    b. High school degree or equivalent
    c. Bachelor’s degree (e.g., BA, BS)
    d. Master’s degree (e.g., MA, MS, Med)
    e. Doctorate (e.g., PhD, EdD, PsyD, MD, OD)
    f. Other: _________
8. What is the highest degree or level of school your child/ward has completed?
    a. Less than a high school diploma
    b. High school degree or equivalent
    c. Bachelor’s degree (e.g., BA, BS)
    d. Master’s degree (e.g., MA, MS, Med)
    e. Doctorate (e.g., PhD, EdD, PsyD, MD, OD)
    f. Other: _________
9. What is your current employment status?
    a. Employed full-time (40+ hrs a week)
    b. Employed part-time (less than 40 hrs a week)
    c. Unemployed (looking for work)
    d. Unemployed (not looking for work)
    e. Student
    f. Retired
    g. Self-Employed
10. What is your current employment status?
    a. Employed full-time (40+ hrs a week)
    b. Employed part-time (less than 40 hrs a week)
    c. Unemployed (looking for work)
    d. Unemployed (not looking for work)
    e. Student
    f. Retired
    g. Self-Employed

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By: Khrista Neville, M.S.
February 10th, 2023

Demographics Questionnaire
4theKids

11. What is your relationship status?
    a. Single (never married)
    b. Married
    c. In a domestic partnership
    d. Divorced
    e. Widowed

12. What is your child’s relationship status?
    a. Single (never married)
    b. Married
    c. In a domestic partnership
    d. Divorced
    e. Widowed

13. What is your household income?
    a. Below $10k
    b. $10k - $50k
    c. $50k - $100k
    d. $100k - $150k
    e. Over $150k

14. Do you receive any financial assistance? If yes, please explain below.
    a. Yes
    b. No

____
____
____

15. When was your child/ward diagnosed with cerebral palsy?

____

16. Where and who diagnosed your child/ward with cerebral palsy?

____

17. Does your child have any other diagnosis that we should be aware of?

____
____

18. Do you receive any additional services that help you care for your child/ward?

____
____

Created for 4theKids
By: Khrista Neville, M.S.
February 10th, 2023

Study ________________________ *ID* __________

Date __ __/__ __/__ __ __ __

Symptom Checklist 90-R

Below is a list of problems and complaints that people sometimes have. Please read each one carefully and **enter the number** that best describes how much you were bothered by that problem during the past week.

Please enter only ONE.

FOR THE *PAST WEEK*, HOW MUCH WERE YOU BOTHERED BY:

	Not At All	**A Little Bit**	**Moderately**	**Quite A Bit**	**Extremely**
1. Headaches	0	1	2	3	4
2. Nervousness or shakiness inside	0	1	2	3	4
3. Unwanted thoughts, words, or ideas that won't leave your mind	0	1	2	3	4
4. Faintness or dizziness	0	1	2	3	4
5. Loss of sexual interest or pleasure	0	1	2	3	4
6. Feeling critical of others	0	1	2	3	4
7. The idea that someone else can control your thoughts	0	1	2	3	4
8. Feeling others are to blame for most of your troubles	0	1	2	3	4
9. Trouble remembering things	0	1	2	3	4
10. Worried about sloppiness or carelessness	0	1	2	3	4
11. Feeling easily annoyed or irritated	0	1	2	3	4
12. Pains in heart or chest	0	1	2	3	4
13. Feeling afraid in open spaces or on the streets	0	1	2	3	4
14. Feeling low in energy or slowed down	0	1	2	3	4
15. Thoughts of ending your life	0	1	2	3	4
16. Hearing words that others do not hear	0	1	2	3	4
17. Trembling	0	1	2	3	4
18. Feeling that most people cannot be trusted	0	1	2	3	4
19. Poor appetite	0	1	2	3	4
20. Crying easily	0	1	2	3	4

Study ________________________ *ID* __________

Date __ __/__ __/__ __ __ __

FOR THE *PAST WEEK*, HOW MUCH WERE YOU BOTHERED BY:

	Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
21. Feeling shy or uneasy with the opposite sex	0	1	2	3	4
22. Feeling of being trapped or caught	0	1	2	3	4
23. Suddenly scared for no reason	0	1	2	3	4
24. Temper outbursts that you could not control	0	1	2	3	4
25. Feeling afraid to go out of your house alone	0	1	2	3	4
26. Blaming yourself for things	0	1	2	3	4
27. Pains in lower back	0	1	2	3	4
28. Feeling blocked in getting things done	0	1	2	3	4
29. Feeling lonely	0	1	2	3	4
30. Feeling blue	0	1	2	3	4
31. Worrying too much about things	0	1	2	3	4
32. Feeling no interest in things	0	1	2	3	4
33. Feeling fearful	0	1	2	3	4
34. Your feelings being easily hurt	0	1	2	3	4
35. Other people being aware of your private thoughts	0	1	2	3	4
36. Feeling others do not understand you or are unsympathetic	0	1	2	3	4
37. Feeling that people are unfriendly or dislike you	0	1	2	3	4
38. Having to do things very slowly to insure correctness	0	1	2	3	4
39. Heart pounding or racing	0	1	2	3	4
40. Nausea or upset stomach	0	1	2	3	4
41. Feeling inferior to others	0	1	2	3	4
42. Soreness of your muscles	0	1	2	3	4
43. Feeling that you are watched or talked about by others	0	1	2	3	4
44. Trouble falling asleep	0	1	2	3	4

Study ________________________ *ID* __________

Date __ __/__ __/__ __ __ __

FOR THE *PAST WEEK*, HOW MUCH WERE YOU BOTHERED BY:

	Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
45. Having to check and double-check what you do	0	1	2	3	4
46. Difficulty making decisions	0	1	2	3	4
47. Feeling afraid to travel on buses, subways, or trains	0	1	2	3	4
48. Trouble getting your breath	0	1	2	3	4
49. Hot or cold spells	0	1	2	3	4
50. Having to avoid certain things, places, or activities because they frighten you	0	1	2	3	4
51. Your mind going blank	0	1	2	3	4
52. Numbness or tingling in parts of your body	0	1	2	3	4
53. A lump in your throat	0	1	2	3	4
54. Feeling hopeless about the future	0	1	2	3	4
55. Trouble concentrating	0	1	2	3	4
56. Feeling weak in parts of your body	0	1	2	3	4
57. Feeling tense or keyed up	0	1	2	3	4
58. Heavy feelings in your arms or legs	0	1	2	3	4
59. Thoughts of death or dying	0	1	2	3	4
60. Overeating	0	1	2	3	4
61. Feeling uneasy when people are watching or talking about you	0	1	2	3	4
62. Having thoughts that are not your own	0	1	2	3	4
63. Having urges to beat, injure, or harm someone	0	1	2	3	4
64. Awakening in the early morning	0	1	2	3	4
65. Having to repeat the same actions such as touching, counting, washing	0	1	2	3	4
66. Sleep that is restless or disturbed	0	1	2	3	4
67. Having urges to break or smash things	0	1	2	3	4
68. Having ideas or beliefs that others do not share	0	1	2	3	4

Study ________________________ *ID* __________

Date __ __/__ __/__ __ __ __

FOR THE *PAST WEEK*, HOW MUCH WERE YOU BOTHERED BY:

	Not At All	**A Little Bit**	**Moderately**	**Quite A Bit**	**Extremely**
69. Feeling very self-conscious with others	0	1	2	3	4
70. Feeling uneasy in crowds, such as shopping or at a movie	0	1	2	3	4
71. Feeling everything is an effort	0	1	2	3	4
72. Spells of terror or panic	0	1	2	3	4
73. Feeling uncomfortable about eating or drinking in public	0	1	2	3	4
74. Getting into frequent arguments	0	1	2	3	4
75. Feeling nervous when you are left alone	0	1	2	3	4
76. Others not giving you proper credit for your achievements	0	1	2	3	4
77. Feeling lonely even when you are with people	0	1	2	3	4
78. Feeling so restless you couldn't sit still	0	1	2	3	4
79. Feelings of worthlessness	0	1	2	3	4
80. Feeling that familiar things are strange or unreal	0	1	2	3	4
81. Shouting or throwing things	0	1	2	3	4
82. Feeling afraid you will faint in public	0	1	2	3	4
83. Feeling that people will take advantage of you if you let them	0	1	2	3	4
84. Having thoughts about sex that bother you a lot	0	1	2	3	4
85. The idea that you should be punished for your sins	0	1	2	3	4
86. Feeling pushed to get things done	0	1	2	3	4
87. The idea that something serious is wrong with your body	0	1	2	3	4
88. Never feeling close to another person	0	1	2	3	4
89. Feelings of guilt	0	1	2	3	4
90. The idea that something is wrong with your mind	0	1	2	3	4

Family Needs Survey

Child's Name:	Person Completing Survey:
Date Completed:	Relationship to Child:

Many families of young children have needs for information or support. Listed below are some needs commonly expressed by families. Please read each one carefully and circle the number that best describes how much help you need with that area.

I definitely do not need help with this.	Not sure.	I definitely need help with this.
1	2	3

Needs for Information

1. I need more information about my child's condition or disability. 1 2 3
2. I need more information about how to handle my child's behavior. 1 2 3
3. I need more information about how to teach my child. 1 2 3
4. I need more information on how to play with or talk to my child. 1 2 3
5. I need more information on the services that are presently available for my child. 1 2 3
6. I need more information about the services that my child might receive in the future. 1 2 3
7. I need more information about how children grow and develop. 1 2 3

Needs for Support

8. I need to have someone in my family that I can talk to more about problems. 1 2 3
9. I need to have more friends that I can talk to. 1 2 3
10. I need to have more opportunities to meet and talk with other parents of handicapped children. 1 2 3
11. I need to have more time just to talk with my child's teacher or therapist. 1 2 3
12. I would like to meet more regularly with a counselor (psychologist, social worker, psychiatrist) to talk about problems. 1 2 3
13. I need to talk more to a minister who can help me deal with problems. 1 2 3
14. I need reading material about other parents who have had a child similar to mine. 1 2 3
15. I need to have more time for myself. 1 2 3

Explaining to Others

16. I need more help in how to explain my child's condition to their siblings. 1 2 3
17. I need more help in explaining my child's condition to either my spouse or my spouse's parents. 1 2 3
18. My spouse needs help in understanding and accepting our child's condition. 1 2 3

Family Needs Survey. Donald B. Bailey, Jr. & Rune J. Simeonsson. FPG Child Development Institute, The University of North Carolina at Chapel Hill.

19. I need help in knowing how to respond when friends, neighbors, or strangers ask questions about my child's condition. 1 2 3
20. I need help in explaining my child's condition to other children. 1 2 3

Community Services

21. I need help locating a doctor who understands me and my child's needs. 1 2 3
22. I need help locating a dentist who will see my child.
23. I need help locating babysitters or respite care providers who are willing and able to care for my child. 1 2 3
24. I need help locating a daycare center or preschool for my child. 1 2 3
25. I need help in getting appropriate care for my child in our church or synagogue nursery during church services. 1 2 3

Financial Needs

26. I need more help in paying for expenses such as food, housing, medical care, clothing, or transportation. 1 2 3
27. I need more help in getting special equipment for my child's needs. 1 2 3
28. I need more help in paying for therapy, daycare, or other services my child needs. 1 2 3
29. I or my spouse need more counselling or help in getting a job. 1 2 3
30. I need more help paying for babysitting or respite care. 1 2 3
31. I need more help paying for toys that my child needs. 1 2 3

Family Functioning

32. Our family needs help in discussing problems and reaching solutions. 1 2 3
33. Our family needs help in learning how to support each other during difficult times. 1 2 3
34. Our family needs help in deciding who will do household chores, childcare, and other family tasks. 1 2 3
35. Our family needs help deciding on and doing recreational activities. 1 2 3

Family Needs Survey. Donald B. Bailey, Jr. & Rune J. Simeonsson. FPG Child Development Institute, The University of North Carolina at Chapel Hill.

Instructions:

This assessment asks how you feel about your quality of life, health, and other areas of your life. Please answer all the questions. If you are unsure about which response to give to a question, please choose the one that appears most appropriate. This can often be your first response.

Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life in the **last two weeks**.

Do you get the kind of support from others that you need?				
Not at all 1	Slightly 2	Moderately 3	Very [✓ 4]	Completely 5

You would circle the number 4 if in the last two weeks you got a great deal of support from others.

If you did not get any of the support from others that you needed in the last two weeks you would circle 1.

Thank you for your help.

Now turn to the back of this page

Please read the question, assess your feelings, for the last two weeks, and circle the number on the scale for each question that gives the best answer for you.

		Very poor	Poor	Neither poor nor good	Good	Very good
1	How would you rate your quality of life?	1	2	3	4	5

		Very dissatisfied	Fairly Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2	How satisfied are you with your health?	1	2	3	4	5

The following questions ask about how much you have experienced certain things in the **last two weeks**.

		Not at all	A Small amount	A Moderate amount	A great deal	An Extreme amount
3	To what extent do you feel that physical pain prevents you from doing what you need to do?	1	2	3	4	5
4	How much do you need any medical treatment to function in your daily life?	1	2	3	4	5
5	How much do you enjoy life?	1	2	3	4	5
6	To what extent do you feel your life to be meaningful?	1	2	3	4	5

		Not at all	Slightly	Moderately	Very	Extremely
7	How well are you able to concentrate?	1	2	3	4	5
8	How safe do you feel in your daily life?	1	2	3	4	5
9	How healthy is your physical environment?	1	2	3	4	5

		Not at all	Slightly	Somewhat	To a great extent	Completely
10	Do you have enough energy for everyday life?	1	2	3	4	5
11	Are you able to accept your bodily appearance?	1	2	3	4	5
12	Have you enough money to meet your needs?	1	2	3	4	5
13	How available to you is the information you need in your daily life?	1	2	3	4	5
14	To what extent do you have the opportunity for leisure activities?	1	2	3	4	5

		Not at all	Slightly	Moderately	Very	Extremely
15	How well are you able to get around physically?	1	2	3	4	5

The following questions ask you to say how good or satisfied you have felt about various aspects of your life over the **last two weeks**.

		Very Dissatisfied	Fairly Dissatisfied	Neither Satified nor Dissatisfied	Satisfied	Very satisfied
16	How satisfied are you with your sleep?	1	2	3	4	5
17	How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
18	How satisfied are you with your capacity for work	1	2	3	4	5
19	How satisfied are you with yourself?	1	2	3	4	5
20	How satisfied are you with your personal relationships?	1	2	3	4	5

21	How satisfied are you with your sex life?	1	2	3	4	5
22	How satisfied are you with the support you get from your friends?	1	2	3	4	5
23	How satisfied are you with the conditions of your living place?	1	2	3	4	5
24	How satisfied are you with your access to health services?	1	2	3	4	5
25	How satisfied are you with your transport?	1	2	3	4	5

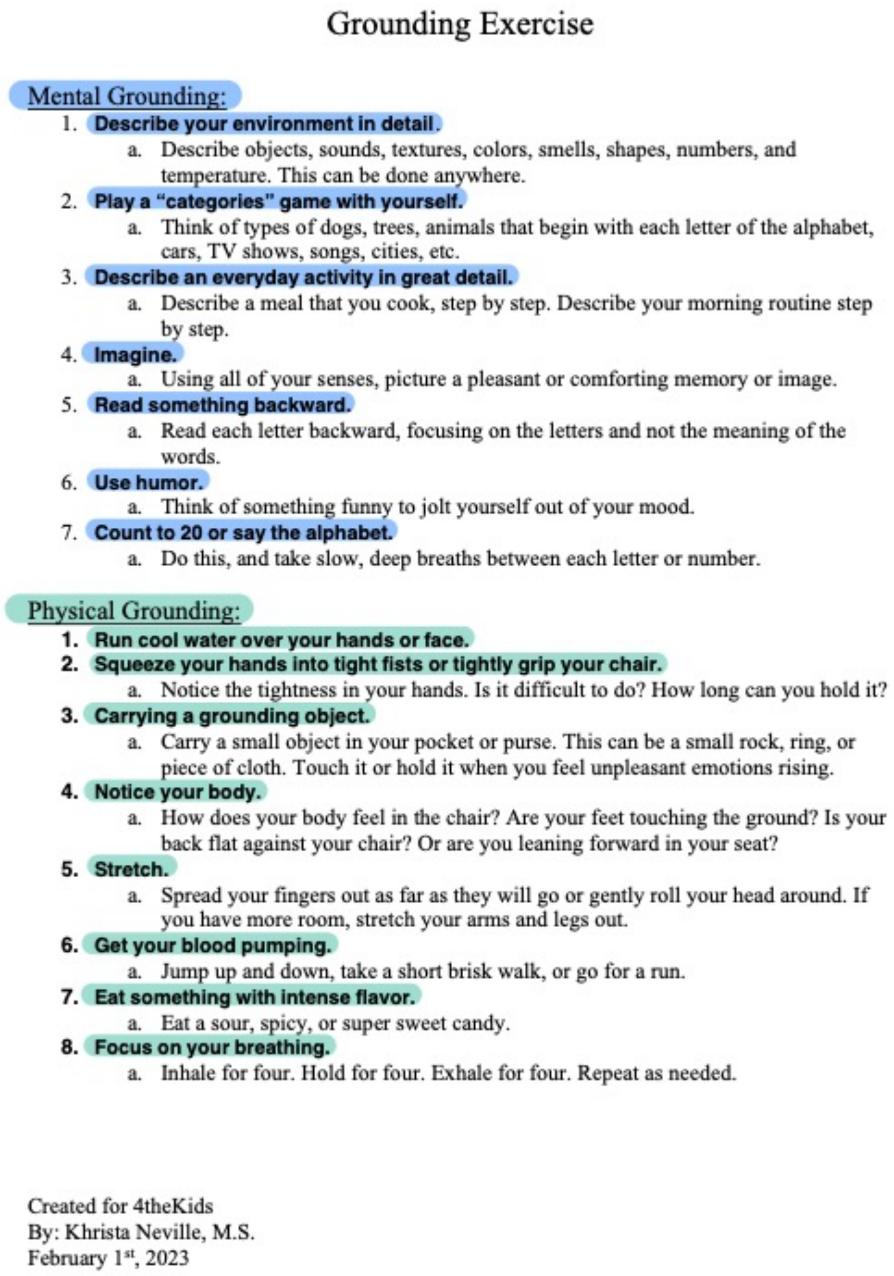
The following question refers to **how often** you have felt or experienced certain things in the last two weeks.

		Never	Infrequently	Sometimes	Frequently	Always
26	How often do you have negative feelings such as blue mood, despair, anxiety or depression?	1	2	3	4	5

THE END

This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. In the event of any inconsistency between the English and the translated version, the original English version shall be the binding and authentic version.

Appendix C



Grounding Exercise

Mental Grounding:

1. **Describe your environment in detail.**
   a. Describe objects, sounds, textures, colors, smells, shapes, numbers, and temperature. This can be done anywhere.
2. **Play a "categories" game with yourself.**
   a. Think of types of dogs, trees, animals that begin with each letter of the alphabet, cars, TV shows, songs, cities, etc.
3. **Describe an everyday activity in great detail.**
   a. Describe a meal that you cook, step by step. Describe your morning routine step by step.
4. **Imagine.**
   a. Using all of your senses, picture a pleasant or comforting memory or image.
5. **Read something backward.**
   a. Read each letter backward, focusing on the letters and not the meaning of the words.
6. **Use humor.**
   a. Think of something funny to jolt yourself out of your mood.
7. **Count to 20 or say the alphabet.**
   a. Do this, and take slow, deep breaths between each letter or number.

Physical Grounding:

1. **Run cool water over your hands or face.**
2. **Squeeze your hands into tight fists or tightly grip your chair.**
   a. Notice the tightness in your hands. Is it difficult to do? How long can you hold it?
3. **Carrying a grounding object.**
   a. Carry a small object in your pocket or purse. This can be a small rock, ring, or piece of cloth. Touch it or hold it when you feel unpleasant emotions rising.
4. **Notice your body.**
   a. How does your body feel in the chair? Are your feet touching the ground? Is your back flat against your chair? Or are you leaning forward in your seat?
5. **Stretch.**
   a. Spread your fingers out as far as they will go or gently roll your head around. If you have more room, stretch your arms and legs out.
6. **Get your blood pumping.**
   a. Jump up and down, take a short brisk walk, or go for a run.
7. **Eat something with intense flavor.**
   a. Eat a sour, spicy, or super sweet candy.
8. **Focus on your breathing.**
   a. Inhale for four. Hold for four. Exhale for four. Repeat as needed.

Created for 4theKids
By: Khrista Neville, M.S.
February 1st, 2023

Soothing Grounding:

1. **Say kind statements to yourself.**
    a. Talk to yourself as you would a friend. ("You can do this. It is hard now, but it won't always be.")
2. **Think of favorites.**
    a. Think of your favorite color, animal, season, food, TV show, movie, or memory.
3. **Picture people that you care about.**
    a. Picture family members or good friends. Look at photographs of them if you have any.
4. **Read or think about inspiring songs, quotations, or poems.**
    a. This good is a prayer, a daily affirmation, or anything that might make you feel better.
5. **Say a coping statement.**
    a. "I can handle this." "This feeling will pass." "I am strong, and I can do this."
6. **Treat yourself.**
    a. Treat yourself to a warm bath, a fancy dinner, or a piece of your favorite candy.
7. **Think of things that you are looking forward to in the future.**
    a. What things are you doing next week that is fun? Do you have a vacation planned soon? Maybe you are hanging out with a friend?

Practice is very important to make sure that these grounding exercises stick! Practice them as often as possible, so when you need one of these skills, you will know it and be able to use it without much issue!

Created for 4theKids
By: Khrista Neville, M.S.
February 1st, 2023

Appendix D

Who I Can Reach Out to When I Am in Need…

On this sheet, list trusted friends and family and their numbers. When you are struggling, feeling alone, or just want some company, contact these trusted individuals.

Name:	**Contact Information:**

If whatever you are struggling with persists, you are uncomfortable talking with family or friends, or you have suicidal thoughts, reach out for professional support.

Local emergency number:

My mental health provider:

My medical provider:

Talk to someone now:

- Call 988
- If you are deaf or hard of hearing, call 711 then 988
- For online chat, visithttps://988lifeline.org/chat

Created for 4theKids
By: Khrista Neville, M.S.
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Appendix E

Thought Challenging Worksheet

Throughout the day, we often experience many different thoughts. We can have helpful and wanted thoughts and unhelpful and unwanted thoughts. This worksheet is designed to help you challenge unhelpful and unwanted thoughts. Follow the directions below. As you continue to practice this skill, it will become easier for you to challenge these unwanted and unhelpful thoughts as they happen.

Step 1: Think of a situation where you felt an intense negative emotion like anxiety, sadness, or anger. What were some of your thoughts? Write down one or two of the unhelpful thoughts below.

Step 2: Read the questions below. Use them to help you challenge the unhelpful thoughts above.

- Is there evidence to support my thought? What is the evidence?
- Is there evidence that does not support my thought? What is the evidence?
- Does this thought help me in this situation or hurt me?
- Am I using a past experience to overgeneralize?
- What are some positive ways I've dealt with this scenario before?

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Thought Challenging Worksheet

- Can I genuinely control this?

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Step 3: Now that you have spent time challenging your thoughts, what more positive or helpful thoughts may have helped you feel better in the moment?

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Step 4: Now that you know how to do it, practice, practice, practice. The more you practice this skill, the easier it will be for you to challenge the unhelpful or unwanted thoughts when they come. Use the space below to practice this skill for homework!

Negative Thought: Write an unhelpful thought(s) below.

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Challenge it: Use the questions below to help you challenge the unhelpful thoughts.
- Is there evidence to support my thought? What is the evidence?
- Is there evidence that does not support my thought? What is the evidence?
- Does this thought help me in this situation or hurt me?
- Am I using a past experience to overgeneralize?
- What are some positive ways I've dealt with this scenario before?
- Can I genuinely control this?
- What advice would I give a friend in this scenario?
- Am I using "I must," "I have to," or "I should" thinking here? Is it necessarily true?
- What would the worst possible outcome be if this thought were true?

Re-Think it: Now, write a more helpful thought.

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