

**Promoting Family Engagement in a Community Setting for Children Impacted by the
Substance Use Disorder of a Family Member**

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Author Note

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Abstract

Individuals caring for children impacted by the substance use disorder of a family member are often less able to participate in valued occupations, specifically social participation, and they lack a community in which they feel supported and understood. The capstone student collaborated with Camp Mariposa Aaron's Place in Indianapolis, IN and Mitchell, IN, with the purpose of promoting family and peer engagement for caregivers of children who attend this program. The student identified a gap in current research on how to best support caregivers of children affected by the substance use disorder of a family member. The main component of this project was evaluation and further development of Camp Village Council, a support program for family members of children who attend Camp Mariposa Aaron's Place. The student created an intervention binder, educational modules, and educational handouts to promote connectedness between group members and to provide caregivers with an improved ability to carry over what kids are learning at camp into the home. Another component of this project was supplemental programming of family events to promote family engagement. Overall, results suggest that groups facilitated by the student and materials created by the student had a positive impact on the Camp Village Council participants and program as a whole. Results were mixed on the impact of supplemental programming.

Keywords: substance use disorder, family, children, caregiver, community

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Promoting Family Engagement in a Community Setting for Children Impacted by the Substance Use Disorder of a Family Member

Roughly 22 million people in the United States suffer from substance use disorder (SUD) (The Edge Treatment Center, 2021). As a result of this, 25% of American children are raised in a household where an active addiction is present. Due to the nature of addiction, children who grow up in these environments are at a potential increased risk of encountering sexual abuse, physical abuse, and neglect. This population likely has experienced or will experience extreme trauma, and research shows this leaves them almost twice as likely to develop SUD themselves (American Addiction Centers, 2022). Occupations such as activities of self-care, social participation, school, and work can be affected as a result of this parental substance use. In order to prevent this recurring cycle of witnessing parental addiction and subsequently developing an addiction oneself, communities in which these children can learn about drug prevention strategies, experience trusted adult mentoring, receive peer support, and participate in community-based and family-based interventions are of high value.

Existing literature supports treatment for substance use disorder for the individual. However, research and interventions regarding family-centered SUD treatment are lacking. The goal of Camp Mariposa Aaron's Place (CMAP), a program in Indiana for kids impacted by SUD, is to create a community among the population of those who have been affected by addiction, introduce and practice essential coping mechanisms for the trauma that comes with having a family member experiencing addiction, and provide an accessible and effective drug prevention program in a safe environment. The interventions presently utilized at camp are primarily individual, mentor focused, and peer-based among kids who attend Camp Mariposa. However, as

determined by the camp site director, there is a need for more family-based interventions and caregiver support to increase a sense of community within the CMAP population.

In order to promote a holistic, family-based treatment program at CMAP, occupational therapists are needed in this role. Occupational therapists have the unique skills to include one's whole context and environment when implementing treatment to a client. Because occupational therapy guidelines view the family as an important contextual factor in one's life, occupational therapy is of value to provide optimal therapy services when treating a family affected by SUD (American Occupational Therapy Association, 2020b). That said, when discussing best practice for family-based interventions, it is essential to include the role of occupational therapy in this capacity.

Needs Assessment

Community Profile

Addiction is a growing problem in the state of Indiana. According to Indiana University (n.d.), almost 1 in 12 people in the state meet the criteria for having a substance use disorder, and drug-related deaths have quadrupled between the years of 2010 and 2016. Due to societal stigma, there is a lack of healthcare and treatment options available for individuals suffering from SUD. Not only does this impact the individual, but we are seeing younger generations of Indiana residents being affected as well. An increase is being seen in children experimenting with harmful substances at younger ages. Additionally, nearly 50% of cases in which a child is removed from the home and separated from their family is due to drug use by a parent (Indiana University, n.d.).

Site Profile

Camp Mariposa Aaron's Place is an addiction prevention and mentoring program offered for children aged 9-12 who have been affected by SUD of a caregiver or other family member (Aaron's Place Camp Mariposa, 2023). This program takes place one weekend every other month in two locations: Indianapolis (central) and Mitchell, IN (southern). Each camp session involves traditional camp activities, such as camp songs, games, and campfires, as well as drug prevention education and mental health support.

Currently, during the months when camp is not in session, CMAP offers family days. Family days are composed of activities, such as going to baseball games and bowling, that are meant to give caregivers and children a safe environment to connect and be together. Although these family days yield some family-based support for addiction recovery, they are not directly therapeutic. A new program starting at CMAP this coming year on Sunday mornings of camp weekends is the Camp Village Council (CVC), a peer support group for caregivers of kids attending camp. The intention behind this support group is to provide a sense of community, connect with caregivers about what campers are learning, and provide education to promote more carry over in the home while outside of camp.

Identified Needs

Initial Site Interview

In order to begin the doctoral capstone process, a site needed to be identified. The student, Conner Greenwell, chose this site based upon the needs determined by the site's clinical director, Rachel McFadden. For these needs to be identified, the student and clinical director of CMAP engaged in a thirty-minute interview to discuss objectives that should be prioritized to close the gap between what is currently happening at this site for family engagement and what best practice would look like. Questions encompassed perceived site needs, barriers and

strengths associated with achieving goals related to stated needs, and how the capstone student can play a role in reaching these goals. Appendix A details these interview questions.

During the interview with Rachel McFadden, one main challenge was identified as the highest priority: the current activities at CMAP are not family-based, and family-based interventions are needed to create an overarching sense of community at this site. It was determined that the capstone student would evaluate the CVC and determine opportunities for more family-based therapeutic activities. Specifically, the questions to be answered when evaluating these sessions are the following: “Are we providing family-centered activities?”; “How can we do better?”; “How do we know what would be better?”; and “What barriers are in place?” Based upon this information, the student then conducted a literature review to assess what information was already available regarding family-centered care for SUDs.

On-Site Observation

Before beginning the capstone project, the capstone student had the opportunity to observe two CVC group sessions. During these sessions, the site mentor prompted participants to express what they felt would make the CVC a better experience. The group members emphasized a desire to know what the kids were learning about at camp. Group members also expressed wanting education on topics such as addiction as a disease, sensory regulation, and having tough conversations with kids. It was observed that the majority of group members agreed that discussing topics covered at camp would allow them to carry over this information in the home during months when camp is not in session. This information was used to develop interventions for future CVC sessions.

Literature Review

Based on the need established, a literature review was completed to analyze existing research on current best practice for family engagement in addiction treatment. The databases used to obtain this information included PubMed, Google Scholar, and the American Journal of Occupational Therapy. Primary search terms encompassed the following: “family-based substance use disorder treatment,” “family-based addiction treatment,” “caregiver support groups,” “occupational therapy and addiction,” “occupational therapy and substance use disorder,” “community based occupational therapy” “caregiver support groups,” and “caregiver support and addiction.” Articles were screened based on relevance. The information gathered from this literature review was used to guide the development of this capstone project.

Impact of Family Engagement

In the context of occupational therapy, an occupation is described as anything an individual needs or wants to do to create purpose within their life (American Occupational Therapy Association, 2020). Social participation is considered one of the essential occupations in achieving a fulfilling lifestyle. Across the lifespan, we see this in various contexts, one of the most powerful being in the family. This can be seen in the connectedness between household dysfunction and the negative health impacts this can bring onto members of the family. For example, children whose parents have a history of drug abuse are up to 4 times more likely to develop an addiction as well (Zarse et al., 2019).

While evidence is still limited, researchers have begun to explore the connection between family functioning and SUD. An assessment tool has recently been developed by Zeng & Tan (2018) titled “The Family Functioning Scale and Relapse Tendency Questionnaire.” The purpose of this assessment tool is to determine the correlation between poor family functioning and

relapse occurrence. Results from the study indicate that poor family functioning strongly correlates with drug use and relapse during treatment (Zeng & Tan, 2018). Additionally, it has been discovered that one of the most motivating components for individuals to seek treatment initially is strong social support from family members (Kallender et al., 2021). Furthermore, good family relationships were also correlated with positive coping mechanisms and prevention of further setbacks. There is also evidence to suggest a person with positive familial support may be able to return to a more “normal” and productive life following addiction treatment, as family support assists in the ability to adapt and reshape lives (Kallender et al., 2021).

Recent research has also demonstrated that an individual’s SUD impacts the physical and mental health of family members, specifically their parents (Mathibela & Skhosana, 2019; Wilburn et al., 2022). Parents of those with SUD have reported many harmful effects on their physical health, including poor sleep habits, high blood pressure, and weight gain or loss (Mathibela & Shkosana, 2019). Parents have also reported immense anxiety over financial tolls, increased absences from work, lack of social participation, and decreased ability to effectively parent other children (Wilburn et al., 2022). Another common theme seen among parents of children with SUD is a lack of community support. Many parents feel judged and blamed for their child’s addiction, leading to isolation from friends and family (Mathibela & Shkosana, 2019). Based on this information, it can be concluded that addiction greatly affects the family system, and treatment strategies need to account for this impact.

Family Education and Training Programs

In order to target the familial impact of addiction, family education and training programs have been developed. Though there is still a notable gap in this research, the existing evidence shows that these programs are promising for effective family-based treatment. The Community

Reinforcement Approach and Family Training (CRAFT) program is an adaptation of the already existing Community Reinforcement Approach (Archer et al., 2019). CRAFT incorporates a family component, which aims to improve family members' understanding of SUD, as well provide them with tools to encourage a supportive environment for their loved one who is struggling with SUD. Research has shown that the highest success in CRAFT treatment occurred when family members were involved in treatment. Specifically, treatment success was at its peak when families were provided with both individual and group therapy sessions (Archer et al., 2019).

It is also important for these treatment programs to consider family-based drug prevention strategies for children whose parents suffer from SUD. Celebrating Families (CF) is a program that includes both family training and caregiver education on topics such as family communication, effects of addiction on a family, addiction as a disease, and making healthy choices (Sparks et al., 2018). Results from CF training sessions demonstrated up to a 95% parent-reported increase in helpful behaviors to decrease negative effects of substance use on the family unit. Some of these behaviors included improved communication between the parent and child, increased parent encouragement of the child, and a decreased loss of control when disciplining the child. It was also reported that 90% of the children and teenagers in this study felt that CF provided them with a good understanding of the effects of drugs and alcohol (Sparks et al., 2018). The results of the CF program indicate promising evidence that family engagement not only assists a family in recovering from the negative impacts of addiction but can also aid in preventing the repeated cycle of addiction in a family.

Caregiver Support

While research on support groups for caregivers of individuals with SUD is still limited, there is research being done to better understand stressors and burdens, as well as supportive factors, experienced by caregivers. This research has shown some emerging major themes regarding these stressors, including intense anxiety that their loved one would die from SUD, the lack of a cure for SUD, stigma against their loved one, financial burden, increased demands of the caregiver, and family role strain (Tyo et al., 2023). There were also prominent themes in essential types of support for resilience in caring for someone with SUD. Caregivers have disclosed that community-organized support groups, as well as support from family and friends, were crucial in coping with these stressors (Tyo et al., 2023). Professionals working closely with the population of those effected by SUD have also identified the increasing need for community resource supports, skills training to enable the family system, and education for the caregiver on their role in caring for this population (Tye et al., 2021).

Due to the nature of addiction as a chronic disease, it is evident that caregiver burden greatly impacts individuals caring for those with SUD (Mikulic et al., 2023). Research provides evidence that caregivers of those with SUD have a higher level of psychological stress and a lower quality of life than average due to burnout, isolation, stigma, and many other factors (Mikulic et al., 2023). There is research to suggest that caregiver support groups are effective in reducing this caregiver burden in individuals assisting loved ones with other chronic diseases, such as dementia and depression (Küçükgüçlü et al. 2018; Worrall et al., 2018). A study completed by Küçükgüçlü et al. (2018) determined that a support group for caregivers of loved ones with dementia decreased feelings of social burden, emotional burden, and caregiver burden altogether. Worrall et al. (2018) completed a literature review on the helpfulness of caregiver

support groups in those caring for loved ones with mental illness and found extensive and highly consistent evidence to support this concept.

Research on support groups for caregivers of individuals with SUD specifically is still lacking. However, there is research to support the effectiveness of peer support services for caregivers of teenagers and young adults experiencing mental health disorders and/or addiction. Markoulakis et al. (2022) conducted a study using Parent Advocates with Lived Experience (PALs) to measure efficacy of a peer support program. 100% of caregivers in this study reported being satisfied with their experience with PALs, describing a sense of being understood, feeling heard, and a comfortability with sharing experiences. 93% of participants also reported that it was very likely that they would recommend PALs to others for support in similar situations (Markoulakis et al., 2022). This research points to promising evidence that social support is essential in helping caregivers cope with their role in helping loved ones with SUD.

Occupational Therapy Treatment

According to the Occupational Therapy Practice Framework (2020) occupational therapists address all of the impacts that caring for an individual with SUD can have on one's health, such as social participation, education, and health management. The occupational therapy perspective views every person as both an individual and a member of a community, and each person is strongly influenced by the environment around them. Occupational therapists have the education that provides them with a clear picture of how the dynamics of a community affect a person's ability to live a healthy and fulfilling life. Based on this education, occupational therapists have the foundation and knowledge to facilitate support groups targeting the community of individuals impacted by SUD (American Occupational Therapy Association, 2020b).

Research has been conducted to provide evidence for the efficacy of occupational therapists in community-based settings. A systematic review completed by Tabanpour et al. (2021) examined the current state of the literature on the effectiveness of community-based occupational therapy services for adolescents experiencing mental health disorders. This research demonstrated a strong correlation between participating in these services and decreased anxiety levels, improved behavior, and better occupational performance (Tabanpour et al., 2021). There is also existing literature to support community-based occupational therapy in the form of group therapy sessions for women with breast cancer. It was found that these occupational therapy sessions significantly improved quality of life within this community (Petruševičienė, 2018). Though the health deficits and communities studied thus far differ from the specific population of individuals impacted by SUD, current evidence suggests that community-based occupational therapy can be helpful in a large variety of contexts.

Though limited, there is research on occupational therapy's role in the context of SUD. Ryan & Boland (2021) performed a scoping review of occupational therapy interventions for SUD treatment and found three major themes among current research: individual occupation focused intervention, individual skills training, and the establishment of a community-based sober routine. In another scoping review completed by Lepperd et al. (2018), interventions for women with SUDs were analyzed with an occupational perspective. The majority of this literature emphasized an individualized harm-reduction approach to treat women with substance use disorders. While literature exploring the role of occupational therapy in addiction treatment is promising, the focus remains on individualistic treatment for those suffering from SUD, highlighting the necessity for research on group-based support for caregivers.

Gap Analysis

While there is existing literature to support the effectiveness of caregiver support groups and the importance of family programs in general, there is a profound gap in evidence-based family engagement activities and specific interventions that can be used to assist families who have been impacted by addiction. There is also minimal research evaluating the effectiveness of community support for caregivers responsible for children who are experiencing the negative effects of addiction of a family member. CMAP is a setting in which valuable research and evaluation about this topic needs to take place to promote whole family recovery. Occupational therapists have the knowledge and foundation to provide this treatment to families, based on the holistic and family-centered nature of the profession. The purpose of this doctoral capstone project is to use a family-based, occupational lens to further develop and enhance the CVC community at CMAP.

Guiding Model

As stated previously, occupational therapy is an ideal profession to promote family-based support for families impacted by SUD due to its foundational principles and beliefs. This concept is emphasized within the model of Person-Environment-Occupation-Performance (PEOP). The PEOP model involves analyzing both intrinsic and extrinsic factors of an individual, including characteristics of the person, features of the environment, and demands of the task. This model emphasizes the importance of how our environment influences our ability to perform efficiently in the things we need and want to do. The intentions of family engagement in relation to SUD are strongly associated with creating a supportive environment in an attempt to increase occupational performance. The PEOP model guided this capstone project, providing a holistic approach with a specific focus on how the environment impacts a person, a principle that is crucial to the complex nature of SUD (Baum et al., 2015).

Project Plan and Process

Based on the information obtained through the literature review and the needs assessment, the capstone student created goals and objectives to direct the process of the capstone experience. As the project developed, some of the original goals were altered to meet the needs of the community site. Originally, the student created a goal about using the narrative slope as a conceptual framework to lead group sessions. However, this goal was eliminated based on logistics and feedback from the site mentor. In addition to the omission of this goal, a new goal was added that was more suitable to the purpose of this project. The following goals and objectives reflect the intentions of this capstone project:

- **Project Goal 1:** The student will implement and analyze data of a caregiver focus group program at Camp Mariposa Aaron's Place focusing on principles of community-based practice with an occupational and trauma-informed lens.
 - **Objective 1:** The student will collaborate with the site mentor to determine best practice in leading the caregiver focus groups.
 - **Objective 2:** The student will use participant input to determine specific areas of need within this specific population by collecting data via surveys and field notes.
 - **Objective 3:** The student will use data obtained to develop interventions that promote a sense of community between camp participants and family members.
- **Project Goal 2:** The student will create a group protocol and intervention examples for further focus group leaders to utilize in order to promote sustainability of the caregiver focus group program at Camp Mariposa Aaron's Place.

- Objective 1: The student will use principles of group-based leadership to design activities to implement during focus groups.
- Objective 2: The student will develop educational materials that target caregivers’ relationships and communication within their family dynamics.
- Objective 3: The student will collect and analyze data to determine effectiveness of these group interventions.
- Project Goal 3: The student will assist in the planning of Camp Mariposa Aaron’s Place family day activities in order to promote family engagement in a therapeutic environment.
 - Objective 1: The student will research activities to promote family engagement.
 - Objective 2: The student will use feedback from families to make family days more accessible for improved participation.

In order to achieve the goals outlined in the project plan, the student created a timeline of the capstone process. Components of the capstone project were adjusted based on the ongoing needs of the community site. Table 1 provides a detailed timeline of the 14-week capstone project.

Table 1

Doctoral Capstone Timeline

Phases	Tasks
Weeks 1-3	Orientation to site Update of literature review Creation of educational materials
Weeks 4-6	Planning and Family Day 1 (Indianapolis) Development of group protocol for CVC session 1 (Indianapolis)

	Survey development
Week 7	CVC session 1 (Indianapolis) Dissemination of survey Distributions of corresponding educational materials
Weeks 8-11	Planning Family Days 2 (Southern Indiana) and 3 (Indianapolis) Creation of remaining educational materials Development of group protocol for CVC session 2 (Southern Indiana) Begin development of group protocol binder for program sustainability Update of survey based on community needs Drafting of final capstone report
Week 12	CVC session 2 (Southern Indiana) Dissemination of survey Distribution of corresponding educational materials
Week 13	CVC session 3 (Indianapolis) Dissemination of survey Distribution of corresponding educational materials
Week 14	Quantitative and qualitative data analysis Completion of group protocol binder Finalization of capstone report

*Meetings with site and faculty mentors occurred throughout the entirety of this timeline.

Project Implementation

The intention of this capstone project was to improve family engagement and create a community of support for caregivers of children attending CMAP. In order to achieve this outcome, the student first evaluated the already existing CVC program and family days at CMAP. The student then developed a group curriculum to improve this program and evaluated the impact of this resource. Lastly, the student implemented changes into the CVC program

based on the ongoing needs of the community site. This process took place in two phases: (1) Phase 1: Program Evaluation (2) Phase 2: Program Development

Program Evaluation

In order to evaluate the existing CVC at CMAP, the student completed an interview with the Clinical Director of CMAP, as well as on-site observation of a CVC session. The student used information obtained from both interview and observation to develop three main themes indicating room for growth in the current CVC program. These themes included the following: (1) The caregivers of CMAP kids want to be connected to what the campers at CMAP are learning. (2) The caregivers of CMAP kids want to be educated on topics related to SUD and their child. (3) The caregivers of CMAP kids need a safe space to discuss these topics. The student used these themes to develop a CVC curriculum.

Program Development

Creation of Educational Materials

Based on needs identified throughout the program evaluation phase, the student determined it was important to provide CVC participants with educational materials. CMAP incorporates a curriculum titled “Too Good for Drugs” into each camp weekend to teach campers about topics such as making healthy choices, the effects of drug use, goal setting, and building strong relationships. The capstone student adapted these lessons into adult-friendly, educational handouts in order to promote connection between camper and caregivers and encourage carry over of these topics at home. Additionally, the student and the site mentor collaborated to create new educational topics that would align with concepts that caregivers expressed a desire to learn about. The student spent time doing in-depth research on these topics and creating handouts to encompass key takeaways. All families received copies of these handouts in a folder for easy

access in the home. Both the “Too Good for Drugs” curriculum topics and the new educational topics can be seen in Table 2. Examples of the “Too Good for Drugs” educational handouts can be seen in Appendix B. Examples of the new educational topic handouts can be seen in Appendix C.

Table 2

Educational Modules

“Too Good for Drugs” Topics	New Educational Topics
Setting Reachable Goals	The Brain & the Disease of Addiction
Making Responsible Decisions	Shame & Stigma of SUD
Identifying & Managing Emotions	Having Hard Conversations
Effective Communication	Sensory Regulation
Bonding & Relationships	Occupational Therapy & Mental Health
Safe Use of Prescription & OTC Medicines	Adverse Childhood Experiences
Peer-Pressure Refusal	Adolescent Brain Development
Effects of Alcohol Use	Interoception
Effects of Nicotine Use	Behavior as Communication
Effects of Marijuana Use	Coping Skills
	Sleep Hygiene
	Routines & Rituals

Development and Facilitation of Group Protocol

In order for the capstone student to address the 3 themes identified during program evaluation, the student first had to create a group protocol. The student spent time reviewing the text *Group Dynamics in Occupational Therapy: The Theoretical Basis and Practice Application*

of Group Intervention by Marilyn B. Cole and created an adapted outline from this text to structure a group protocol. The group protocol consisted of group topics, supplies needed, a timed outline, group ground rules, and topics discussed (Cole, 2018). The student used knowledge obtained from research on CVC group topics to develop a rough script that a new group facilitator can utilize to lead future CVC sessions. The capstone student then had the opportunity to facilitate 3 CVC group sessions. The student used principles from *Group Dynamics in Occupational Therapy: The Theoretical Basis and Practice Application of Group Intervention* to ensure competence in being a group leader (Cole, 2018). The group protocol outlines that were used to facilitate CVC group sessions 1 and 2 can be seen in Appendix D.

Supplemental Programming

The capstone student assisted the CMAP Director of Youth Programming in planning three family day events. The student was responsible for incorporating a therapeutic element into each family day. For the first two family events, the student planned and facilitated a Jeopardy game that required family engagement by having each family work together as a team throughout the game. Additionally, some of the questions used in the Jeopardy game encompassed therapeutic elements, such as coping skills and ways to take care of oneself. The intention behind these questions was to create a space where families are encouraged to discuss these topics. The third family day consisted of a Cookies & Canvas event. Families were able to sit together, engage in conversation, and paint while following a tutorial from an in-person artist. The intention behind this event was for families to have a safe space to express themselves through an art form. The capstone student was also able to use time during family days to communicate and build rapport with caregivers.

Setting and Structure

The majority of background research, development of group protocols, creation of educational materials, and collaboration with CMAP staff occurred at the Overdose Lifeline Inc. office located in Indianapolis, Indiana. The CVC sessions, however, took place at the community sites for CMAP in both Indianapolis (Jameson Camp) and Southern Indiana (Camp Rivervale). These group sessions were face-to-face and led by the student, in collaboration with her site mentor. They were each 2 hours long and consisted of open socialization time and more structured group discussion time. During the first 2 CVC sessions, one in Indianapolis and one in Southern Indiana, the student facilitated group discussion about the following topics: (1) The Brain and the Disease of Addiction (2) Shame and Stigma of SUD (3) Setting Reachable Goals. The third CVC session in Indianapolis consisted of the following topics: (1) Having Hard Conversations (2) Adolescent Brain Development (3) Making Responsible Decisions. These topics were chosen for the first 3 CVC sessions based on the perceived level of importance by the student and site mentor.

Participants

All participants in the CVC group sessions met the inclusion criteria of being a caregiver of one or more kids attending CMAP. There were no exclusion criteria for this capstone project. Participants were recruited based on their involvement with Camp Mariposa via word of mouth, email, and the Camp Mariposa family Facebook pages. The student also spent time creating topic flyers with information about the CVC to hand out to parents at camp drop-off. An example of a topic flyer can be seen in Appendix E.

It is important to note that, in relation to SUD, the participants in this group came from diverse backgrounds. Some members of CVC were parents in recovery and caring for their own children. Some participants were individuals who now had sole custody of a child attending

CMAP due to that child's parent's addiction, also known as relative caregivers. Other participants were spouses or ex-spouses of individuals with SUD who were now taking on the role of being a single parent of a child attending CMAP. Specific numbers of participants in each of these roles can be seen in Table 3.

Table 3

Participants

	CVC Session 1 (Indianapolis)	CVC Session 2 (Southern Indiana)	CVC Session 3 (Indianapolis)
Spouse or ex-spouse	1	1	3
Relative caregiver	6	1	2
Parent in recovery	2	0	5
Other	0	0	2
Total Participants	9	2	12

Outcome Measures

Primary outcomes for this capstone project were: (1) Caregivers' perceived value of the CVC and (2) the impact of educational materials and corresponding discussion. Each outcome was measured by surveys created by the capstone student. Survey content varied based on group needs and topics discussed each session. Quantitative data was gathered using a mix of multiple choice, Likert-scale, and free-response questions, which encompassed perceived value of the CVC, impact of educational modules and discussion topics, and caregiver comfortability of carrying this information over in the household with their child. Qualitative data was also collected in order to determine what participants would like to discuss at future CVC sessions and information to assist the capstone student with supplemental programming for family days.

Project Evaluation

Both quantitative and qualitative data were used to determine suggested impacts of the developments made by the capstone student for the CVC program. Additionally, quantitative and

qualitative data were collected to determine if the supplemental programming provided by the capstone student produced any potential improvements in family engagement during family days, as well as what CMAP families feel can be done to improve family day participation.

Methodology

The primary method of data collection for the CVC program was through surveys. Surveys were adapted in collaboration with the student's site mentor throughout the capstone project to ensure sensitivity of this measurement tool to overall changes. The timing of dissemination of surveys was also adapted to ensure sensitivity. Overall, the student created 5 surveys to determine potential impacts of the CVC program. Survey 1 was disseminated via Qualtrics and surveys 2-5 were disseminated via Microsoft Forms. Examples of each survey can be seen in Appendix F.

Survey 1

The first survey (survey 1) was disseminated directly before the first CVC group session at the Indianapolis location via Qualtrics. This survey consisted of 4 Likert-scale questions to determine an overall baseline of caregivers' perceived value of the CVC program before the capstone student implemented changes. 2 free-response questions were included in survey 1 to assist the student in supplemental programming. The free-response questions encompassed any perceived barriers to attending family days, as well as activities families would like to see at future family days.

Survey 2

Survey 2 was disseminated via email 2 weeks after the first CVC session using Microsoft Forms. This survey specifically measured whether there was any improvement in participants' understanding of specific group topics discussed and educational materials provided after

attending the first CVC session. Specific group topics for this CVC session included the brain and the disease of addiction and shame and stigma in relation to substance use disorder. Survey 2 also included 1 yes or no question to determine if activities provided on educational handouts were being used at home. Additionally, survey 2 contained 1 free-response question regarding what participants would like to discuss at future CVC sessions.

Survey 3

The third survey (survey 3) was given to CVC members directly after the second CVC session in Southern Indiana via Microsoft Forms. The purpose of survey 3 was to obtain an understanding of whether or not CVC participants gained knowledge throughout the specific discussion topics and educational materials, and whether they feel this knowledge will help them in conversations with their child at home. Similar to the first CVC session in Indianapolis, this group session also covered the brain and the disease of addiction and shame and stigma in relation to substance use disorder. Survey 3 consisted of 5 Likert-scale questions and 2 free-response questions. The free-response questions were identical to the free-response questions in Survey 1 regarding barriers and desired activities at family days.

Survey 4

The fourth survey (survey 4) was disseminated directly after the third CVC session located in Indianapolis and consisted of 4 Likert-scale questions and 1 free-response question. This survey was given via Microsoft Forms. The Likert-scale questions in survey 4 were similar to those in survey 3, however they were slightly altered to reflect the specific topics discussed at the third CVC session. Specific topics for this group session included adolescent brain development and having hard conversations with kids. Survey 4 also included one free-response question asking participants to disclose any impact CVC has had on their family.

Survey 5

At the end of the capstone experience, the student also collected data from the capstone site mentor and the Director of Youth Programming at CMAP via a survey (survey 5) made up of 3 Likert-scale questions and 1 free-response question. This survey was used to determine if supplemental programming objectives were met and included questions specifically regarding the addition of a therapeutic element into family days, promotion of family engagement, and improvement of family days overall with the capstone student’s assistance in planning.

Results

Survey 1 Data

Survey 1 was completed directly before the first CVC session, which took place at the Indianapolis CMAP location. 8 out of 9 individuals who participated in the CVC group session agreed to fill out the survey. Overall, each participant either reported “agree” or “strongly agree” with each statement. Table 4 shows results based on the number of participants that responded with each Likert-scale rating. Main themes seen in the responses for the free-response question regarding barriers to participation in family days included inconvenient location and inconvenient timing. Main themes seen in the responses for desired family day activities included more team-building activities and more outdoor activities.

Table 4

Results from Survey 1

	Strongly Disagree (Rating=1)	Disagree (Rating=2)	Neither Agree nor Disagree (Rating=3)	Agree (Rating=3)	Strongly Agree (Rating=4)	Likert-scale Average (Rating=5)
I have the materials I need to carry over what my	0	0	0	4	4	4.5

camper is learning.							
I feel that I have tools to cope with stress that comes with my role as a caregiver.	0	0	0	4	4	4.5	
I feel confident in my ability to carry over what my camper is learning.	0	0	0	2	6	4.8	
The information provided at Camp Village Council is valuable.	0	0	0	1	7	4.9	

Survey 2 Data

3 out of 8 participants filled out survey 2. Questions were scored and analyzed through Likert-scale questions, a score of 1 indicating “strongly disagree” and a score of 5 indicating “strongly agree”. The majority of questions received a response of “agree” or “strongly agree” from each member, however 2 questions received a response of “neither agree nor disagree” from 1 member. Table 5 shows results for questions 1-5 based on the number of participants that responded with each rating for survey 2. For the yes or no question regarding the use of practice activities at home, 1 participant responded “yes”, and 2 participants responded “no.”

Additionally, common themes from the replies to the free-response question about desired topics at future CVC sessions included how to talk to one’s community about SUD, peer pressure refusal, and advice for helping their child when they are upset or lacking confidence.

Table 5*Results from Survey 2*

	Strongly Disagree (Rating=1)	Disagree (Rating=2)	Neither Agree nor Disagree (Rating=3)	Agree (Rating=4)	Strongly Agree (Rating=5)	Likert-scale Average
After attending the Camp Village Council, I have a better understanding of the impacts of addiction on brain structures and function.	0	0	0	1	2	4.7
After attending the Camp Village Council, I have a better understanding of the negative impacted of stigma related to substance use disorder.	0	0	0	2	1	4.3
After attending the Camp Village Council, I know of more ways to help decrease stigma.	0	0	1	1	1	4
After attending the Camp Village Council, I have a better understanding of the value of setting reachable goals.	0	0	1	0	2	4.3

Survey 3 Data

Survey 3 was disseminated directly after the second CVC session, which took place at the Southern Indiana CMAP location. 2 members attended this group session, and both agreed to fill out the survey afterwards. Both members either reported “agree” or “strongly agree” with each statement. Table 6 shows results of questions 1-5 based on number of responses for each rating. Furthermore, both responses to the question encompassing barriers disclosed that family day locations were too far of a distance from participants’ homes. Only 1 participant answered the question about desired family day activities and reported they would like to see more family-building games at family days.

Table 6

Results from Survey 3

	Strongly Disagree (Rating=1)	Disagree (Rating=2)	Neither Agree nor Disagree (Rating=3)	Agree (Rating=4)	Strongly Agree (Rating=5)	Likert-scale Average
I learned something new about how the disease of addiction affects brain structure and function.	0	0	0	0	2	5
I learned something new about shame and stigma related to substance use disorder.	0	0	0	1	1	4.5
I learned at least one new way to decrease stigma.	0	0	0	2	0	4
I received a good overview of what my	0	0	0	0	2	5

camper learned this weekend. I feel that what I learned at today's Camp Village Council session will help me discuss these topics with my camper at home.	0	0	0	0	2	5
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Survey 4 Data

Survey 4 was completed directly after the third CVC session. There were 12 total participants at this CVC session and 9 participants agreed to fill out the survey. Table 7 shows responses to questions 1-5 based on the number of responses for each rating. Common themes among the free-response question asking members to report the impact CVC has had on their relationship with their camper and/or their family include the following: (1) the usefulness of getting an overview about what their camper did at camp (2) a good sense of trust and community (3) an improved ability to start conversations and have open communication with their camper after attending CVC.

Table 7

Results from Survey 4

	Strongly Disagree (Rating=1)	Disagree (Rating=2)	Neither Agree nor Disagree (Rating=3)	Agree (Rating=4)	Strongly Agree (Rating=5)	Likert-scale Average
I learned something valuable about adolescent brain development.	0	0	0	0	9	5

I learned something valuable about having hard conversations with my camper.	0	0	0	4	5	4.7
Information provided at Camp Village Council today will help me discuss hard topics with my camper at home.	0	0	0	2	7	4.8
I received a good overview of what my camper learned this weekend.	0	0	0	1	8	4.9

Survey 5 Data

Survey 5 was given to the capstone site mentor and the Director of Youth Programming at CMAP, and both agreed to participate in the survey. Results may be seen in Table 8.

Table 8

Results from Survey 5

	Strongly Disagree (Rating=1)	Disagree (Rating=2)	Neither Agree nor Disagree (Rating=3)	Agree (Rating=4)	Strongly Agree (Rating=5)	Likert-scale Average
The capstone student was successful in promoting quality family engagement at family days.	0	0	0	1	1	4.5
The capstone student was successful in helping to	0	0	1	0	1	4

make family days more therapeutic. The capstone student’s assistance in family day programming helped improve family days overall.

0 0 1 0 1 4

Please leave any general feedback (positive or negative) below.

Response 1:

“Conner did a great job of coordinating additional activities for family days that encouraged family engagement beyond the basic event. Her planning and effort took the engagement to the next level at family game night and her idea for a cookies and canvas painting day where all aged family members engaged in a therapeutic art activity was one of our most well attended family events in the last year. We will carry that momentum forward when she is done at ODL.”

Response 2:

“I don't think you had the opportunity to address 2 or 3.”

Discussion and Impact

Overall, the capstone project had a positive impact on the CVC program at CMAP. Results confirm that the majority of individuals who attended CVC found it to be a valuable learning experience about the brain and the disease of addiction, shame and stigma in relation to substance use disorder, adolescent brain development, and having hard conversations. Participants also expressed finding CVC useful in promoting connectedness between them and their camper, as well as having more confidence in their ability to discuss these topics with their camper at home after attending CVC. Additionally, participants reported finding a sense of community during CVC sessions.

Data regarding the capstone student's success in supplemental programming of family days is mixed. Results suggest that the capstone student was able to effectively promote family engagement. However, one participant strongly agreed that the capstone student met the objectives for adding a therapeutic element and improving family days overall, while the other participant was neutral on these concepts. The participant that remained neutral on these statements disclosed in their answer to the free-response question that they felt the student did not have adequate opportunities to meet these objectives. Also regarding family days, the capstone student was able to successfully collect data from families on barriers to participation in family days, as well as things they would like to see at future family days. This information was relayed to CMAP staff and will help with sustainability of family day improvement.

Lastly, the student created a binder of group protocols, discussion points, and activities that can all be used to facilitate future CVC sessions. Results suggest that the method of education via whole group discussion and handouts was promising in promoting a valuable learning experience for CVC members. The contents of this binder were also reviewed and approved by the capstone student's site mentor. The achievement of this project goal will be a significant support in the sustainability of improvements made to the CVC program.

Sustainability

The capstone student took steps throughout the capstone process to ensure sustainability of changes made to the CVC program. The student created a physical binder of a group protocol, discussion points, and corresponding handouts for all educational modules. To ensure easy access and utilization of these materials, the student also created a virtual binder with this information that can be accessed via Microsoft OneDrive. Additionally, the site mentor verbally confirmed that materials created by the capstone student will be useful in the implementation of

future CVC sessions. The site mentor also initiated a process to get the educational handouts professionally branded, suggesting the intention to continue using these handouts for CVC sessions in the future. Based on these factors, it is expected that the enhancements and developments made to the CVC program will be sustained as the program continues to grow.

Sustainability has also been ensured for the supplemental programming aspect of the capstone project. The student has left the CMAP staff with all information needed to plan another Cookies & Canvas family day, as well as all of the materials needed for CMAP family game night. The Director of Youth Programming also expressed that they plan to use these activities for family days in the future, as the family events that the capstone student planned exhibited improved participation from families.

Limitations

Several limitations were experienced throughout this capstone project. One major limitation was due to timing constraints. The student only had 14 weeks to complete this capstone project, and with the timing of pre-planned dates of camps and family days, this left the opportunity to facilitate and measure outcomes from only 3 CVC sessions and 3 family days. Along with this, the sample size of participants in these groups were relatively small and attendance varied from session to session. This barrier could create a decreased ability to generalize suggested impacts to a larger population. Another limitation was the variance of surveys throughout the project. Survey 1 was not likely to show any growth or change in the program throughout the capstone process, as most individuals rated the CVC highly from the beginning. Therefore, the student had to alter each survey to better reflect change. The timing of dissemination of surveys was also altered throughout the project in an attempt to improve

participation. These adaptations made it difficult to distinguish program impact throughout the capstone process.

Conclusion

Previous research indicates that individuals affected by the SUD of a family member often experience barriers to participating in valuable occupations, one of the most common being social participation and the lack of a supportive community. The purpose of this capstone project was to use occupational therapy principles and a family-based lens to enhance the CVC program at CMAP. Based on data collected throughout the capstone process, the capstone student was successful at implementing changes that provided this population with a community of support, connectedness to peers, and improved family engagement. CMAP staff are now equipped with valuable resources and materials to further develop the CVC program and support this community's ongoing needs. This project has had a positive impact on the capstone student, the participants of CMAP, and the CMAP organization as a whole. In the future, higher quality research should be performed on the effectiveness of interventions facilitated through support groups for caregivers of children impacted by the substance use disorder of a family member.

References:

- Aaron's place camp mariposa. Aaron's Place. (2023, March 13). Retrieved March 14, 2023, from <https://aaronsplace.org/camp-mariposa/>
- American Occupational Therapy Association. (2020b). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy*, 74(Suppl. 2), 7412410010. <https://doi.org/10.5014/ajot.2020.74S2001>
- Archer, M., Harwood, H., Stevelink, S., Rafferty, L., & Greenberg, N. (2020). Community reinforcement and family training and rates of treatment entry: a systematic review. *Addiction (Abingdon, England)*, 115(6), 1024–1037. <https://doi.org/10.1111/add.14901>
- Baum, C. M., Christiansen, C. H., & Bass, J. D. (2015). The Person-Environment-Occupation-Performance (PEOP) model. In C. H. Christiansen, C. M. Baum, & J. D. Bass (Eds.), *Occupational therapy: Performance, participation, and well-being* (4th ed., pp. 49-56). Thorofare, NJ: SLACK Incorporated.
- Children of addicted parents guide: *How to deal with addict parents*. American Addiction Centers. (2022, September 9). Retrieved March 9, 2023, from <https://americanaddictioncenters.org/rehab-guide/guide-for-children>
- Cole, M. B. (2018). *Group Dynamics in occupational therapy: The theoretical basis and practice application of group Intervention*. Slack Incorporated.
- Kallander, E. K., Weimand, B. M., Hanssen-Bauer, K., Van Roy, B., & Ruud, T. (2021). Factors associated with quality of life for children affected by parental illness or substance abuse. *Scandinavian journal of caring sciences*, 35(2), 405–419. <https://doi.org/10.1111/scs.12868>
- Küçükgüçlü, Ö., Söylemez, B. A., Yener, G., & Işık, A. T. (2018). The effects of support groups

- on dementia caregivers: A mixed method study. *Geriatric Nursing*, 39(2), 151-156.
- Leppard, A., Ramsay, M., Duncan, A., Malachowski, C., & Davis, J. A. (2018). Interventions for women with substance abuse issues: a scoping review. *The American Journal of Occupational Therapy*, 72(2), 7202205030p1-7202205030p8. <https://doi.org/10.5014/ajot.2018.022863>
- Markoulakis, R., Bowles, K., Chan, S., Weingust, S., Dobbin, K., & Levitt, A. (2022). Changes in perception of caregiving experience following caregiver peer support within a mental health and addictions navigation service. *Community Mental Health Journal*, 58(4), 740-748. <https://doi.org/10.1007/s10597-021-00879-6>
- Mathibela, F., & Skhosana, R. (2019). Challenges faced by parents raising adolescents abusing substances: parents' voices. *Social Work*, 55(1), 87-107. <https://doi.org/10.15270/55-1-697>
- Mikulić, M., Čavar, I., Jurišić, D., Jelinčić, I., & Degmečić, D. (2023). Burden and Psychological Distress in Caregivers of Persons with Addictions. *Challenges*, 14(2), 24. <https://doi.org/10.3390/challe14020024>
- Petruseviciene, D., Surmaitiene, D., Baltaduoniene, D., & Lendraitiene, E. (2018). Effect of Community-Based Occupational Therapy on Health-Related Quality of Life and Engagement in Meaningful Activities of Women with Breast Cancer. *Occupational therapy international*, 2018, 6798697. <https://doi.org/10.1155/2018/6798697>
- Ryan, D. A., & Boland, P. (2021). A scoping review of occupational therapy interventions in the treatment of people with substance use disorders. *Irish Journal of Occupational Therapy*.
- Sparks, S. N., & Tisch, R. (2018). A Family-Centered Program to Break the Cycle of Addiction. *Families in Society*, 99(2), 100-109. <https://doi.org/10.1177/1044389418767841>

49(2), 104-114.

Tabanpour, L., Gutierrez, A., Mercado, A., & Munyon, R. (2021). Effectiveness of Community Based OT Mental Health Services for At-Risk Adolescents: A Systematic Review. *The American Journal of Occupational Therapy*, 75(Supplement_2), 7512520393p1-7512520393p1.

The Crisis In Indiana. Indiana University. (n.d.). <https://addictions.iu.edu/understanding-crisis/crisis-in-indiana.html>

The Edge Treatment Center. (n.d.). Addiction statistics. *The Latest Substance Abuse Trends*. Retrieved March 9, 2023, from <https://www.theedgetreatment.com/addiction-statistics-2021/>

Tye, J. E., Meiers, S. J., Olsen, G., Moore, M. J., Aleman, M. J., & Chawla, V. (2022). Supporting Children and Kinship Caregivers in the Context of Substance Use Disorder: Perspectives of Key Professionals. *Journal of Family Issues*, 43(11), 2986-3003. <https://doi.org/10.1177/0192513X211038067>

Tyo, M. B., McCurry, M. K., Horowitz, J. A., & Elliott, K. (2023). Perceived Stressors and Support in Family Caregivers of Individuals With Opioid Use Disorder. *Journal of addictions nursing*, 34(4), E136–E144. <https://doi.org/10.1097/JAN.0000000000000552>

Wilburn, V. G., Stoll, H. B., Rohr, A. C., & Moring, K. (2022). The ambiguity of parenting adult children with substance use disorder. *Canadian Journal of Occupational Therapy*, 89(2), 127- 134. <https://doi.org/10.1177/00084174211073260>

Worrall, H., Schweizer, R., Marks, E., Yuan, L., Lloyd, C., & Ramjan, R. (2018). The

effectiveness of support groups: a literature review. *Mental Health and Social Inclusion*, 22(2), 85-93.

Zarse, E. M., Neff, M. R., Yoder, R., Hulvershorn, L., Chambers, J. E., & Chambers, R. A. (2019). The adverse childhood experiences questionnaire: Two decades of research on childhood trauma as a primary cause of adult mental illness, addiction, and medical diseases. *Cogent Medicine*, 6(1), 1581447.

<https://doi.org/10.1080/2331205X.2019.1581447>

Zeng, X., & Tan, C. (2021). The Relationship between the Family Functioning of Individuals with Drug Addiction and Relapse Tendency: A Moderated Mediation Model.

International journal of environmental research and public health, 18(2), 625.

<https://doi.org/10.3390/ijerph18020625>

Appendix A

Interview Questions

1. What are your current perceived needs for Camp Mariposa?
2. Which of these needs do you feel could be addressed through this capstone project?
3. What is the critical impact you want this capstone project to have on Camp Mariposa?
4. Are you looking for more of an educational/research-based, development-based, or an intervention-based project?
5. What, if any, resources do you currently have in place to support the need you would like the capstone project to address?
6. Do you see any major barriers to success?
7. Are there any financial or temporal constraints?

Appendix B

Setting Reachable Goals

This weekend, campers engaged in a lesson promoting goal setting. Campers practiced identifying reachable goals and wrote their own short term goals for themselves. Here's a rundown of what they learned.



Goal Setting Takes:

- Courage
- Self-discipline
- Responsibility

6 steps to reaching a goal:

1. Name It
2. Picture Yourself Reaching It
3. Say, "I Can"
4. Think How to Do It
5. Go For It
6. Celebrate Your Success

You are more likely to reach your goal if it is...



Personal

Your goal must be important to you.



Possible

You have the time, ability, and resources.



Positive

Your goal is stated as a positive action, "I will," rather than "I won't."



Specific

Your goal is measurable so you will know when you have reached it.



Practice at Home

Work together with your camper to come up with several family-centered goals, such as eating healthy, spending more quality time together, or getting more exercise. Go through the 6 steps of goal-setting and make sure each goal is personal, possible, positive, and specific. Allow your camper to provide insight into these goals based on what they have learned at camp.

Family Goals:

1. _____
2. _____
3. _____

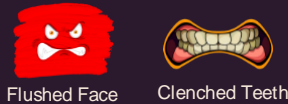
Identifying and Managing Emotions

This weekend, campers participated in a lesson targeting emotional exploration, identification, and management. Campers discussed intensity of emotions, physical symptoms associated with emotions, and practiced ways to manage tough emotions.

FEELING YOUR FEELINGS

Below are some examples of physical symptoms that occur when you are feeling certain emotions. These physical symptoms can help you to label what you are feeling and communicate.

ANGER



Flushed Face

Clenched Teeth

HAPPINESS



Laughter

Relaxation

ANXIETY



Racing Heart

Dry Mouth

EXCITEMENT

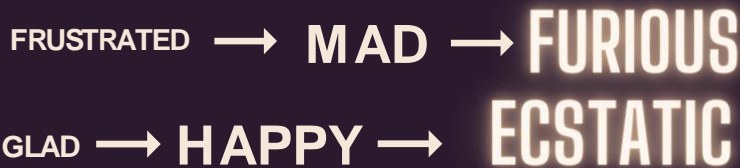


Butterflies

Sweaty Palms

INTENSITY OF FEELINGS

It is important to be able to describe different strengths of emotions in order to communicate feelings healthily. Shown are examples of similar emotions at different intensities.



PRACTICE AT HOME

Listed are some common emotions people may feel. Go through each emotion with your camper and take turns listing one way it makes your body feel and one thing you can do to cope with this emotion.

SURPRISED

ANGRY

JOYFUL

EMBARRASSED

AFRAID

CONFUSED

CALM

ANNOYED

Effective Communication



This weekend, campers engaged in a lesson on healthy communication. Campers participated in discussion and activities that encouraged effective listening and communication skills.

Listening Dos & Don'ts

Active Listening	Distracted Listening
Good eye contact	Interrupt
Lean in	Avoid eye contact
Focus	Turn away
Repeat back	Focus on other things
Ask questions	Look around the room

Communication Styles

Much of our communication comes from nonverbal signals, such as tone of voice, facial expressions, eye contact, and body language. Each of these nonverbal characteristics can make up a person's communication style. Below are examples of communication styles. For the healthiest communication style, we should aim to be assertive communicators, as opposed to passive or aggressive communicators.

Aggressive Communicators

- Tone of Voice: Loud
- Facial Expressions: Angry
- Eye Contact: Glaring
- Body Language: Intense

Assertive Communicators

- Tone of Voice: Firm
- Facial Expressions: Calm
- Eye Contact: Looks in the eye
- Body Language: Confident

Passive Communicators

- Tone of Voice: Soft
- Facial Expressions: Fearful
- Eye Contact: Looks away
- Body Language: Timid

Practice At Home

With your camper, practice being an active listener and an assertive communicator by role playing the interview prompts below. One person practice listening and one person practice communicating answers to the questions, then switch.

Imagine you could have lunch with a famous person, living or deceased...

- Who would you invite?
- Why would you choose this person?
- What would you have for lunch?
- What two questions would you ask your guest?

Adapted from Too Good For Drugs; January, 2024

Appendix C



THE BRAIN & THE DISEASE OF ADDICTION

NEUROPLASTICITY

Our brains have the unique ability to change and reset. This is called **neuroplasticity**. When someone becomes addicted to a substance, the brain rewires itself to make a person feel like they will die without that substance. It can feel like alarm bells going off, telling our brain we need the substance above all things to survive.



#2 Food

#3 Water

#4 Sleep

#5 Social Interaction

DOPAMINE

Dopamine is the chemical in our brain that controls pleasure. Our bodies typically release this chemical naturally when we do things we enjoy, like spend time with family or eat our favorite foods. When certain substances are introduced into our neural network, our brain is flooded with an unnatural amount of dopamine. This causes an immense feeling of euphoria and happiness. The brain becomes accustomed to this unnatural level of dopamine and continues to associate it only with the substance. It then becomes increasingly difficult for someone to feel pleasure from daily activities they once enjoyed, instead feeling as if they need the substance to even feel normal.



THE GOOD NEWS!

Because of neuroplasticity, the brain has the ability to restructure and recover from the harmful changes that addiction causes. With the correct treatment, the brain can establish new connections for healthy behaviors and a happy, fulfilling life without substances.



REMEMBER...

ADDICTION IS...

- A disease
- A change in brain structure & function
- A physical dependence
- A chronic illness

ADDICTION IS NOT...

- A moral failing
- A character flaw

23 million

PEOPLE ARE IN RECOVERY



SHAME & STIGMA



“Stigma is the negative attitude signaling that one is flawed or condemned, leading to rejection and avoidance by others” (Goffman, 1963).

Individuals with Substance Use Disorder (SUD) and their family members are often discriminated against and rejected based on society’s **stigma**. This can and does prevent individuals with SUD from getting essential treatment for the chronic disease of addiction.

STIGMA CAN BE SPREAD THROUGH:

- Language
- Attitudes/opinions
- Policy
- Access/coverage
- Behavior

OUTCOMES OF STIGMA:

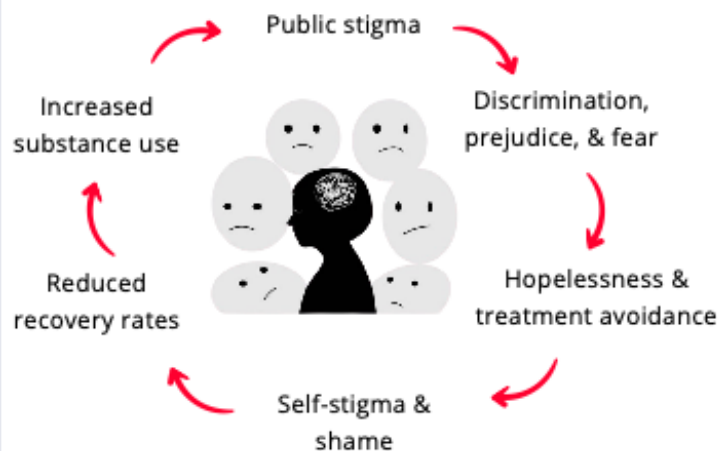
INDIVIDUAL & FAMILY

- Feelings of fear & shame
- Isolation
- Continued use
- Poor adherence to treatment

HEALTHCARE

- Less access to treatment
- Insurance barriers
- Research funding & activity
- Bias from medical professionals

Similar to diabetes or asthma, addiction is a chronic disease that can be managed with proper treatment. Withholding treatment for those with SUD leads to a vicious and continued cycle of unsafe drug use.



TAKE ACTION AGAINST STIGMA



Normalize talking about SUD

Read reliable literature

Make information on SUD accessible

Support local policies & issues

Connect with recovery communities

Evaluate unconscious biases

WORDS MATTER!



Below are some ways that you can practice respectful language. However, it is important to match the language a person chooses for themselves.

SAY THIS...

✓ Person with substance use disorder

✓ Disease

✓ Had a setback

✓ Maintained recovery

NOT THAT...

✗ Addict or junkie

✗ Drug habit

✗ Relapsed

✗ Stayed clean/sober



OCCUPATIONAL THERAPY (OT) AND MENTAL HEALTH



Occupational Therapists are trained to assist individuals in gaining or regaining function to participate in life’s occupations. This includes interventions to support individuals experiencing mental health issues. All practicing Occupational Therapists obtain an advanced degree and maintain licensure through continuing education programs.

OT Features + Mental Health Needs

- Expertise in how the environment affects a person’s performance
- Emphasis on roles and routines in daily life
- Education on performing and analyzing mental health assessments
- Strengths-based approach
- Strong observation and problem-solving skills
- Education on brain development and emotional regulation



OT + Mental Health + Camp Mariposa

- The Occupational Therapists and OT students that are on staff at Camp Mariposa bring a holistic, occupation-based lens to the kids that attend camp.
- We practice building camp rituals and routines as part of a community
- We are equipped and educated to support emotional regulation in children and use these skills to help children cope with the disease of addiction.



For more information on OT in Mental Health, scan the QR code.



Adolescent Brain Development

Adolescent brain development is **complicated**, and caring for an adolescent during this transition can be hard. Below are some key points to help you understand what's happening.



1. Next to infancy, adolescence is the period of the most rapid and significant changes in the brain.

This is a crucial time for experiencing new things, and having opportunities for healthy experiences is vital during this time. This characteristic also makes adolescents more sensitive to stressors and big environmental changes.

2. Levels of the “feel good chemical” (dopamine) increase.

This increase in dopamine can encourage adolescents to seek new, exciting, and reward-based activities. This can lead to a natural pattern of more risky behaviors.



3. The limbic system has developed and takes control.

The limbic system controls our emotions and reward center. Since this part of the brain is mostly developed in adolescence, it controls a majority of decision-making, which is why this can be a time of heightened emotions.



4. The pre-frontal cortex is still developing.

The pre-frontal cortex controls decision making and self-regulation. Dopamine levels and the limbic system are highly active at this stage without the pre-frontal cortex to regulate these strong sensations. This can make it hard to make logical decisions.



5. Strong social support is key.

Much of the brain's development is related to social experiences at this stage. Whether it's from family, friends, or peers, adolescents at this stage need positive interactions and influences for healthy brain development.



ADVERSE CHILDHOOD EXPERIENCES

WHAT ARE THEY?

Adverse childhood experiences (ACEs) are traumatic, stressful events that occur in childhood. These can happen to anyone, and it is not unusual for most people to have at least one. However, the sad truth about ACEs is that they can create toxic stress, which can affect brain development and cause long term health problems. The higher the number of ACEs, the higher the risk for negative health affects.

EXAMPLES OF ACEs

- Abuse (physical, emotional, or sexual)
- Neglect
- Mental illness
- Substance abuse
- Divorce
- Community violence
- Poverty



THE GOOD NEWS

As humans, our bodies and brains can be resilient. This means with certain supports in place, we can heal from ACEs. These supports are also known as **protective factors**, which are things that can prevent damage from a high amount of ACEs.

PROTECTIVE FACTORS

Healthy Relationships

Engage in respectful communication, spend good quality time with family, and connect with your community.



Self-Care

Make sure you are prioritize sleep, nutrition, and exercise. Engage in daily self-care routines, such as taking a bath or exercising.

Mindfulness

Participate in mindfulness activities, such as breathing exercises, meditation, or yoga.



Mental Health Support

Seek professional mental health treatment if needed. You and your provider can help make a plan for stressful situations.

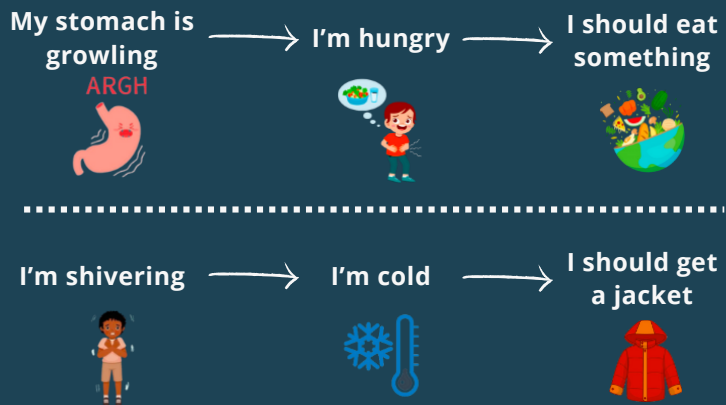
INTEROCEPTION



WHAT IS IT?

Interoception is the sense that allows us to understand our bodies needs and know how to appropriately address these needs. We rely on interoception to give us clues about the physiological state our bodies are in.

FOR EXAMPLE...



SEQUENCE OF INTEROCEPTION

1. Noticing something has happened and that you are feeling something different.
2. Naming this sensation and where it is happening.
3. Linking this sensation to a feeling or emotion.
4. Understanding the impact of this sensation.
5. Taking action to manage this sensation.

Sometimes, things in this sequence can go wrong, and this leads to a misunderstanding of what our body is trying to tell us. For example, we can mislabel feelings of anxiety as feelings of being sick.

HOW TO HELP

Interoceptive awareness typically improves through each developmental stage, however some people just need some extra help and practice to understand their bodily sensations.



Use "Interoception Talk" -- label the way your body parts feel during different activities.



Encourage "Interoception Attention" -- pay attention to the way your body is feeling during daily activities.

Sensory Regulation



Our senses provide us with the information we need about our bodies and the world around us. Sensory regulation refers to our ability to select important pieces of this information, make sense of it, and act on it accordingly.

Think of your brain as a coffee cup and the coffee as sensory input....



For some, it takes LOTS of sensory input to feel like your cup is full.



Understimulation

For others, even a LITTLE in your cup can make you feel like it's about to overflow.



Overstimulation



When we are overstimulated or understimulated, we are *dysregulated*. *Dysregulation* can lead to issues with behavior, attention, focus, and emotions.

Signs of Sensory Dysregulation

Restlessness

Irritability

Covering ears or eyes

Sensitivity to smells/taste

Impulsivity





How To Help

Below are some things you can do to help regulate someone who is experiencing overstimulation or understimulation.

Overstimulation

Calm Space

Choices



Headphones



Sunglasses

Understimulation

Sensory Bin



Loud Music

Toy with Bright Lights

Extra Movement



Both



Gentle Pressure Squeezes

Pushing or Pulling Heavy Items

Fidgets



Jumping, Walking, Running

Appendix D

Group Session 1

Group Title: Camp Village Counsel

Group Topics:

- The Brain and the Disease of Addiction
- Shame & Stigma
- Social Perspectives: Setting Reachable Goals

Supplies:

- Educational handouts
- Survey consent forms
- Survey QR sheets
- QR code sheets for online education
- Pens
- Paper
- Name boards
- Fidgets

Outline:

- 9 to 9:45 a.m. - Breakfast, coffee, survey
- 9:45 to 10:00 a.m. - Introduction of Members; Review Camper Weekend
- 10:00 to 10:45 a.m. - Whole Group Discussion
- 10:45 to 11:00 a.m. - Debrief and socialization among peers

Review of Campers' Weekend:

- Letter to Addiction
- Social Perspectives - Setting Reachable Goals
- Kintsugi
- "Other"

Whole Group Discussion:**- Group Ground Rules:**

- “We are all a part of this group coming from different journeys and paths, but we all have in common that we love/care for someone impacted by addiction. I’d like to set a few basic ground rules so we can ensure that this is a safe space for everyone to share. These are the ones I think would be helpful. If anyone has any other ideas please feel free to share.”
 - “Be respectful to others and their opinions.”
 - “There are no right or wrong opinions. We want to hear and discuss everyone’s perspective.”
 - “It is okay to not agree with everyone in the room. We expect people to have different viewpoints.”
 - “Allow everyone a chance to share.”

- The Brain & the Disease of Addiction:

- “I’d like some people to share a word that comes to mind when you think about addiction. I’m going to write this word on a large sheet of paper to create a word cloud.” *Allow time for each person to think and contribute a word.* “From the words that everyone has given, I can see that there are typically some big feelings and opinions around this topic. Based on your feedback from past group sessions, I think it’s important that we talk about these things, so today we’re going to discuss addiction and the brain, as well as shame and stigma.”
- “I’m going to read some statements, and I’d like for everyone to rate on a scale from 1-10 how much they agree with each statement (1 being do not agree at all, 10 being completely agree).” *Allow plenty of time for people to think about statements before answering.*
 - “Addiction is a change in brain structure and function.”
 - “Addiction is a chronic illness.”
 - “Addiction impacts more than just the individual.”
 - “Addiction is a moral failing.”
 - “Addiction is a character flaw.”
- “Based on this exercise, I can see that we all have some different opinions, and that is okay. But, it’s important to remember that every camper is here because they care about someone who has struggled or is currently struggling with addiction. A big thing we try to teach them at camp is that you didn’t cause it, you can’t cure it, and you can’t control it, and this is because of the physiological changes in the brain. I’m hoping the information I’m going to share with you will help you understand why addiction is classified as a disease.”
- “Does anyone know what dopamine is?” *Allow time for responses.* “Dopamine is our feel good chemical. It makes our brains happy. It’s what our brains release when we eat our favorite food, or see our dog when we come home, or hug a

family member. Can you guys share things you feel might make your brains release dopamine and make you feel good?" *Allow time for responses.*

- "When our brains are introduced to certain substances, our brain is flooded with dopamine. The brain becomes used to this unnatural level of dopamine and starts to associate it with only this particular substance. This creates new reward pathways in the brain. Our brain starts to rewire itself and change to account for higher levels of dopamine. These structural changes are called neuroplasticity."
- "When substances are used, a new reward system is built in the brain, making those with substance use disorder feel as if they need that substance above all things (food, water, sleep) to survive. It becomes more important than all of the things that used to bring us joy, such as seeing our dog at the end of the day or spending time with family, and our brain is telling us we absolutely need the substance to survive. Essentially, it hijacks our brains into thinking we don't need anything else but the substance, and if we don't have it we will die." *Pause here. People will need time to absorb this information and allow discussion if it comes up. Ask if anyone has any questions.*
- "Now, the good news about the ability of the brain to rewire and restructure itself (neuroplasticity) is that because of this, we have the ability to recover from substance use disorder with the proper treatment. It is possible for the brain to heal, and many people live happy and fulfilling lives in recovery. We see this concept in the millions of people who are in recovery every day. It is very hard work, but it can be done, and every single one of these peoples' lives matter."
- **Shame & Stigma:**
 - "One impact of the disease of addiction is stigma. What does stigma mean?" *Allow time for response.*
 - "The formal definition of stigma is, 'the negative attitude signaling that one is flawed or condemned, leading to reflection and avoidance by others.' What are some things that society has put a stigma on?" *Allow time for response.*
 - "Would anyone feel comfortable sharing a time when they have felt stigmatized?" *Allow time for responses. If applicable, emphasize how we are typically stigmatized by things we can't control.*
 - "How do you think stigma impacts an individual with substance use disorder?" *Allow time for response. Provide the following examples if they are not said by a group member:*
 - "Feelings of fear and shame."
 - "Isolation."
 - "Continued use."
 - "Poor adherence to treatment."

- “How do you think stigma impacts the family of a loved one with substance use disorder?” *Allow time for response. Provide the following examples if they are not said by a group member:*
 - “Scared to ask for help for their loved one because they don’t want to get them in trouble.”
 - “Lack of connection to peers.”
- “How do you think the stigma of substance use disorder impacts healthcare overall?” *Allow time for response. Provide the following examples if they are not said by a group member:*
 - “Less access to treatment.”
 - “Insurance barriers.”
 - “Research funding and activity.”
 - “Bias from medical professionals.”
- “What is one thing heart disease, asthma, and addiction have in common?” *Allow time for response.* “They are all three chronic diseases. What’s the difference?” *Allow time for response.* “These three things are all chronic diseases, but heart disease and asthma do not have the negative stigma attached to them. This causes a vicious cycle of public stigma leading to discrimination, prejudice and fear, which leads to treatment avoidance, self-stigma, and shame. This consequently leads to reduced recovery rates and increased use, which takes us back to that negative public stigma. It’s important to stop that cycle at the beginning, which is why addressing the negative stigma associated with substance use disorder is so important.”
- “What are some things we can do to decrease stigma?” *Allow time for response. Provide the following examples if they are not said by a group member:*
 - “Normalize talking about it.”
 - “Make information accessible to everyone.”
 - “Read reliable literature.”
 - “Evaluate any unconscious biases.”
- “It is important to remember how much language/words matter in decreasing stigma. An example of this would be the old language of ‘addict’ or ‘junkie’ being replaced with ‘person with substance use disorder.’ This really emphasizes the fact that people are always more than just their disease. Everyone out there suffering with addiction is also a son, daughter, friend, or parent, and we want to make sure we are not defining them by their disease.” *Ask for more examples if time allows.*

Appendix E



Because it takes a village...

Camp Village Council

Sunday, February 19th
9:00 - 10:45 am

TOPICS COVERED THIS SESSION:

- The Brain and The Disease of Addiction
- Shame & Stigma of SUD
- Review of Campers' Weekend

Breakfast, coffee, and childcare provided.

Appendix F

Family Engagement Survey

Start of Block: Scaled Questions

Q1 Please answer each question based on how strongly you agree or disagree with each statement.

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
I feel that I have tools to cope with stress that comes with my role as a caregiver.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident in my ability to carry over what my camper is learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The information provided at Camp Village Counsel is valuable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have the materials I need to carry over what my camper is learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Scaled Questions

Start of Block: Free Response Questions

Q1 What are the barriers (if any) to attending family days?

Q2 What kind of activities would you like to see at family days?

End of Block: Free Response Questions

Camp Village Council Survey

* Required

1. After attending the Camp Village Council, I have a better understanding of the impact of addiction on brain structures and function.
1=Strongly Disagree; 5=Strongly Agree *

1	2	3	4	5
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2. After attending the Camp Village Council, I have a better understanding of the negative impact of stigma related to substance use disorder.
1=Strongly Disagree; 5=Strongly Agree *

1	2	3	4	5
---	---	---	---	---

3. After attending the Camp Village Council, I know of more ways to help decrease stigma.
1=Strongly Disagree; 5=Strongly Agree *

1	2	3	4	5
---	---	---	---	---

4. After attending the Camp Village Council, I have a better understanding of the value of setting reachable goals.
1=Strongly Disagree; 5=Strongly Agree *

1	2	3	4	5
---	---	---	---	---

5. Did you complete the practice at home activity on the "Setting Reachable Goals" handout with your camper? *

Yes

No

6. What are some topics you would like to see covered at future Camp Village Council sessions? *

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SI_Camp Village Council Survey

* Required

1. I learned something new about how the disease of addiction affects brain structure and function.

1=Strongly Disagree; 5=Strongly Agree *

1	2	3	4	5
---	---	---	---	---

2. I learned something new about shame and stigma related to substance use disorder.

1=Strongly Disagree; 5=Strongly Agree *

1	2	3	4	5
---	---	---	---	---

3. I learned at least one new way to decrease stigma.

1=Strongly Disagree; 5=Strongly Agree *

1	2	3	4	5
---	---	---	---	---

4. I received a good overview of what my camper learned this weekend.

1=Strongly Disagree; 5=Strongly Agree *

1	2	3	4	5
---	---	---	---	---

3/27/24, 2:43 PM

SI_Camp Village Council Survey

5. I feel that what I learned at today's Camp Village Council session will help me discuss these topics with my camper at home.

1=Strongly Disagree; 5=Strongly Agree *

1	2	3	4	5
---	---	---	---	---

6. What are the barriers (if any) to attending family days? *

7. What kind of activities would you like to see at family days? *

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IndyCVC2_Survey

* Required

1. I learned something valuable about adolescent brain development.
1=Strongly Disagree; 5=Strongly Agree *

1	2	3	4	5
---	---	---	---	---

2. I learned something valuable about having hard conversations with my camper.
1=Strongly Disagree; 5=Strongly Agree *

1	2	3	4	5
---	---	---	---	---

3. Information provided at Camp Village Council today will help me discuss hard topics with my camper at home.
1=Strongly Disagree; 5=Strongly Agree *

1	2	3	4	5
---	---	---	---	---

4. I received a good overview of what my camper learned this weekend.
1=Strongly Disagree; 5=Strongly Agree *

1	2	3	4	5
---	---	---	---	---

4/9/24, 4:05 PM

IndyCVC2_Survey

5. What impact have the Camp Village Council group sessions had on your relationship with your camper and/or family? *

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 Microsoft Forms



4/9/24, 4:04 PM

Family Days

Family Days

* Required

1. The capstone student was successful in promoting quality family engagement at family days.
1=Strongly Disagree; 5=Strongly Agree *

1	2	3	4	5
---	---	---	---	---

2. The capstone student was successful in helping to make family days more therapeutic.
1=Strongly Disagree; 5=Strongly Agree *

1	2	3	4	5
---	---	---	---	---

3. The capstone student's assistance in family day programming helped improve family days overall.
1=Strongly Disagree; 5=Strongly Agree *

1	2	3	4	5
---	---	---	---	---

4. Please leave any general feedback (positive or negative) below. *