Using TAPit® Technology to Teach Daily Living Skills to Adults with Developmental Disabilities: A Manual
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A Thesis Submitted to the School of Community Services in partial fulfillment of the requirements for the Honours Bachelor of Behavioural Psychology

St. Lawrence College

Kingston, Ontario

Canada.

April 2019

The procedures in this staff training manual/workshop are meant to be used by agency staff, as part of the broader services they provide, or under supervision of agency staff.
Dedication

I would like to dedicate this thesis to my wonderful support team. I would not have made it through these past four years without your relentless support you have given me. Thank you, Mom, Dad, and Mike.
Abstract

People with developmental disabilities often require more help to learn and use information than people without cognitive deficits. Daily living skills for individuals with developmental disabilities, (e.g., autism spectrum disorder), often struggle to learn essential skills for daily living (e.g., meal preparation, money management, or personal hygiene), which are critical for independent living. The current thesis discusses the development of a facilitators manual that focuses on increasing daily living skills using interactive technology to educate adults with developmental disabilities. In particular, this manual aims to teach staff how to educate clients on how to create budgets, use an ATM/ debit card, and cooking a healthy meal. These particular skills were identified to be important by the agency as they felt their clients were capable of the skills but lacked the knowledge and training. The agency identified a lack of knowledge to address relevant need areas in teaching adults with developmental disabilities, specifically using interactive technology. As such, the manual presented in this thesis was designed to incorporated aspects of independent living skills with aspects of gamification as a teaching tool. It was hypothesized that the manual would allow staff members to better implement teaching strategies for these skills if the manual was flexible and user-friendly. Due to time constraints, the author was not able to formally evaluate the effectiveness of the use of the manual, but the perceived effectiveness was obtained through feedback from the agency staff. It is thought this manual can be generalized to different agencies as the technology used is interchangeable. Strengths, limitations, multilevel challenged to service implementation, and recommendations for future research are addressed.
Acknowledgements

I am honoured to have had the opportunity to complete my fourth-year placement at Extend-A-Family. Thank you to all of the staff that made each day memorable, and rich with experience. Thank you to Megan Taylor for being my on-site supervisor while on placement and giving me the opportunity to expand my knowledge and grow. Thank you to Dr. Hal Cain for being my college supervisor, I couldn’t have done it without. I am thankful for Kool Kamp for sparking my love for the Developmental Field. If it wasn’t for the summer job, I wouldn’t be have found my passion and love for helping others.
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Chapter I: Introduction

People with developmental disabilities often require more help to learn, understand, or use information than neurotypical individuals (Dsonterario, 2018). Developmental disabilities are classified as a group of physical, learning, language, and/or behavioural deficits (Centers for Disease Control and Prevention, 2018). Developmental disabilities can begin anytime during the developmental stage of childhood, typically between the ages of 2-6 years old, but often begin in utero (Centers for Disease Control and Prevention, 2018). Developmental Services Ontario (2018) states that a developmental disability is present at birth or develops before the age of 18 years of age. According to the World Health Organization, 15% of the world’s population (estimated 1.1 billion people) identify as having a developmental disability. The most prominent developmental disabilities include, but not limited to, Autism Spectrum Disorder (ASD), Attention Deficit/Hyperactivity Disorder (ADHD), Cerebral Palsy (CP), and Down syndrome (Center for Disease Control and Prevention, 2018). Individuals with the aforementioned diagnoses do not necessarily display a lack of intelligence but can have average or above average intelligence. Individual with a diagnosis of a developmental disability, often present with significant deficits in adaptive behavioural functioning, however, not all of these deficits are behavioural with respect to overt behaviour (Cannelle-Malone, Sigafoos, O’Reilly, de la Cruz, Edrisinha, & Lancioni, 2006). Within the adaptive functioning area most of the “challenges” are better described as learning issues (Schmidt et al., 2016) which can lead to the inability to complete daily living tasks without guidance (Kraijer as cited in Cannelle-Malone et al., 2006).

Daily living skills, such as meal preparation, money management, and personal hygiene, can often be challenging to learn for individuals with disabilities, but are all essential to independent living (Bal, Kim, Cheong, & Lord, 2015). Research shows that individuals with disabilities such as ASD often display impairments in the ability to complete daily living skills (Bal et al., 2015). Independent living and leisure skills also are known as Activities of Daily Living (ADLs) enables adults to experience an improved quality of living by increasing self-reliance and competence (Cannelle-Malone, Sigafoos, O’Reilly, de la Cruz, Edrisinha, & Lancioni, 2006). Learning these skills will allow adults with developmental disabilities the opportunity to live a more self-supported lifestyle and allows them to achieve greater independence within their community (Dollar, Fredrick, Alberto, & Luke, 2012). Adults with disabilities who learn leisure skills increase their social interactions and their activity level, while simultaneously increasing their opportunities to access different environments (Canella-Malone, et al., 2006).

Identifying potential methods to increase independent living skills for individuals with developmental disabilities is vital to enhance their overall quality of life (Gardner & Wolfe, 2013). When people with developmental disabilities are no longer able to attend school, due to age limitations, they are often referred to day respite programs. Day respite programs provide support to families that work throughout the day, or who need relief a few days a week to run errands or attend appointments (Caregiver Respite Program, 2018). Structured day programs delivered in a community-based setting often provide supervised recreational and social activities (Caregiver Respite Program, 2018), some day programs also engage in social skills building, teaching daily living skills, and allow for clients to safely engage in physical activity.

Rationale

There are numerous benefits for incorporating technological devices when teaching clients with disabilities, such as enhancing engagement, motivation, and learning in various areas of social and independent living, in both children and adults (Yakubova & Taber-Doughty,
Recent evidence suggests that video-based interactions are a new and promising way to teach daily living skills to an individual tailored to the client’s level of support they require to be successful (Cannella-Malone, Sigafoos, O’Reilly, de la Cruz, Edrisinha, & Lancioni, 2006). Electronic interactive whiteboards (IWBs) are a form of computer-based technology that has been integrated into the education system using interactive technology, along with video-based teaching (Wall, Higgens, & Smith, 2005). IWBs have been shown to benefit student’s ability to learn (Wall et al., 2005). Yabubova and Taber-Doughty (2013), identified the positive and natural learning benefits IWBs possess on adults and children with developmental disabilities in the areas of numeracy and literacy (Smith, Hardman, & Higgens, 2006), but research in this area is limited. Smith and colleagues examined the effect of a SMART board™ (a type of IWB) to teach each skill of reading and simple addition and subtraction to a child with an intellectual disability and found positive outcomes. Mechling, Gast, and Krupa (2007) compared the effectiveness of traditional flashcard instruction to SMARTboard™ instruction in teaching reading and math skill and determined the SMART board™ was a more effective way of teaching.

The use of manual-based interventions tends to increase client outcomes and promotes replicability of content taught (Goldstein, Kemp, Leff, & Lochman, 2013). Galovski, Blain, Mott, Elwood, and Houle (2012) stated that manuals are useful when content clearly addresses the need within the group. Manuals also provide structure and organization that unfamiliar facilitators can use and be successful, and they can also serve as a reminder for facilitators that are highly experienced. Kendall, Gifford, Hayes, and Nauta, (1998) affirmed that manual based therapy could be highly functional when well organized and user-friendly, manuals are often unsuccessful when they are unorganized.

A facilitator’s manual was created to teach daily living skills to help increase independence for individuals diagnosed with a developmental disability. The manual provides the facilitator relevant information in a format of written resource handouts instead of all information being orally shared with clients, which allowed for clients to take home relevant information. The interactive component of the daily living skills manual allowed the clients to participate in simulated situations. A hands-on component was implemented allow clients to experience situations physically.

Since the interactive computer-based video has been shown to be effective to teach daily living skills to people with developmental disabilities, a facilitator’s manual was developed to teach daily living skills. It was envisioned that a user-friendly and well laid out program using an interactive video display platform can aid staff in teaching daily living skills to adults with developmental disabilities. Through the development of a manual, staff can facilitate teaching daily living skills in on-one-on sessions or in groups sessions using the Touch Accessible Platform for Interactive Technology (TAP-it®). Through the development of a manual, a facilitator can aim to run an effective program to teach daily living skills to adults with developmental disabilities. The organized structure and effective use of time will make the daily living skills group beneficial to participants diagnosed with developmental disabilities. A feedback survey was given to each facilitator to evaluate the user's satisfaction with the manual. The results were taken into consideration, and the manual was adjusted accordingly.

Following the introduction of the thesis, the literature review compares and evaluates current research as well as additional theoretical articles about the topic. The literature review chapter provides an overview of developmental disabilities, the use of interactive teaching, a rationale for the use of a facilitator's manual, as well as the effectiveness of manuals for the
participants. The methods chapter identifies and describes the settings, participants, materials, procedures, and measures of the session and the manual. The results chapter discusses the outcomes of the manual through the evaluation of the data gathered. The final chapter concludes the thesis as it is discussed and summarizes the importance of the creation of the manual, the strengths and limitations discovered, and the potential contributions to the behavioural psychology field.
Chapter II: Literature Review

Overview of Developmental Disabilities

Developmental Disorder.

Developmental Services Ontario (2018) states that a developmental disability is present at birth or develops before the age of 18 years of age. A developmental disability can hinder the ability of a person to learn basic skills, such as daily living skills. Peoples with developmental disabilities can fit into and still actively participate in their communities and often become great advocates, neighbours, and friends with the right support, tailored to the individual. The underlying cause of all developmental disabilities is not known. (CDC, 2018). Chromosomal conditions can lead to Down syndrome and Fragile X syndrome. Low birth rate, premature birth, and multiple births also lead to an increased chance of developmental disabilities (CDC, 2018).

Intellectual Disabilities.

About one percent of the population is diagnosed with an intellectual disability; typically, males have a higher rate of diagnosis than females (American Psychiatric Association, 2018). Intellectual disabilities involve problems with general mental abilities in two ways; intellectual functioning (e.g., learning, problem-solving, judgement), and adaptive functioning concerning activities of daily living (e.g., communication skills and independent living ability) (American Psychiatric Association, 2018). Many individuals with intellectual disabilities experience deficits in daily living skills, which may lead to adverse effects such as remaining dependent on others or feeling devalued (Cannella-Malone, Fleming, Chung, Wheeler, Babagill, & Singh, 2011). Being able to complete daily living tasks independently allows the client to feel a great sense of self-accomplishment. Being able to independently complete daily living tasks allows for individuals to have more options for living arrangements (group home vs. independent living). Cannella- Malone et al. (2011) used video modelling and video prompting to teach clients daily living skills to enhance the overall quality of life.

Autism Spectrum Disorder.

Individuals with autism spectrum disorder (ASD) need to acquire a variety of daily living skills if they are going to be successful in a post-education environment (Carothers and Taylor, as cited in Bennett & Dukes, 2013). Ideally, these skills are taught while the child is still in school, while developing their individual education plans (IEP), and before graduation plans are set (Bennett & Dukes, 2013). Unfortunately, many adolescents and adults with ASD are not taught the required skills to live independently. Ayres, Lowrey, Douglas, and Sievers (2011) proposed developing an educational system that is individualized and inclusive of each individual’s needs, both academic and daily functioning. As without these skills, integration into post-education settings, clients can result in dependence on others (Hendricks and Wehman, as cited in Bennett & Dukes, 2013).

Video Modeling

Video modelling is an evidence-based practice that allows individuals to learn new tasks by viewing videos of models demonstrating the skill or behaviour (Kellems et al., 2016). After viewing the video of the entire skill, participants are prompted to imitate what they just saw (Cannella-Malone et al., 2006). Video modelling has increased in popularity due to the technological ease and the decreased cost of creating videos (Kellems et al., 2016). Video modelling also requires less time to implement than live modelling (Kellems et al., 2016).
McCoy and Hermansen’s (2007) study showed that not only was time efficiency an advantage but the generalization of tasks was as well. It is also the most cost-effective as videos could be reused and adapted to multiple individuals once the video has been created.

Video modelling has shown great success in teaching daily living skills to individuals with developmental disabilities (Horn, Miltenberger, Weil, MoweryConn, & Sams, 2008). For some individuals watching the whole skill being performed at once does not lead to skill acquisition. The use of video modelling allows clients to pause and rewind content to re-watch parts of the video that's needed to develop skill knowledge. Video modelling will enable instructors to break down skills into smaller, less complex tasks. Video instruction is thought to be an effective intervention as it combines observational learning and imitation of observed behaviours (Palechka & MacDonald, 2010), while also providing natural stimuli. Video modelling and tactile instruction allow individuals with disabilities to learn daily living skills the way they learn best (Education Planner, 2011; Bereznak et al., 2012). The use of touch technology offers the same ability to break down complex skills into individual learning tasks, which can be combined to complete the task (Horn et al., 2008). Cannella, O’Reilly, and Lancioni (2005) determined that when individuals are capable of achieving daily living skills but are not taught, it may lead to learned helplessness. Learned helplessness occurs when an individual repeatedly has a task completed for them without the opportunity to participate, leading to the state of mind that they cannot do it for themselves (Gacek, Smolen, Pilecka, 2017), this is particularly true for individuals who have been reintegrated into the community from institutions. This can be detrimental as clients lose their independence in day-to-day activities.

Cannella-Malone et al. (2011) study showed that providing individuals with intellectual disabilities appropriate instruction to complete daily living skills has the potential to enhance the individual’s self-determination. In the past decade, a variety of studies have examined the effectiveness of video modeling and video prompting to teach daily living skills to individuals with intellectual disabilities, including using an ATM, household chores, and food preparation (Cannella-Malone, et al., 2011; Cihak, Alberto, Taber-Doughty, & Gama, 2006; Van Laarhoven & Van Laarhoven-Meyers, 2006). Cannella-Malone et al. (2011) study demonstrated that video prompting was active in teaching six participants to do laundry, and wash dishes. The study took place in a school for individuals with severe to profound intellectual and physical disabilities. One participant was deaf and was still able to learn the skills even though he could not hear the voice-over instructions.

Video modelling has been demonstrated to be effective in teaching functional, social, and behavioural skills to individuals diagnosed with ASD (Bereznak, Ayres, Mechling, & Alexander, 2012). Bidwell and Rehfeldt (2004) demonstrated that video instruction is a more effective means of teaching skills, as several learners can benefit at the same time. Bidwell and Rehfeldt (2004) used video instruction to teach three individuals to make and serve coffee to a peer. A PC was used to display the video model, a model the participants knew was used. Participants were asked to watch a 5-minute video of coffee being made. Participants were immediately asked to complete the same task after the video had ended. If participants made an error, they were not corrected unless it hindered the completion of the next step, in which the facilitator corrected the mistake. All three participants were able to make coffee at the 1-month follow up successfully.

A study conducted by Rehfeldt et al. (as cited in Cannella-Malone, Sigafos, O’Reilly, de la Cruz, Edrisinha, & Lancioni, 2006) demonstrated the use of video modelling for teaching daily living skills to three adults with developmental disabilities. A two-and-a-half-minute video on how to make a sandwich was shown to the participants using a staff member as the model.
After watching the video, participants were immediately prompted to make a sandwich; participants were asked to make the same sandwich again the next day. Results showed the use of the video modelling yield 100% success with all three participants. Video modelling and interactive touch technology demonstrate similar results due to the video aspect of both interventions (Mechling, Ayres, Bryant, and Foster, 2014). Video prompting is identical to interactive touch as each step is broken down until the participant correctly completes the step. The user first watches the step, then performs the same step, and so forth until the task is completed. Interactive touch can be used in the same way. (Mechling et al., 2014).

How Touch Technology Can Assist Facilitation of Daily Living Skills

Augmentative and alternative communication (AAC) are systems designed to supplement or replace spoken or written communication for individuals with troubles communicating whether temporary or permanent (Ganz et al., 2014). One form of AAC intervention is the Picture Exchange Communication System (PECS; Bondy & Frost, 2011), which involves the use of pictures, allowing users to communicate with others by handing a picture to another individual. Other AAC devices are called speech-generating devices (SGDs), which produce pre-recorded or computer-generated speech upon the user's command (Millar, Light, & Schlosser, 2006). Although PECS and SGDs are the most used type of AAC, there are additional picture-based AACs which use picture boards and pointing systems (Ganz et al., 2014). Ganz and Colleagues (2014) determined that both PECS and SGDs been successful in both school and community settings with adults and children in increasing communication in participants diagnosed with autism and other pervasive developmental disorders. PECS was determined to be more successful than SGDs; it is perceived to be due to physically exchanging pictures.

The Touch Accessible Platform for Interactive Technology (TAPit ®) draws on the same aspects of AACs. TAPit ® is the first assistive learning center using "intended touch" to serve individuals with special needs (TeachSmart, 2017). This technology understands the difference between an arm resting on the screen and a finger or an assistive device intentionally “tapping” on an image. The TAPit ® platform moves horizontally as well as tilts up and down to accommodate individuals who use wheelchairs, walkers, or other mobility devices. Finding assistive technology that serves the needs of multiple individuals with a variety of special needs is challenging. Research on the TAPit ®platform is limited, as it has just newly been introduced into North America; however, the TAPit ®platform runs the same software as the SMARTboard® IWB with the exception for the intended touch element. The TAPit® has the capability to run the same software as PC and MAC programs.

The use of touch devices such as an Interactive Whiteboard (IWB) is becoming increasingly popular with people with disabilities (Cumming & Strnadova, as cited in Stephenson & Limbrick, 2013; Mechling, Gast, and Thompson (2009) found that using a SmartBoard® increased motivation, attention, and time-on-task increased from using traditional methods (such as various forms of modelling and task analysis) of teaching daily living skills. Haring, Kennedy, Adams, and Pitts- Conway (as cited in Charlop-Christy et al., 2000) demonstrated that the use of video modelling successfully generalized purchasing skills of young adults with autism is a variety of locations. Charlop and Milstein (as cited in Charlop-Christy et al., 2000) used video modelling to teach conversational speech to children with autism. Results showed that children quickly acquired the skill after observing the modelling procedures and generalized across participants and settings. Results were maintained at a 15-month follow up. IWBs and video prompting have demonstrated strong results in teaching daily living skills to
adults with disabilities. A facilitator's manual may improve the ability to teach daily living skills to improve the client's success while learning these skills while using the TAPit ® platform.

**Manual Use in Interventions**

**Importance of manualized therapy.**

Educational and training manuals are used in clinical psychotherapies when working with a wide range of clients. Manuals allow for the implementation of a diverse range of interventions in a wide range of settings. The level of specificity can range from narrow, following a strict criterion, to a broad and flexible approach (Kendall, Chu, Gifford, Hayes, & Nauta, 1998). An advantage of manualized therapy is that they are useful in controlled outcomes (Wilson, 1998). Manuals allow for more magnificent structure and a time-limited approach, which deters focus on treatment implementation (Wilson, 1998). Wilson (1998) also determined that manualized therapy creates cost-effective interventions, and are often utilized more in practice, than interventions that are higher in cost.

Dickson et al. (2009) compared the cost of direct versus indirect therapy and individual versus group therapy in speech and language rehabilitation by creating a manual to use in an indirect experimental group. Indirect therapy is classified as adhering to the directions of the manual; however, the manual was not intended to be followed step-by-step, as the unstructured format allowed for the facilitators to use personal judgement and flexibility. The study was comprised of 124 participants, and they were asked to complete a variety of clinical tests. Their scores were compared pre and post intervention. Participants were randomly separated into one of four groups or a control group. All the participants received 30 minutes of therapy, three times a week, for 15 weeks. The results showed that the most significant increase in language score was direct group therapy. The direct therapy group worked one-on-one with a therapist throughout the therapy. Direct therapy was beneficial as the therapist and client had a collaborative role decision making because they did not have to follow strict instructions from a manual. The cost results showed that indirect group therapy or the use of manuals was the most cost-efficient of the experimental groups. Although the analysis of the cost elements was narrow, this study suggested that using a flexible manual in a group setting can allow for a cost-efficient therapeutic approach.

**Controversies of manualized training.**

Manualized therapies offer many benefits; however, the use of educational resources such as manuals can also have limitations. Primarily, the use of manuals is only used with specific populations, with specific diagnoses. Kendall, Chu, Gifford, Hayes, and Nauta (1998) showed that the use of manualized therapy is often seen as a set procedure, which is considered to be organized in a specific manner. Manuals allow firm guidelines with little variation from one client to another. Manuals may lead to the difficulty in treating clients with a variety of symptoms and deficits. Kendall et al. (1998) determined that manuals are best used as a guide, instead of being followed to a strict manner because if a facilitator is focusing on the strict nature of the manual, they may not be taking considering the needs of the participants. Without taking into consideration the individual client’s needs, alterations cannot be made to suit the client better.

Addis, Wade, and Hatgis (1999) determined that there are six significant concerns with the use of manuals. Addis et al. (1999) identified that these concerns are the therapeutic relationship, patient/client needs, competence and job satisfaction, the credibility of manual-based treatment, restriction of clinical innovation, and feasibility. A common concern is that it is
difficult to develop a productive therapeutic relationship while using manualized therapy. Because clinicians are often required to abandon their rapport building skills while using a manualized therapy, it is often more challenging to build a therapeutic relationship (Addis et al., 1999). Addis et al. (1999) found that 33% of clinicians agreed that using treatment manuals detracts from the authenticity of the therapeutic interaction. Rigid adherence to protocol under strain in the therapeutic alliance is associated with poorer outcomes in cognitive behavioural therapy. Although a therapeutic relationship is important in any therapy, as well as a manualized therapy it is sometimes hard to establish.

Addis et al. (1999) identified that clients’ needs might also not be met with the use of manualized therapy. With the use of manualized therapy, individual client differences may be unmet. Manual based treatment rarely meets the needs of multi-problem clients, as well as group therapy, there is also the problem that the use of manuals can ignore client’s emotions identifying client’s emotions is also critically important.

Some practicing clinicians’ express concerns about the ability to learn and implement manual-based treatments. These fears are thought to be valid due to political and economic pressure. In addition to this concern is that political forces (e.g., practice guidelines) may have a significantly broader effect, in determining treatment interventions while monitoring outcomes. The last set of worries involves job satisfaction. Manual-based therapy is sometimes thought to be viewed as uncreative, boring, unfulfilling, and time constraining (Addis et al., 1999).

Addis et al. (1999) identified that a concern of manuals was the credibility of empirically supported treatments. Some clinicians are convinced they already offer effective treatment, and that their clients are unmotivated to learn via manualized therapy. Therapeutic efficacy depends on the practitioner’s belief in the reliability of the treatment; an essential question for manualized treatment is how to enhance treatment credibility in the front-line therapists.

Another concern that Addis et al. (1999) identified is the restriction of clinical innovation, and there are two identified concerns under this heading. Firstly, there are fears that clinicians or implementers will become obsolete as computers or technicians will replace them. Secondly, is the concern that widespread use of manual-based therapy will decrease the development of new theories and alternative intervention. Therapists frequently find themselves questioning the effectiveness of older manuals as there are often other treatments proven successful during that time.

Lastly, the feasibility of a standard manualized treatment are concerns (Addis et al., 1999). These issues are related to training, client acceptance, and implementation of manualized treatment, a training concern of that manualized therapy is that it often requires expensive time-consuming instruction and supervision that may not always be available. It is also determined that manualized treatment is often thought to be specific to client diagnosis, and commonly cannot be used with a diverse group of clients. Finally, client acceptance concerns are critical because it requires the clients’ ability and willingness to participate in treatment.

Manuals are often used in a narrow and rigid structure by facilitators with little to no experience or training. This may cause a loss of empirical data, along with the disruption of benefits of manualized therapy (Kendall et al., 1998). Facilitators delivering manualized-therapy may be delivering unnecessary treatment as each client may not need every component laid out in the manual. Patients who receive too much therapy, often become overwhelmed and annoyed. These feelings often lead to client dropout and neglect of necessary treatment.

In summary, manuals cannot provide a solution to every problem during treatment of patients, nor can a manual provide all information needed to develop a specific procedure for all
patients experiencing a variety of symptoms (Kendall et al., 1998). Each client and intervention is unique, and attention is required to design treatment accordingly. Overall, a "one size fits all" approach that uses strict adherence to a manual may improve the overall quality of life for a select few clients at a time; but it also excludes those clients who do not fall under the specific categories set out by a structured manual.

**Components that comprise an effective manual.**

There are a variety of pros and cons that have been outlined with the use of manuals; it is highly valuable to identify the components that contribute to an adequate manual. Rothbaum (2004) described approaches that should be taken into consideration when integrating a manual in clinical settings to make them overall more useful. Strategies that have been outlined to help develop an effective manual include using a user-friendly design, with an organized framework to boost acceptance and adaption into treatment. When manuals are developed using a specific focus, but allowing for flexibility, professionals have a higher rate of success.

Another identified method for maximizing benefit is by creating an interactive design. An interactive design can be an activity that is paired with the manual, that allows for a hands-on experience (Rothbaum, 2004). Creating an interactive manual design can often lead to an increase in client participation (Rothbaum, 2004). Incorporating realistic materials into a manual will create a more clinical and client-orientated context.

In the review of the literature, multiple studies outlined the use of manualized therapy as it can assist individuals with real-world issues while using theoretical content. A manuals content should be able to be reused and utilized in different applications throughout sessions. This strategy becomes most important when creating a manual for individuals with a range of developmental disabilities. Clients can often have an extensive range of abilities, and skills they may also possess already. Having a manual that follows a guide of repetition can allow for less teaching and relearning of concepts, which can leave more time to focus on the client's goals.

**How Manuals Can Assist Individuals with Developmental Disabilities**

**Intellectual Disabilities.**

Willner et al. (2010) created a manualized therapy to help clients with intellectual disabilities regulate levels of anger. Participants received a manualized intervention for 12 weeks. Before the start of the intervention, therapists were provided training sessions, covering the principles of anger management and how to use the manual. Additional training sessions were given at the discretion of the trainer. Willner et al. (2010) recruited 180 participants who were randomized using the minimization method. Presentation relies heavily on brainstorming (e.g., What makes us angry?"") and the use of role-playing. The last third of the sessions were used to engage in the discussion by facilitators and group members, which lead to problem-solving and how situations may be avoided. The use of written material was avoided wherever possible and replaced with pictorial representations. Participants were followed up postintervention at 16 weeks, and again at six months. The study yielded positive results, with low consumable cost attributions because of the production of the manual. The study incorporated a broader range of outcome measures than previous studies, which also included an analysis of the cost sequence of delivering the intervention.
Autism Spectrum Disorder.

Sung, Ooi, Goh, Pathy, Fung, Ang, Chua, Lam (2011) conducted a study of 70 children diagnosed with ASD and anxiety related symptoms. Participants were randomly assigned between the CBT (cognitive behavioural therapy) program or SR (social recreational) program. The manualized CBT program consisted of sixteen 90-minute weekly sessions, delivered in small groups of 3-4 participants. The manualized CBT program had three main sections. Part one (sessions 1-3) focused on the recognition and understanding of emotions, such as identifying different types of emotions (happy, sad, mad, etc.). Part two (sessions 4-9) focused on anxiety management techniques in the form of physical activities; relaxation skills, asking for assistance from others. Part three (sessions 10-16) focused on problem-solving strategies based on the STAR strategy. STAR stands for Stop, Think, Act, and Reflect. Although the program was manualized, the instructional method allowed for flexibility and allows for differences in therapy facilitation for younger groups.

Sung et al.’s (2011) SR group also received a 16-week manualized program. Similarity they received sixteen 90-minute weekly sessions delivered in small groups of 3-4 participants. The range of activities in the SR program revolved around age-appropriate activities that neurotypical children found attractive in a similar age group. The activities were split into two categories; individual and group activities. Individual activities fostered self-development skills and self-engagement behaviours. Group activities provided the participant’s opportunities to learn and practice social skills, through games like board games and treasure hunts.

Both programs used manualized therapy, which increased adherence to intervention procedures. Results showed that adherence to both programs was above 95%.

How Manuals Can Assist Facilitators

In addition to assisting clients diagnosed with developmental disabilities, manualized therapy may also benefit facilitators who utilize this approach. Facilitators may use manuals that allow for adaption to client specific diagnosis. Manuals can offer a more organized and thorough approach to therapy, than an individualized treatment, as well as providing a large variety of structured activities for clients. Kendall et al. (1998) determined that manuals can increase therapeutic competency within the practice. Addis and Krasnow (2000) showed that when manuals are used as a guideline, it allows for more flexibility and therefore, allows the facilitator to tailor the therapy to the client's individual needs while adhering to their clinical judgement. Kendall et al. (1998) agreed with Addis and Krasnow, stating that manuals as a guideline which can allow for a significant focus on the client's needs and focuses. In addition, Kendall et al. (1998) determined that facilitators can implement techniques outlined by the manual in a broad or specific application depending on the present needs of the client.

Najavits, Weiss, Shaw, Dierberger (2000) declared that manuals could help create an organized written form of therapy, which may lead to an increase in a greater range of treatment and activities, which may contribute to standardize therapy and improve the accuracy of research studies. Najavits et al. (2000), based these conclusions on a study that examined 47 cognitive-behavioural therapists who completed a large-scale survey on the importance of manuals. The survey included 56 items using a 4-point Likert scale; 0 = not at all, to 4 = a great deal. Some example questions were “can manuals be an important, helpful tool for clinical practice?” and “can manuals help one become a clinician?” The survey included three components; overall response to treatment manuals and adherence scales, the ideal manual, and therapist background variables. Results showed that manualized therapy was beneficial for all 47 facilitators, which viewed the manual as highly favourable. Out of the total number of participants, 75% of them
liked the manual either a lot or a great deal, with many facilitators stating that manuals were most helpful for clinical, organizational, and adherence. Overall, Najavits et al.'s (2000) study demonstrated that effective manualized therapy could be beneficial.

**Summary**

Manuals can be utilized for a variety of interventions, populations, and settings. They are an effective intervention when they are well organized, structured, timely, clear and concise, but also allow for flexibility. Manuals can provide structure and organization to facilitators and offer user-friendly, client orientated, and interactive layout. Although manualized therapy does involve some controversies, such as rigid structure, specific treatment approach, and issues with adaptation, the use of manuals still provides many cost-effective benefits to the agency as well as clients. Manuals provide facilitators with well organized, structured, and effective teaching techniques. Manualized therapy allows for teaching daily living skills to clients with a wide range of developmental disabilities. The information presented in this literature review supports the hypothesis of a focused, user-friendly, and well laid out program using interactive video display platform can aid staff in teaching daily living skills to adults with developmental disabilities.
Chapter III: Format/ Methodology

Setting

Agency.

The agency is a not-for-profit agency independent agency that resides in a mid-size city in Eastern Ontario. The agency's primary focus is to support individuals with disabilities within the community and provide a place where they can develop personal and developmental growth and achievement of life goals. The agency’s building consists of a sizeable wide-open space where clients can engage in a variety of activities, a kitchen for clients to participate in learning life skills and a quiet room (also known as the “teen room”) where clients can go to unwind when upset.

Quiet Area.

The quiet area is a small room in the building with a table and chairs, the TAP-it®, a TV, and some bean bag chairs. The TAP-it® component of the group took place within the quiet area as it had enough seats for all the participants, as well as the TAP-it® set up.

Kitchen.

Kitchen supplies changed weekly depending on the activities planned for the week, along with what was recently harvested from the garden. The kitchen consisted of two full-size refrigerators, two ovens, one dishwasher, and small appliances, for example, two microwaves, a coffee pot, and kettle. Essential cookware and utensils were also available. The participants used pots, pans, baking dishes, mixing spoons, cutlery, plates, bowls, and cups.

Facilitator

The facilitator of the group was a coach from the agency. A coach is someone employed with the agency who has post-secondary education in some area of community services. Coaches are responsible for implementing the daily activities, while the counsellors are individuals who have to intend to graduate high school. They assist clients when or where clients need help. The facilitator’s role would be to follow the program to implement successful teaching of daily living skills.

Client Group

Clients ranged in age from 18 to 70 years old with a variety of developmental and intellectual disabilities ranging from mild to moderate severity. Clients were both men and women. There were at least five participants involved in each session. The coaches chose the participants. Due to the variety of each participant's physical ability, learning ability, and learning speeds varied, the learning plans may be altered to fit the personal needs of clients when necessary. This is due to the possibility of clients already having acquired the skills.

Consent

At the intake assessment clients were informed of their rights as a client, which included their choice to choose to engage in the activity, confidentiality, and the right to receive ethical treatment. Each client of the agency gave written and verbal consent before starting any adult programs. This consent applied to all ongoing services provided by the agency. Data collection was on staff members and the success of the manual. Because this project did not change programming or collect data on clients, an ethical review was not required.
Materials

**TAPit ®**

The TAPit® is the first ADA compliant interactive learning station designed to recognize the difference between an arm resting upon the screen and a finger or assistive device intentionally tapping an image. The TAPit ®platform provides multiple modes of learning to accommodate tactile, visual, and auditory learners, as well as those diagnosed with a Traumatic Brain Injury, down syndrome, ASD, Cerebral Palsy, ADD & ADHD, etc. The platform is also capable of being adjusted for use with wheelchairs, walkers, or other mobility devices.

**Facilitators Manual**

The manual was developed by gathering and organizing information from online research and resources after consulting with agency staff. Supplementary information was collected from various resources online, and additional handouts were created by the placement student using information from online resources. The manual layout is progressive and consists of a title page, table of contents, instructional overview, and five weekly sessions. The manual was printed as a hard copy and placed inside a binder.

Each weekly session in the manual is comprised of instructions for an interactive component that reflected the educational topic pertaining to money handling and real-world experience that could be used for the session. The interactive component of the manual contains handouts that provided information on the weekly topics and activity pages that allowed the participants to engage in the content being taught actively. Each session took 2-3 hours to complete.

**Handouts.**

The handouts were compiled of information found on various teaching websites such as education.com, Family Education, and My Money Coach. The weekly handouts were one page of information in easy to use language in order not to overwhelm the clients. The handouts consisted of information that explains the importance of learning a specific skill.

**Activity Sheets.**

In addition to the handouts, activity pages were created that were parallel to the information taught in each session. Activity Sheets were created based on educational resources such as Busyteacher, Family Education, and WebMD. The resources found were then adapted to the specific clientele to ensure full understanding of the topic. For example, Session one's activity sheet utilized a matching format when teaching participants to identify money. For a detailed description of the educational topics, learning objectives, and weekly activities see Appendix A.

**Hands-on Activity.**

The last 45-minutes to an hour of the session consisted of the hands-on component. Hands-on activities were developed based on video modelling followed by in vivo attempts and practice. The central aspect of the hands-on activity was to ensure generalization of the skill and to gain the feel for going it in real life, not just through virtual reality.

**Measures**

The placement student created a facilitator's feedback survey (Appendix B). The agency's staff were asked to complete the facilitator's feedback survey, to assess the success of the manual. The feedback survey consisted of 10 statements regarding their satisfaction of the
manual which were ranked on a Likert scale. Staff were asked to rate their agreement or disagreement from (1) Strongly Disagree, (2) Disagree, (3) Neutral, (4) Agree, or (5) Strongly Agree. The statements of the survey were used to evaluate the perceived potential effectiveness of the manual. Effectiveness was determined if clients were successful in being able to learn the skills described. Descriptive statistics were used to assess the results from the facilitator feedback survey. Feedback provided from the survey was used for necessary changes to be made to the manual if the staff believed the manual would not be successful.

**Procedures**

*Construction of Manual.*

The construction of the manual was done by researching teaching techniques that have been successful in teaching that population and adapted to fit the current topic. The research was also completed to ensure that the interactive component worked on multiple platforms and was able to be completed by the participants. This research was completed by having the client's complete similar activities.

*Session Structure.*

A description of Session One is described below as an example of the information and materials used in the first session of the manual. The other four sessions followed the same format as Session One; however, the handouts, activity sheets, and hands-on activity changed depending on the weekly topic.

Session One started with the distribution of the handout to discuss the weekly topic. Once the handout was distributed, and the client's questions had been answered, the interactive component began. Once all clients had a chance to participate in the interactive teaching component, the activity sheets were distributed. After the completion of the activity sheet, participants had the opportunity to complete the real-world, hands-on activity. In session one, a client was asked to identify coins and bills using real money.

*Overview.*

The 5-session group took place once a week, for two to three hours depending on the session. There were no scheduled breaks during the sessions; however, participants were able to take breaks when needed. Each session began with the one-hour interactive portion followed by a one to a two-hour hands-on activity. Detailed descriptions of the interactive and hands-on activities are described below. The participants were expected to take part in all activities throughout the five weekly sessions.

*Interactive Component.*

The interactive component was presented at the beginning of each session and was a minimum of one hour in length. This component was based on the educational topic associated with that week. Each interactive component had a learning objective, which related to the daily living skill. The goal of each weekly session was for the participants to attain the learning objective. The interactive component used gamification on the TAPit® to teach the daily living skill.

The facilitator began the interactive component by introducing the weekly educational topic and hands-on activity. The facilitator continued the session by reading the educational handout. While the facilitator was reading the handout, the participants were asked to read along and were able to ask questions when needed. A specific time frame for reading the handout was not established due to the hand out possibly of the length varying week to week.

After the facilitator determined the participants had a strong understanding of the educational topic, and the participants had a chance to complete the interactive component, the
facilitator explained the instructions of the activity sheet to the participants. Participants were then given the opportunity to ask any questions. Once the participants completed their activity sheets, the facilitator then discussed the answers to ensure that they correctly understood the topic. Once the group finished the interactive component, they transitioned to the hands-on activity.

**Hands-on Activity.**

The hands-on activity took place during the second half of the session. During this time participants completed the activity that followed the current topic. Each week the activity changed, depending on the skill taught that week. Initially, the facilitator reviewed the hands-on activity to ensure there was enough time, as well as to plan when outings could occur. Once the facilitator had reviewed the weekly activity, the group transitioned to the required location. Once the hands-on activity ended clients returned to their regularly scheduled day
Chapter IV: Results

Facilitator’s Manual

The researcher created a facilitator’s manual for teaching daily living skills (see Appendix C). Aside from the introduction section, this manual contains five sections: Identifying coins and bills, creating a budget, using an ATM, navigating a grocery store, and cooking a healthy meal. The results from a comprehensive literature review yielded a gap in the literature regarding the effects of interactive technology in teaching daily living skills. Therefore, the researcher designed and compiled the materials and information in this manual, in order to build on existing research. The literature review yielded promising results when using manualized therapies to aid teaching skills to adults with developmental and intellectual disabilities, and autism spectrum disorder. The literature review also supported how manuals can assist in the teaching of daily living skills when used by facilitators. The order of the sections is the order that each chapter should be completed in, to build the required skills before moving on to the next section.

Satisfaction and Feedback Survey

As stated in the previous chapter, the researcher created a facilitators feedback survey, which was completed by two staff members at the agency. As five staff members were requested to review the manual but only two reported back, there was a response rate of 40%.

Raw data of the feedback were collected from agency staff (see Appendix D). The agency staff were presented with ten statements and asked to evaluate the perceived effectiveness of the manual based on layout, content, usefulness, usability, and appearance. A 5-point Likert scale was used with 1 indicating that they strongly disagreed with the statement, and 5 stating that they strongly agreed. After reviewing the feedback, it was apparent that the agency found the manual was very appealing, organized and in an easy to use format. The results showed ratings of 4 or 5 on all statements; therefore, no significant changes were made to the manual, aside from editing before submitting the final product to the agency.

Overall, it was determined that the manual met the needs of the agency and presented staff with the required information to teach new skills in a unique way to individuals at the day program. Agency staff commented that the product has the potential to assist adults with developmental disabilities to expand their level of independence. Staff noted that the manual is a good foundation for additional skills to be taught.
Chapter V: Discussion

The purpose of the current study was to develop a manual for facilitators to teach daily living skills to clients at the day program that lack basic knowledge of the skills. It was hypothesized that providing the agency with this manual would allow staff to educate individuals in the area of improving knowledge and skills such as; identifying coins, creating a budget, navigating a grocery store, etc. which in turn may increase independence in their homes. This hypothesis could not be tested directly; therefore, informal feedback was received by agency staff to determine if the manual would be a practical solution. According to the positive feedback received, it is believed that the manual has the potential to provide facilitators with new and effective methods of teaching adults with developmental disabilities.

This thesis project was the creation of a manual to help staff facilitators teach daily living skills to adults with developmental disabilities using touchscreen technology, namely, the TAPit® system. A manual or the lack of a manual in this subject matter was identified to be a gap that the agency was noticing, and the agency wanted to provide support and guidance to staff who used this recently acquired technology.

The manual developed as the central part of this project included lesson related handouts and activities based on extensive research in daily living skills focussing on developmental, intellectual, and autism spectrum disorders. This manual was deemed necessary as they noticed a large deficient in ordinary skills clients were fully capable of learning. It has been observed that an increase in learning daily living skills, for people with developmental disabilities help foster an individual's level of independence. High levels of independence can help individuals build self-reliance and competence. Higher levels of self-confidence often lead to a healthier outlook on life and positive peer relationships. This manual was designed to help teach daily living skills using the agencies new technology to help clients become more independent from their parents/caregivers.

Strengths

The manual developed aimed to use appropriate language, including material and resources that were identified as appropriate for the individuals attending the day program. The manual included multiple aspects designed to be implemented by a facilitator. The facilitator's involvement was an essential aspect of the workshop; while reviewing the manual facilitators confirmed anticipation that clients would be able to understand the information. Another strength of the manual was that the detail was very appealing to the clients and the staff members, which would allow for easy implementation.

Each of the sessions come with instructions on how to complete each interactive component along with the order to give participants the sessions handouts. Having the sessions easy to implement and understand increases to the likelihood the agency will utilize the manual.

The manual consists of five stand-alone sessions. The sessions can be implemented individually or as a complete series. In this way, the lessons can be delivered over the course of up to five sessions which allows for flexibility or individualization if one client is particularly struggling. The manual was designed in this manner so a single lesson could be easily implemented during a single sitting, which increases the likelihood that the staff will want to implement the manual, as additional time will not have to be taken from their day. After reviewing the received feedback, it is apparent that an additional strength of the manual is being presented in a user-friendly and understandable manner. The product provides facilitators with a compressive resource that incorporates evidence-based research and measures to implement with adults.
Limitations
A significant limitation of the manual is that much of the content was not peer-reviewed or evaluated for effectiveness. Due to a limited amount of research on the subject mainly using touch technology to teach daily living skills, much of the content was created based on the combination of interviews with the agency staff and through online resources for teaching skills to children with autism. Content from other non-disability specific resources was amended to make them more age specific and appropriate. Since much of the content was adapted for the manual, it has not yet been tested to evaluate the effectiveness of teaching daily living skills among the target population involved with this project.

Recommendations for Future Contributions to the Field
An issue that has been identified as a high concern in the developmental disability field is that many adults are not being taught daily living skills that could help foster independence. The agency identified this as an issue because they knew some of their clients were able to complete these skills successfully, but no one taught them how. The agency also identified a lack of community resources for teaching daily living skills to adults. It is just now becoming more prevalent that these skills are being taught in schools; therefore, adults that have already graduated have missed an opportunity to learn. The agency requested a manual to help teach the skills using their new technology and to get familiar with the technology.

Multi-Level Challenges
The thesis describes the creation of the manual as a resource for the agency to use; however, the multi-level challenges are focused on the potential implementation challenges the agency may face.

Client Level
When creating the manual, the level of capability and ability the individual has, has to be taken into account. This can be a challenge because all the clients had a variety of developmental and intellectual disabilities ranging from mild to moderate severity.

Program Level
An identified challenge, at the programming level, was participant motivation. The program attempts to implement mandatory sessions, but this often proves difficult as different clients only come certain days due to funding restrictions. However, this type of manual would be helpful for individuals who only come certain days of the week due to the ability to skip sessions and come back to them. The agency attempts to motivate clients to participate in programs by using reinforcers, such as having extra iPad time.

Motivation to participate within the program implementation may also be low. Motivation and participation of the client can be reinforced during the session by having the clients play the games in the interactive component, which simultaneously helps teach the skill.

Agency Level
One challenge that was identified during the placement time was that because a large number of staff were only there once or twice a week; they did not know the clients and some of their struggles they face. This is a general challenge for the agency that directly affects the thesis work. High numbers of staff only coming in certain days a week and only working with individual clients allows the staff to become bias about specific activities. If particular staff leave the agency, then the manual may go unused because of the lack of consistency.
Societal Level

A potential challenge to implementation is the lack of resources. Within the community there are little resources that go towards teaching adults with disabilities; most funding is allocated to children to help reinforce the behaviour throughout their lifetime. The agency is doing their best to teach new skills to the adults, but it can often be quite tricky when some staff have minimal background in teaching skills, along with the vast major of clients all having different intellectual and developmental capabilities. Because of the differences, the clients face it is often hard to have all the clients participate in the same activity.

Contributions to the Field of Behavioural Psychology

Although it has been identified by a large number of agencies that there are discrepancies in teaching skills to adults with disabilities, there are still few resources to help agencies teach these skills. The resources could be especially helpful to group homes that support individuals in their home settings and manage their day to day lives. The field of behavioural psychology emphasizes teaching evidence-based results; the research conducted for this thesis found that there is a large gap of age-specific resources and aimed to help fill that gap at the specific agency due to advanced technology. The manual could be adapted to use a regular SmartBoard™, or a computer but generalization may not be as favourable. The manual created for the thesis is an essential contribution to the field based on the fact that it is age specific resources.
References


Appendix A

Description of the educational topics, learning objectives, and weekly activities

<table>
<thead>
<tr>
<th>Session</th>
<th>Educational Topic</th>
<th>Learning Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Identifying coins and bills</td>
<td>-Be able to accurately identify money</td>
</tr>
<tr>
<td>2</td>
<td>Creating a budget</td>
<td>-Be able to buy groceries with only spending a certain amount of money</td>
</tr>
<tr>
<td>3</td>
<td>Using an ATM</td>
<td>-Be able to withdraw cash from an ATM</td>
</tr>
<tr>
<td>4</td>
<td>Navigating a grocery store</td>
<td>-Be able to find where certain items are in the grocery store</td>
</tr>
<tr>
<td>5</td>
<td>Cooking a healthy meal</td>
<td>-Be able to cook a meal following a recipe</td>
</tr>
</tbody>
</table>
Appendix B
Facilitator Feedback Survey

On a scale from 1 to 5, 1 being strongly disagree and 5 being strongly agree, circle the number that indicates your satisfaction of specific elements of the manual.

1. **The content of the manual is appealing:**

<table>
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<tr>
<th></th>
<th>1</th>
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<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
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</table>

2. **The manual is in an easy to use format:**

<table>
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<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
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</table>

3. **The manual is well organized:**

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<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
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</table>

4. **It is easy to find information within the manual:**

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<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>

5. **Information in the manual is easy to understand:**

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<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>

6. **Information within the manual is relevant to the clientele:**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
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</table>

7. **The manual includes pictures that are relevant to the information used:**

<table>
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<tr>
<td></td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
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</tbody>
</table>

8. **The manual is beneficial:**

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<th>4</th>
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<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
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</table>

9. **The skills being taught are useful to clientele:**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>

10. **In future I would use this manual:**

<table>
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<tr>
<th></th>
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<th>4</th>
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<tr>
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<td>Disagree</td>
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<td>Agree</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>
A Facilitator’s Manual for Teaching Daily Living Skills Using the TAP-it®

Created by: Sheridan Chiasson for the use of Extend-A-Family

1
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Instructional Overview

This manual is to be used as a guideline to teach daily living skills. Inside this manual are the materials needed to run a simple and fun group. This manual has been split into 5 weekly sessions, each session highlighting an educational topic related to daily living skills. Sessions One to Five each contain a resource handout, instructions for the interactive component, an activity sheet, and instructions for the hands-on activity. The resource handouts are used to provide participants with information on the week’s topic. Read the handout to clients, as well encourage them to take their handouts home to review with their caregiver. Following the handout is instructions and website links for the interactive component. Following the interactive component are activity sheets which correspond with the educational topic. Finally, following the weekly handout and activity sheet are instructions for the hands-on activity.
Session One: Identifying Coins and Bills
Handout

What money can do for you is really important. **Money gives you freedom and choices.**

**Money** is what you pay in order to get a service or a good in return. A service or a good can be anything as simple as something you buy in a store or a tip, you give a waiter.

**Currency** is a term for country’s money in circulation. Money comes in different shapes and sizes—it comes in metal and in paper. Different units of money have different values that can be used to pay for different things. Size doesn't count—it's the denomination of the money that matters.

Counting money is important to guard yourself against being shortchanged. Being able to properly count money is also important due to it being the basis of every single financial transaction.

Adding money is easy as long as it is remembered that money is added in the same way that decimals are added. Money is represented as a decimal, with dollars to the left of the decimal and cents to the right of the decimal. When you have added the amounts of money, be sure to place the decimal point in the correct place in the answer.

Subtracting money is easy, too, so long as it is once more remembered that money has to be written and subtracted the way that decimals are written and subtracted. Dollars go to the left of the decimal point, whereas cents go to the right of the decimal point. Remember to line up the decimal points of any amounts of money that are being subtracted.
Interactive Component

For this activity use the website
http://www.practicalmoneyskills.ca/games/peterpigs/peterpigs.php

Have clients choose a level of difficulty or select for them. Optional: Select Yes to earning a bonus if level is completed within the timeframe.
The first of three games will allow clients to drag coins into the correct jars with the corresponding amount.

Game number two asks clients to identify how much money is being presented and click the correct option.
Game number three asks client to identify which pile has a greater amount of money by asking them to slide the skateboard to the greater side.

The last activity allows clients to dress their pig with clothing with the money they earned while answering questions correctly.
Activity Sheet

Counting Money Amounts Up to $10.00 #1

Count the money to find the total value. Record it in the box.

A

B

C

D

E

F
Counting Money Amounts Up to $10.00 #2

Count the money to find the total value. Record it in the box.

A

B

C

D

E

F
Counting Money Amounts Up to $10.00 #3

Count the money to find the total value. Record it in the box.

A

B

C

D

E

F
Counting Money Amounts Up to $100.00 #1

Count the money to find the total value. Record it in the box.

A

B

C

D

E

F
Fill in the boxes to complete the table for all of the Canadian coins.

<table>
<thead>
<tr>
<th>Value</th>
<th>Coins</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.01</td>
<td>1 ₡</td>
<td>1 cent</td>
</tr>
<tr>
<td>$0.05</td>
<td></td>
<td>nickel</td>
</tr>
<tr>
<td></td>
<td>10 ₡</td>
<td>dime</td>
</tr>
<tr>
<td>$0.25</td>
<td></td>
<td>quarter</td>
</tr>
<tr>
<td></td>
<td>100 ₡</td>
<td>loonie</td>
</tr>
<tr>
<td>$2.00</td>
<td>200 ₡</td>
<td></td>
</tr>
</tbody>
</table>
Hands-On Activity
Print out multiple copies of the following sheets for clients to practice giving money and to visually see how much money is left.
Optional: use real coins and bills to practice with.
Give clients scenarios to practice.

1.) Nancy had a lemonade stand and earned $37.00. It's her mom and dad's anniversary and she buys them a present for $20.00. How much money does Nancy have left?

2.) Michael wants to buy a comic book and it costs $13.00. He has $6.85. How much more money does Michael need to buy the comic book?

3.) Tammy's allowance is $5.00. She did extra chores around the house and earned an extra $1.75. She goes to the store with her older sister and buys an ice cream for $2.25. On her way home, she finds $1.00. How much money does Tammy have?

4.) Mark got $25.00 for his birthday, which he is allowed to spend on anything he wants. His dad takes him to the arcade and he spends $9.00 playing games. Mark decides to buy a remote-control car for $12.00 and a giant soda pop for $2.50. How much money does Mark have left?

5.) Susan has just earned her allowance of $10.00. She puts $5.00 in her savings account at the bank. With the rest of the money, Susan spends $1.75 on candy and buys a toy for her baby brother for $2.50. How much money does Susan have left?
1 cent  
5 cents  
10 cents  
25 cents  
1 dollar  
2 dollars  

penny  
nickel  
dime  
quarter  
loonie  
toonie
Session Two: Creating a Budget for Groceries
**Handout**

**Budgeting** is the process of creating a plan to spend your money. This spending plan is called a budget. Creating this spending plan allows you to determine in advance whether you will have enough money to do the things you need to do or would like to do.

Budgeting allows you to create a spending plan for your money, **it ensures that you will always have enough money for the things you need** and the things that are important to you.

*A budget isn't binding or fixed in stone*; no alarms will go off and no police will arrest you if you overspend from the allotted amount from one category and underspend from another. But the better you stick to the plan, the better able you’ll be to pay for the things you want and needs.

A great way to start a budget is to have three jars- one for savings, one for spending, and one to donate.

A budget isn't carved in marble. It's something that can be adjusted when needed. In fact, the budget should be completely made over at certain times.

- **When income increases.** If you get a bigger allowance or start to work part-time, you’ll have more money to plan for.
- **When expenses increase.** As spending responsibilities are shifted to you, you'll have to budget for them accordingly. Spending responsibilities typically increase with your age. For example, if you want a car or a new video game, you’ll have to adjust your budget to expand your savings so that you can buy the item yourself.
Interactive component
Please use the Frizzy’s Lunch Lab Fresh Pick app on the iPad for this activity

Have clients create a new profile in order to play the game
Once clients have chosen their character, have them choose the buying groceries game.

Clients are asked to place as many items on the scale without going over budget.
Levels will get increasingly difficult, and clients will be asked to choose between different items and have to determine what they can and can not get.
Activity sheet

Name: ___________________________ Date: ___________

Level 2: Choose the item that is in your budget.

<table>
<thead>
<tr>
<th>Your Budget</th>
<th>Santa Hat</th>
<th>Drill</th>
<th>Hat</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10.00</td>
<td>$4.89</td>
<td>$39.73</td>
<td></td>
</tr>
<tr>
<td>$5.00</td>
<td>$99.99</td>
<td>$3.00</td>
<td></td>
</tr>
<tr>
<td>$25.00</td>
<td>$55.00</td>
<td>$16.50</td>
<td></td>
</tr>
<tr>
<td>$50.00</td>
<td>$60.50</td>
<td>$40.00</td>
<td></td>
</tr>
<tr>
<td>$1.00</td>
<td>$10.00</td>
<td>$0.99</td>
<td></td>
</tr>
<tr>
<td>$30.00</td>
<td>$15.00</td>
<td>$500.00</td>
<td></td>
</tr>
<tr>
<td>$75.00</td>
<td>$90.75</td>
<td>$60.00</td>
<td></td>
</tr>
</tbody>
</table>

© Breezy Special Ed
Hands-on Activity

How many times have you heard or groaned yourself, “Why do I need math? I’m never going to use it in real life!”

Well, here’s a chance to prove that wrong! Students will use their excellent estimation skills in a practical, “real-world” situation…

grocery shopping!

Students will engage in addition, rounding/estimation, division, and even budgeting.

Directions:

Students need to plan breakfast, lunch, and dinner for 4 people. They have a set amount to spend for each meal.

Students will have to flip through a sales ad from a local grocery store and select items for each meal—keeping in mind they only have a set amount to spend.

Then they will cut out each item and glue it to the worksheet and write the estimated cost of the item next to its picture.

Lastly, they will total the cost for each meal. Did you make it under budget? If not, what can you put back?

***This is a great opportunity to talk about healthy food choices, too***

Examples: Bacon costs $2.49, rounded that’d be $2.50. Ex. 2: Dozen eggs cost 3 for $2 *in this case students would need to figure out the cost of just one.*
Breakfast:
You have $10 to spend on breakfast for 4 people.
(Round each item to the nearest cent and calculate the total cost of breakfast. *Ex: $0.63 = $0.60*)
Lunch:
You have $20 to spend on lunch for 4 people.
(Round each item to the nearest cent and calculate the total cost of lunch. Ex: $1.99 = $2.00)
Dinner:
You have $25 to spend on dinner for 4 people.
(Round each item to the nearest cent and calculate the total cost of dinner. Ex: $1.79 = $1.80)
Session Three: Using an ATM
Handout

Getting things done is quick and easy if you know how to use an ATM. There's no need to deal with your bank's inconvenient hours and you can handle your business just about anywhere. So, let's review what you need to know to use an ATM safely and effectively.

The first thing to remember when using an ATM is to be safe. That machine has direct access to your bank account, and you might have a lot of cash on hand immediately before or after you use the ATM. Be aware of your surroundings, and don't use an ATM if anything looks suspicious.

Insert your card into the card reader. There should be an image of a card showing you exactly how the card goes in; look for the black magnetic stripe for guidance, or possibly an image showing how your name and card number should be lined up.

Next, you'll have to enter your personal identification number (PIN) will to prove that you are an authorized card user. As you learn how to use an ATM.

You can use an ATM to do a number of different things, so you'll have to tell the machine what you want. Getting cash is easiest, but you can eventually learn how to use an ATM for other transactions.

- **Withdrawals** are the most common way to use an ATM - you simply get cash out of your account. For a withdrawal, you'll just indicate how much you want to take out (usually in increments of $20, but some ATMs allow you to take out smaller bills).
- **Deposits** are also growing in popularity ATMs. You can deposit cash and checks if your bank (and the particular ATM you're at) allow it.
- **Balance inquiries** simply show you how much you have (you'll see your current account balance). This might be helpful if you need to know how much you can spend with your debit card.
Interactive Component

For this activity use the website:
https://edu.gcfglobal.org/en/edlall/atm/1/

Have clients follow the instructions that the game provides
(this activity requires sound)
This activity walks clients through the entire process of using an ATM
including checking different accounts, having to put in a pin number,
and removing the debit card at the end of the transaction.

Once clients have completed withdrawing cash have them continue on to
depositing a cheque
Once clients have completed depositing a cheque have them complete the cash this cheque activity.
Activity sheet
Using an ATM

Sarah has placed a bank card into the ATM machine and entered the code. Complete the following transactions by checking the appropriate box and writing the amount if necessary.

1. First, make a deposit of $361.31 into Sarah's checking account.

   **PLEASE SELECT:**
   - WITHDRAWAL
   - DEPOSIT
   - CHECK BALANCE

   **CHOOSE ACCOUNT:**
   - SAVINGS
   - CHECKING

   **ENTER AMOUNT:** $______________

   **PLACE YOUR DEPOSIT IN THE ENVELOPE AND PLACE THE ENVELOPE IN THE SLOT.**

   **DONE**

2. Next, make a withdrawal of $80 from Sarah's checking account.

   **PLEASE SELECT:**
   - WITHDRAWAL
   - DEPOSIT
   - CHECK BALANCE

   **CHOOSE ACCOUNT:**
   - SAVINGS
   - CHECKING

   **ENTER AMOUNT:** $______________

   **PLEASE TAKE YOUR MONEY**

   **DONE**

3. Finally, check the balance of Sarah's checking account.

   **PLEASE SELECT:**
   - WITHDRAWAL
   - DEPOSIT
   - CHECK BALANCE

   **CHOOSE ACCOUNT:**
   - SAVINGS
   - CHECKING

   **BALANCE:** $791.71

   **DO YOU WANT TO MAKE ANOTHER TRANSACTION?**

   **YES**

32
**Hands-on Activity**

This activity is optional as it may be difficult to do.

Have Participants each take turns following the same steps as the previous interactive activity. Also have participants try using a debit card at a store such as a grocery store, or convenience store.
Session Four: Navigating a Grocery Store
Good nutrition starts with smart choices in the grocery store. Cooking healthy meals is a challenge if you don't have the right ingredients in your kitchen.

But who has time to read all the food labels and figure out which items are the most nutritious and the best buys? Grocery shopping can be a scary task, simply because there are so many choices.

The process starts even before you head to the grocery store, experts say. Before you set out for the market, plan your meals for the week and create a list to shop from. Categorizing your list between fruits and vegetables, grains, dairy, meat, and non-perishables, makes shopping faster and helps you not miss any items. It takes a few minutes but saves time in running back to the store for missing ingredients.

To save money, use coupons, check the weekly grocery ads, and incorporate sale foods into your meal planning.

- Shop the perimeter of the grocery store, where fresh foods like fruits, vegetables, dairy, meat, and fish are usually located. Avoid the center aisles where junk foods lurk.

-
**Interactive component**

Watch the following video for the interactive component of this session

Life Skills Video Simulation – Grocery Shopping at Jewel.

[https://www.youtube.com/watch?v=gq8cJfoH9LI](https://www.youtube.com/watch?v=gq8cJfoH9LI)
Activity sheet
Have participants identify what section of the grocery store these photos would be classified as.
Have participants identify which section of the grocery store the following foods would be found in.

**Aisles**

**Write the aisle.**

1. bread ____________________________
2. milk ____________________________
3. eggs ____________________________
4. pork ____________________________
5. beef ____________________________
6. chicken __________________________
7. carrot __________________________
8. apples __________________________
9. tomatoes _________________________
**Hands-on Activity**

Provide participants with a grocery list. Before going to the grocery store have participants organize their list into categories based if the item is dairy, fruits/vegetables, grain, etc. Once clients have completed this activity head off to the grocery store. Upon arriving at the store have participants look around the store to get an understanding of the layout. Once clients have identified where produce, meats, frozen food, and grains are, have them work together to find the items on the list. Give participants a time limit to find all of the foods on the list. Have the group either complete this activity all together or split into teams.
Session Five: Cooking a Healthy Meal
Handout

Health benefits of eating well
A well-balanced diet provides all of the:

- energy you need to keep active throughout the day
- nutrients you need for growth and repair, helping you to stay strong and healthy and help to prevent diet-related illness.

Keeping active and eating a healthy balanced diet can also help you to maintain a healthy weight.

Eating a variety of foods keeps our meals interesting and flavorful. It’s also the key to a healthy and balanced diet because each food has a unique mix of nutrients—both macronutrients (carbohydrate, protein, and fat) and micronutrients (vitamins and minerals).

Along with filling half of our plate with colorful vegetables and fruits (and choosing them as snacks), split the other half between whole grains and healthy protein:

- The more veggies – and the greater the variety – the better.
- Eat plenty of fruits of all colors.
- Choose whole fruits or sliced fruits (rather than fruit juices; limit fruit juice to one small glass per day).
  - Go for whole grains or foods made with minimally processed whole grains. The less processed the grains, the better.
  - Whole grains—whole wheat, brown rice, quinoa, and foods made with them, such as whole-grain pasta and 100% whole-wheat bread
  - Choose beans and peas, nuts, seeds, and other plant-based healthy protein options, as well as fish, eggs, and poultry.
  - Limit red meat (beef, pork, lamb) and avoid processed meats (bacon, deli meats, hot dogs, sausages)
**Interactive component**

For this activity go to
http://www.shockwave.com/gamelanding/letsgetcookin.jsp

Have clients follow the instructions the game provides.
This game allows clients to complete all the steps needed to prepare a healthy meal, from gathering the ingredients, to chopping, and cooking the meal.
Choose single player mode to begin.
Have clients begin by choosing a recipe (only the squash soup will be available at the beginning).

Once the recipe has been chosen, click view recipe (these recipes can be recreated in real life)
Clients will be asked to pick ingredients from the refrigerator and pantry.

Once the ingredients have been chosen, the game directs you to cut and chop vegetables.
Next clients will be asked to follow the instructions provided to cook the meal.

Follow the timeline at the top of the screen to add ingredients at the correct time.
**Activity sheet**

Write which food group the picture is in the corresponding space.

1. ![Tea](image1)
2. ![Juice](image2)
3. ![Coffee](image3)
4. ![Water](image4)
5. ![Milk](image5)
6. ![Wine](image6)
7. ![Beer](image7)
8. ![Salad](image8)
9. ![Vegetables](image9)
10. ![Pepper](image10)
11. ![Rice](image11)
12. ![Eggs](image12)
13. ![Bread](image13)
14. ![Loin](image14)
15. ![Cheese](image15)
16. ![Fish](image16)
17. ![Shrimp](image17)
18. ![Meat](image18)
19. ![Rice](image19)
20. ![Fruit](image20)
21. ![Vegetables](image21)
22. ![Fruit](image22)
23. ![Fruit](image23)
24. ![Fruit](image24)
25. ![Fruit](image25)
26. ![Fruit](image26)
27. ![Fruit](image27)
28. ![Fruit](image28)
29. ![Fruit](image29)
30. ![Fruit](image30)
Hands-on Activity

Easy Chicken Fajitas

**Ingredients**

- 4 tablespoons canola oil, divided
- 2 tablespoons lemon juice
- 1-1/2 teaspoons seasoned salt
- 1-1/2 teaspoons dried oregano
- 1-1/2 teaspoons ground cumin
- 1 teaspoon garlic powder
- 1/2 teaspoon chili powder
- 1/2 teaspoon paprika
- 1-1/2 pounds boneless skinless chicken breast, cut into thin strips
- 1/2 medium sweet red pepper, chopped
- 1/2 medium green pepper, chopped
- 4 green onions, thinly sliced
- 1/2 cup chopped onion
- 6 flour tortillas (8 inches)
- Shredded cheddar cheese, taco sauce, salsa, guacamole and sour cream, optional

**Directions**

- In a large bowl, combine 2 tablespoons oil, lemon juice and seasonings; add the chicken. Turn to coat; cover. Refrigerate for 1-4 hours.

- In a large skillet, sauté peppers and onions in remaining oil until crisp-tender. Remove and keep warm.

- Drain chicken, discarding marinade. In the same skillet, cook chicken over medium-high heat for 5-6 minutes or until no longer pink. Return pepper mixture to pan; heat through.

- Spoon filling down the center of tortillas; fold in half. Serve with toppings as desired.
References


Howse, Leanne. Canadian Money. 2015,


Teaching Kids to Count Money - Exercises and Resources. valuestockguide.com/teaching-kids-how-to-count-money/.


Appendix D
Facilitator Feedback Survey
Facilitator 1

On a scale from 1 to 5, 1 being strongly disagree and 5 being strongly agree, circle the number that indicates your satisfaction of specific elements of the manual.

1. **The content of the manual is appealing:**
   
<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>

2. **The manual is in an easy to use format:**
   
<table>
<thead>
<tr>
<th>1</th>
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</tr>
</tbody>
</table>

3. **The manual is well organized:**
   
<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
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<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>

4. **It is easy to find information within the manual:**
   
<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>

5. **Information in the manual is easy to understand:**
   
<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<td>Disagree</td>
<td>Neutral</td>
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</tr>
</tbody>
</table>

6. **Information within the manual is relevant to the clientele:**
   
<table>
<thead>
<tr>
<th>1</th>
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<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
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<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>

7. **The manual includes pictures that are relevant to the information used:**
   
<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
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<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>

8. **The manual is beneficial:**
   
<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
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<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>

9. **The skills being taught are useful to clientele:**
   
<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>

10. **In future I would use this manual:**
    
    | 1 | 2 | 3 | 4 | 5 |
    |---|---|---|---|---|
    | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
Facilitator Feedback Survey

Facilitator 2

On a scale from 1 to 5, 1 being strongly disagree and 5 being strongly agree, circle the number that indicates your satisfaction of specific elements of the manual.

1. **The content of the manual is appealing:**
   - 1: Strongly Disagree
   - 2: Disagree
   - 3: Neutral
   - 4: Agree
   - 5: Strongly Agree

2. **The manual is in an easy to use format:**
   - 1: Strongly Disagree
   - 2: Disagree
   - 3: Neutral
   - 4: Agree
   - 5: Strongly Agree

3. **The manual is well organized:**
   - 1: Strongly Disagree
   - 2: Disagree
   - 3: Neutral
   - 4: Agree
   - 5: Strongly Agree

4. **It is easy to find information within the manual:**
   - 1: Strongly Disagree
   - 2: Disagree
   - 3: Neutral
   - 4: Agree
   - 5: Strongly Agree

5. **Information in the manual is easy to understand:**
   - 1: Strongly Disagree
   - 2: Disagree
   - 3: Neutral
   - 4: Agree
   - 5: Strongly Agree

6. **Information within the manual is relevant to the clientele:**
   - 1: Strongly Disagree
   - 2: Disagree
   - 3: Neutral
   - 4: Agree
   - 5: Strongly Agree

7. **The manual includes pictures that are relevant to the information used:**
   - 1: Strongly Disagree
   - 2: Disagree
   - 3: Neutral
   - 4: Agree
   - 5: Strongly Agree

8. **The manual is beneficial:**
   - 1: Strongly Disagree
   - 2: Disagree
   - 3: Neutral
   - 4: Agree
   - 5: Strongly Agree

9. **The skills being taught are useful to clientele:**
   - 1: Strongly Disagree
   - 2: Disagree
   - 3: Neutral
   - 4: Agree
   - 5: Strongly Agree

10. **In future I would use this manual:**
    - 1: Strongly Disagree
    - 2: Disagree
    - 3: Neutral
    - 4: Agree
    - 5: Strongly Agree