

FEASIBILITY OF THE EVERY MOMENT COUNTS INITIATIVE AT A SOUTHERN
NEVADA ELEMENTARY SCHOOL

By

Amber Lee Eddy

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Amber Lee Eddy

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Donnamarie Krause, Ph.D.
Graduate Coordinator

Jefferson Kinney, Ph.D.
Graduate Program Chair

Alyssa Crittenden, Ph.D.
*Vice Provost for Graduate Education &
Dean of the Graduate College*

Abstract

Over the past 20 years, multiple legislative acts have been passed mandating support and services for the mental health needs of children and youth in schools; however, Nevada continues to rank last for the provision of such services. Children and youth who are mentally healthy are more likely to be successful in their homes, schools, and communities (Arbesman et al., 2013). Those who have increased mental health needs are more at risk for developmental and long-term consequences that jeopardize overall health and wellness, not to mention the immense effects that the COVID-19 pandemic has had on children and youth. With limited existing resources to improve these rankings, therein lies a need for improved support.

Occupational therapy is well suited to address mental health challenges across the lifespan through the therapeutic use of occupations and activities in group and individual interventions. Every Moment Counts, a multi-pronged mental health promotion initiative created by a team of school-based occupational therapists, provides structured programming based on the public health approach to mental health to address positive mental health in the school setting.

This capstone project aims to determine the feasibility of the Every Moment Counts initiative at Somerset Academy of Las Vegas – Stephanie Campus through program implementation, assessment of the environment, and faculty, staff, and student perceptions. Pre- and post-surveys and anecdotal feedback were used to analyze the changes in the school environment as perceived by participants. At the time of writing, due to time, space, and resource constraints, implementation of the Every Moment Counts program at Somerset Academy of Las Vegas – Stephanie Campus is not feasible without changes to the structure of programming and school environments.

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Dedication

I would like to dedicate this capstone project to my family. To my parents, without your endless support and encouragement, I would not be who or where I am today. To my sister, for her comedic relief and ability to supply distractions during downtime. Finally, to my husband, words cannot express the gratitude I have for your brilliance (and patience) in proofreading and in short, everything.

Table of Contents

Abstract.....	iii
Acknowledgments.....	iv
Dedication.....	v
Chapter I: Introduction.....	1
Introduction.....	1
Statement of the Problem.....	3
Definitions.....	5
Chapter II: Literature Review	7
Introduction.....	7
Outcomes of Occupation-Based Groups and Positive Mental Health Programming.....	8
Benefits of Capacity Building.....	10
Outcomes of Embedded Strategies	12
COVID-19’s Impact on School Children and Youth Mental Health	14
Conclusions from the Literature	15
Statement of Purpose	16
Theoretical Frameworks	17
Chapter III: Methodology	19
Introduction.....	19
Agency Description	20
Target Population	20
Procedures and Timeline.....	21

Data Collection	22
Data Analysis	23
Dissemination of Results	24
Ethical and Legal Considerations	24
Chapter IV: Results	25
Introduction.....	25
Comfortable Cafeteria Results - Students.....	26
Comfortable Cafeteria Results – Faculty and Support Staff.....	31
Refreshing Recess Results – Students	32
Refreshing Recess Results – Faculty	33
Chapter V: Summary of Findings, Implications, and Conclusion	34
Discussion.....	34
Limitations	37
Implications.....	40
Conclusion	40
Appendix A	42
Appendix B.....	44
Appendix C	47
Appendix D.....	48
Appendix E	50
Appendix F.....	53
Appendix G.....	54

References.....	55
Curriculum Vitae.....	61

Chapter I: Introduction

Introduction

Elementary school-aged children spend the vast majority of their time in school, upwards of 40 hours per week, making it a key setting in which to address their development, health, and well-being. The 1999 Surgeon General's report (U.S. Department of Health and Human Services, 1999) discussed the push for mental health services for school children, whereas the No Child Left Behind Act of 2001 (2002) and the Every Student Succeeds Act (2015) mandated the inclusion of mental health care in schools by increasing the teaching of and programs related to children and youth mental health. However, school personnel including teachers, faculty, and staff may not have the adequate knowledge, training, or time to address mental health needs in the classroom and throughout the school day (Atkins et al., 2010).

An updated report from the U.S. Surgeon General's Advisory (2021) addressed the changes in youth mental health following the COVID-19 pandemic. Before COVID-19, behavioral, emotional, mental, and developmental disorders were not uncommon, as 1 in 5 American children ages 3-17 reported having a disorder. In the years leading up to 2020, national surveys had shown marked increases in adverse mental health symptoms such as depression, anxiety, and suicidal ideation. The coronavirus pandemic, however, exemplified psychological distress symptoms in young people as communities across the nation faced political and social divides, causing additional emotional strain. These disruptions and abrupt changes in the student's home, school, and social lives were exacerbated for children who were previously at risk for mental health challenges including communities of color, LGBTQIA+ youth, loss of a loved one, and food or housing insecurity (U.S. Surgeon General's Advisory, 2021).

Caregivers and school personnel have also reported a change in behavior, conduct, and attention in children who received less support and opportunities for socialization during coronavirus restrictions (D. Fossett, personal communication, June 2, 2022; C. Keck, personal communication, December 8, 2022). Children with increased risk factors and limited protective factors may experience additional mental health challenges than other children. Challenges presented by the COVID-19 pandemic and limited school personnel illustrate a need for the implementation of positive mental health programming.

The question aiming to be answered by this capstone project is, “will the implementation of the Every Moment Counts (EMC) initiative be feasible at Somerset Academy of Las Vegas - Stephanie Campus (Somerset - Stephanie) in Henderson, Nevada?” EMC was created in 2012 by a team of school-based occupational therapists who saw a need for positive mental health programming throughout a child’s entire school day. EMC consists of seven different initiatives that address the needs of all students, those with and without mental health challenges (Every Moment Counts, n.d.-a).

Since its inception, the occupational therapy profession has been centered around mental health and, although the scope of occupational therapy has expanded over the years, mental health remains at the root of practice. EMC continues this focus by promoting positive mental health with embedded strategies and mental health promotion initiatives situated throughout the school day. Engaging students in mental health promotion and prevention through participation in meaningful activities and occupations can improve student outcomes in both academic and non-academic areas. Thus, decreasing long-term negative consequences and helping children improve their mental well-being and overall quality of life (American Occupational Therapy Association School Mental Health Work Group, 2012; Bazyk et al., 2018a; Miles et al., 2010).

Statement of the Problem

Multiple Nevada resources have estimated that 19.3% of elementary school children have behavioral health needs in Clark County, Nevada, 70% of whom are not receiving services (Clark County Children’s Mental Health Consortium [CCCMHC], 2010; Southern Nevada Behavioral Health Policy Board, 2018). This statistic is far above the national rate of less than 40%. Many schools seem to resist the provision of mental health services with the position that they are not deemed educational, even though federal acts such as the Every Student Succeeds Act (2015) mandate that these services be provided. This service gap has resulted in high dropout rates and disruption in daily activities among those students (Atkins et al., 2010). Given this gap, there is a need to implement mental health promotion and prevention within the school system (CCCMHC, 2010; Mental Health America, 2020).

As Nevada ranks 51st for providing children with behavioral health services and 50th for education and performance, there exists a deep need for the provision of positive mental health services for all children and youth in the Nevada school system (CCCMHC, 2010; EdWeek Research Center, 2021b; Mental Health America, 2020). School quality has been ranked annually by the EdWeek Research Center (2021a), providing a broad look at how United States schools compare to one another through the opportunity for success, use of finances, and student achievement. Multiple sources are used to determine the state’s rankings including family income, poverty rates, reading and math achievement, graduation rates, equity, and national assessment scores. The top two states, New Jersey and Massachusetts have gained their status by producing high reading, math, and national assessment scores with low dropout rates, and appropriate allocation of funding (EdWeek Research Center, 2021c). Their high positions may also be due to higher teacher salaries and public education funding, allowing for a more even

distribution of support for the schools (Ralph, 2021; Wong 2016). Massachusetts and New Jersey have shown, through higher assessment scores, that a focus on multi-tiered systems of support (MTSS) provides positive outcomes for students. Although Nevada is seemingly resistant to implementation, recognizing the importance of mental health provision in schools through the implementation of programs following an MTSS may assist Nevada in rendering higher quality education by providing students with mental and behavioral health promotion and prevention services throughout the school day.

A great and immediate need for health promotion programming was observed by faculty and staff in Clark County following the return of students to school buildings post-COVID-19 lockdown. An increase in mental health challenges and behavioral concerns was seen across grade levels as some children were entering school for the first time after a year or more of minimal socialization. Other students were returning to fourth and fifth-grade classrooms, a time that is seen as a transitional period for elementary students from primary to preparing for secondary school. However, due to lockdowns and school closures, these upper-grade level students were returning with second and third-grade experiences and expectations in mind. This mismatch in childhood development and classroom expectations led to an increase in disruptive classroom and school behaviors, most stemming from mental health challenges caused by the pandemic (D. Fossett, personal communication, June 2, 2022).

The presence of mental health and behavioral challenges in children and youth can hinder education and social development, leading to long-term consequences and co-morbidities such as dropping out of school, unemployment, diabetes, homelessness, substance abuse, and heart disease (Miles et al., 2010). Children who engage in activities that promote positive mental health have been shown to have increased in-class attention, emotional regulation skills, on-task

behaviors, self-efficacy, cooperation, and conflict management, as well as an overall decreased stigma of mental health. Engaging all students in mental health promotion and prevention in their natural environments, such as schools, can help to prevent adverse consequences and potential mental illness while increasing one's resilience to daily life events (American Occupational Therapy Association [AOTA], 2014; Spires & Davis-Cheshire, 2021). Therefore, the purpose of this capstone project is to determine if the EMC initiative is feasible in an elementary school setting in Henderson, Nevada and if the initiative has positive effects on students' perceptions of enjoyment of school.

The proposed capstone project is to implement elements of the EMC initiative at Somerset – Stephanie to determine the impact and feasibility of the program. Somerset - Stephanie follows a common core curriculum and offers extracurricular activities including tutoring, clubs, and sports. This site also has a special education program and offers occupational therapy, physical therapy, and speech services. Both faculty and staff have voiced the need for a positive mental health initiative to be implemented to support all students (D. Fossett, personal communication, June 2, 2022; Somerset Academy of Las Vegas Stephanie Campus, n.d.-a; n.d.-b; n.d.-c).

Definitions

Every Moment Counts (conceptual): “a multi-pronged mental health promotion initiative to help all children and youth be mentally healthy in order to succeed in school, at home, and in the community. Emphasis is on promoting positive mental health which is associated with feeling good emotionally and doing well functionally in everyday life. The focus is on making every moment count toward helping all children and youth participate in and enjoy their day from the moment they enter school to the time they go home,” (Every Moment Counts, n.d.-a).

Every Moment Counts (n.d.-a; operational): A positive mental health promotion initiative aimed at helping all children and youth feel good emotionally throughout the entire school day. This initiative includes the Comfortable Cafeteria and Refreshing Recess programs and Embedded Strategies.

- Comfortable Cafeteria and Refreshing Recess: initiatives that are both conducted over six weeks, guided by lesson plans available on the EMC website. Lessons consist of an overarching theme that is supported by goals, an activity, supplemental materials, and handouts for students, faculty, and staff. Examples of weekly themes include friendship promotion, respecting differences, including others, and teamwork.
- Embedded Strategies: “[small] interactions and activities [throughout the school day] aimed at promoting positive mental health.” Embedded Strategies could include providing opportunities for movement or calm moments throughout the day, implemented directly into the class schedule.

Henderson, Nevada (n.d.; conceptual): A 118.5 square mile city in Clark County situated just southwest of the city of Las Vegas.

Henderson, Nevada (n.d.; operational): The area surrounding Somerset - Stephanie; home to most Somerset - Stephanie elementary school students and their families.

Somerset Academy of Las Vegas - Stephanie Campus (n.d.-a; conceptual): A K-8 tuition-free public charter school in Henderson, Nevada.

Somerset Academy of Las Vegas - Stephanie Campus (n.d.-a; operational): The school building, overall school environment, and faculty, staff, and students in grades 1-5.

Chapter II: Literature Review

Introduction

This literature review consists of studies and articles that involve the implementation of programs, research on, or critique of current mental health promotion practices in the school setting. The research included was to be in English and involve programs implemented by occupational therapists or other relevant professionals in the setting. Participants examined could include school-aged children (grades K - 12), school faculty and staff, or other relevant professionals. Outcomes measured could vary but had to have an effect on student occupational participation in the academic setting. The research was excluded if it involved participants over 21 years of age. Eight articles were chosen for the initial literature review; however, a continuous search exists for additional information on positive mental health programming and COVID-19's effect on children and youth mental health.

Four key findings were identified after review. First, occupation-based groups and positive mental health programming were shown to improve social and emotional skills, as well as classroom behavior in elementary-aged students across tiers. Second, capacity building for relevant professionals including school faculty, staff, and fieldwork students helped to improve their knowledge of how to implement programming as well as advocate for additional programs. Third, embedding mental health promotion strategies into the school day can lead to improved classroom behaviors and overall school enjoyment for students. Finally, the COVID-19 pandemic has had substantial effects on children and youth's mental and social health, impacting their performance in academic and non-academic areas. Further research is needed in the categories of recreation and leisure, social skills, and health promotion for children with and without mental health needs.

Outcomes of Occupation-Based Groups and Positive Mental Health Programming

Children who participate in occupation-based groups have shown improved academic success as well as improved social skills, social-emotional skills, and mental health. Although it is known that children with overall positive mental health are more successful in the home, school, and community, not all children have access to occupation-based groups promoting mental health. School personnel may not have the time or knowledge of how to implement a school-wide occupation-based group or mental health program, whereas schools in lower-income areas may not have the resources or funding to provide these programs to their students (Arbesman et al., 2013; Bazyk & Bazyk, 2009; Spires & Davis-Cheshire, 2021).

Arbesman and colleagues (2013) found strong evidence for the use of universal (tier one) programming for mental health promotion in children and youth ages 3-21 to support social skills, reduce problem behaviors, and improve coping strategies. With this, schoolwide social-emotional programs were recognized for having strong evidence for improved social behaviors and academic achievement. Past research has shown that children who enjoy non-academic times of the school day, such as lunch, experience positive feelings about their school experience and thus, have improved academic performance and fewer behavioral challenges throughout the day (Arbesman et al., 2013; Bazyk & Bazyk, 2009; Spires & Davis-Cheshire, 2021). Exploring this idea, Bazyk and colleagues (2018a) implemented a schoolwide mental health promotion program, Every Moment Counts' Comfortable Cafeteria initiative. Results showed that students who previously did not enjoy lunchtime had a statistically significant increase in their enjoyment. Students were also able to discuss what was learned as a result of the programming after one week, demonstrating understanding (Bazyk et al., 2018a). These results support the notion that schoolwide social-emotional and mental health-focused programming for children and youth can

improve social behaviors and positive emotional experiences in non-academic times of the day. This result implies the previously discovered idea that improved positive mental and social-emotional health increase performance and participation in the academic school day (Arbesman et al., 2013; Bazyk & Bazyk, 2009; Bazyk et al., 2018a; Spires & Davis-Cheshire, 2021).

Multiple sources support an improvement in social skills for children in at-risk (tier two) groups who participated in recreation and leisure activities (Arbesman et al., 2013; Bazyk & Bazyk, 2009; Spires & Davis-Cheshire, 2021). Children at risk of experiencing poverty have limited opportunities to engage in healthy leisure activities and instead may fall into negative health behaviors as a result. Bazyk & Bazyk (2009) created a nine-week occupation-based program for low-income youth in which children reported that group activities and interactions with peers and group leaders made the groups enjoyable. It was found that the form of the occupation of leisure activities gave the children a sense of meaning and allowed them to talk to others about their feelings and experiences. Over time, children were able to express their emotions in healthier ways than before, demonstrating improved social-emotional skills.

Similar results were found with Spires and Davis-Cheshire's (2021) embedded mental health promotion program of mindfulness and yoga on the attention of five fifth-grade students with emotional disturbance. After participating in guided imagery and yoga for 18 10-20-minute sessions over four weeks, resulting data supported that mindfulness techniques including yoga, guided imagery, and breathing embedded into the student's school day increased on-task behaviors. These strategies were shown to have a greater effect on increased attention when completing the interventions after an unstructured time of the school day, such as recess. It was also determined that brief, five-minute mindfulness interventions can increase attention and on-task behaviors while reducing challenging behaviors.

Evidence from these four articles supports occupational therapy programming for children with and without mental health needs and shows that all students can benefit from occupation-based groups and positive mental health programming. Although these studies were limited by small sample sizes, lack of control groups, and the use of self-report measures, over 80% of Arbesman and colleagues' (2013) articles were considered to be levels I and II evidence (Sackett et al., 1996), demonstrating reliable and high-quality data. Bazyk and Bazyk's (2009) resulting data demonstrated content validity, though not generalizable to populations outside of low-income children and youth in a large Midwest city; therefore, additional research is needed to determine the benefits for children of all socioeconomic statuses. Similarly, future research based on Spires and Davis-Cheshire's (2021) results may obtain a more comprehensive and robust picture with a whole-school approach to implementing mindfulness interventions.

Overall outcomes of the researched programming and initiatives include decreased negative behaviors and improved social skills, self-confidence, self-efficacy, coping skills, physical health, social-emotional skills, and self-management. Education on the mental health benefits of occupation-based groups and positive mental health programming may lead to more embedded opportunities for children throughout the home, school, and community settings. By embedding occupation-based mental health promotion programming in a child's natural environment, such as school, participation in these programs increases. Engaging in this programming promotes children and youth's overall health, well-being, and life satisfaction (Arbesman et al., 2013; Bazyk & Bazyk, 2009; Spires & Davis-Cheshire, 2021).

Benefits of Capacity Building

Capacity building is defined as “a systematic approach aimed at integrating new knowledge and research into a community of practitioners so that such situated learning takes

place over time resulting in innovative practice,” (Every Moment Counts, n.d.-b). With EMC, the building capacity process involves knowledge translation through activities and collaborations for learning. These collaborations are typically achieved through participating in a community of practice. Individuals who have participated in capacity-building processes are able to better advocate for and implement mental health interventions for children and youth.

Bazyk et al. (2015, 2018a, 2018b) each found capacity building on mental health promotion initiatives to be successful for occupational therapy practitioners, school personnel (cafeteria supervisors), and level II fieldwork students. In each study, quantitative and qualitative data were gathered to identify one’s perception of knowledge, understanding, and perceived confidence in implementing such programming in the future. Capacity building was shown to benefit each of the groups, particularly occupational therapy practitioners and fieldwork students (Bazyk et al., 2015, 2018a). This is likely due to the training and education that these individuals obtain before working with this population, as well as their ability to critically analyze and evaluate the whole person in context. Results from Bazyk et al. (2018a) however, showed that the supervisors felt that they had applied what they learned from the education and coaching in the cafeteria setting, demonstrating a lower taxonomy of learning (Adams, 2015).

It is not common for cafeteria supervisors to be provided with the resources and knowledge necessary to create a healthy cafeteria environment. Nevertheless, building the capacity of these individuals has been shown to improve the knowledge and basic skills required to promote positive mental health in the cafeteria. Even though building relevant professionals’ capacity of knowledge on the approaches to children’s mental health programming is effective, little is known regarding the number of practitioners who complete the implementation of these approaches after the training. For Bazyk and colleagues (2018a) specifically, the capacity

building process was significantly shorter at six weeks versus four or six months (Bazyk et al., 2015; 2018b). Participants in this study may have felt more inclined to practice these newly learned skills if they were provided with support for a longer period. Practitioners who feel more comfortable or confident advocating for positive mental health programming in the school setting may be more likely to implement or assist with implementing these initiatives. Recognizing this may encourage more practitioners and school personnel to acquire the knowledge necessary to implement the public health approach to mental health in schools, as the associated programming has been shown to benefit student health and well-being (Bazyk et al., 2015; 2018a; 2018b).

Outcomes of Embedded Strategies

Embedding positive mental health programming strategies throughout the school day can greatly increase their implementation. In addition, utilizing universally tiered approaches helps to reduce the stigma of mental illness, thereby improving health outcomes for students on all tiers. Embedded strategies of mindfulness, yoga, and lunch groups have shown positive effects on tier one and two students' mental, physical, and emotional health and well-being. Through these strategies, students have shown improvements in positive behaviors, limiting challenging behaviors, and enjoying more of the school day. Thus, improving their participation in on-task school activities and academic achievement (Atkins et al., 2010; Bazyk et al., 2018a).

Using “naturalistic” and pre-existing resources, including integrated models, improving outcomes for students with serious mental health needs, and improving active parent involvement were identified by Atkins and colleagues (2010) as four priorities to improve the inclusion and integration of mental health promotion in the school setting. These new priorities shift focus from a previous idea that mental health programming in school is specifically for

students exhibiting severe mental health needs to the school as a dominant context to promote mentally healthy children. While Spires and Davis-Cheshire (2021) address the at-risk populations with an embedded yoga and mindfulness intervention, Bazyk et al. (2018a) follow Atkins and colleagues' (2010) call to action with a schoolwide approach to mental health promotion.

Research has demonstrated the benefits of mental health programming during non-academic times of the school day as a way of improving the classroom environment and students' overall school experience (Arbesman et al., 2013; Bazyk & Bazyk, 2009). Spires and Davis-Cheshire's (2021) results further corroborate this idea by adding that embedding as little as five minutes of intervention can increase on-task behaviors while reducing challenging behaviors. Bazyk et al. (2018a) showed similar results in six lunch periods; children who did not previously enjoy lunch and were classified as 'low enjoyers' had a statistically significant improvement in their enjoyment after the programming. Although each of these studies were limited by narrow and small populations, their results added to the body of knowledge surrounding the use of naturalistic approaches for mental health promotion.

While the use of naturalistic and indigenous resources is an effective way to implement and maintain programming, the setting chosen for intervention may not have the resources or skills required. Integrating models such as the public health approach can be beneficial for students as school-wide interventions and embedded strategies are likely to be implemented over some time (Atkins et al., 2010). This allows for flexibility in settings where only one therapist or mental health professional is present. Programming that is implemented throughout the school day has been shown to improve classroom behaviors, mental health, social skills, and enjoyment

of the school environment Thus, improving academic achievement and successful participation in the home, school, and community (Bazyk et al., 2018a; Spires & Davis-Cheshire, 2021).

COVID-19's Impact on School Children and Youth Mental Health

Although the nation is over two years removed from the first confirmed case of COVID-19, the impact of the pandemic lingers on. Mid to late March of 2020 saw states implementing stay-at-home orders and closing schools and non-essential businesses in hopes of minimizing the spread. However, sudden school closures and the gradual reopening of schools disrupted the lives of many, especially students.

Research has suggested that “nearly all” students will have felt some distressing effects from the pandemic, including mental health symptoms of anxiety and depression (Naff et al., 2020). Upon returning to school, children also exhibited impairments in social skills, separation anxiety, increased disruptive behaviors, and difficulty participating in academic activities (C. Keck, personal communication, December 8, 2022). Each of these symptoms were especially prevalent in communities of color, young elementary-aged students, and those with pre-existing mental health conditions (Batra et al., 2022; Naff et al., 2020; Nearchou et al., 2020).

Additionally, there was an increased prevalence of COVID-19 anxiety among parents and children who attend private schools. This is possibly due to an increased likelihood of an earlier return to in-person instruction versus public schools (Batra et al., 2022). While it is too early to examine data on the effects of COVID-19 on children and youth’s mental health after returning to school, it is expected that research will show increased challenges with social, emotional, mental, and behavioral health (D. Fossett, personal communication, June 2, 2022; C. Keck, personal communication, December 8, 2022).

Conclusions from the Literature

Research on positive mental health programming for children and youth across the tiers of the public health approach demonstrates the benefits of this type of programming for all school-aged students. This programming improves children's enjoyment of the school day and school environment while improving their social skills, behaviors, and social-emotional skills (Arbesman et al., 2013; Bazyk & Bazyk, 2009).

One way to expose more children to this type of programming is by embedding strategies throughout the school day (Bazyk et al., 2018a; Spires & Davis-Cheshire, 2021). Other strategies like capacity building and professional development training help to improve school personnel and relevant professionals' knowledge and ability to interact with students and encourage positive environments (Bazyk, 2015; Bazyk et al., 2018a; 2018b). Alas, mental health provision for students in the school setting is slowly emerging due to the lack of research evidence on the implementation of such programs.

As the promotion of children's positive mental health becomes increasingly implemented in school and community settings, there exists a need for increased evidence-based practices. The American Occupational Therapy Association Evidence-Based Practice Project has identified research opportunities in social skills and health promotion for tier-one groups (AOTA, 2014). While the results of mental health programming for children and youth is promising, little research has been published on schoolwide, tier-one interventions such as EMC.

Occupational therapists are able to use a holistic lens to address the needs of children and youth in the school setting with evidence-based interventions. In the aftermath of the COVID-19 pandemic, children continue to struggle with mental and behavioral health challenges in the school setting, some of which could be addressed with schoolwide mental health initiatives. This

type of programming, however, is not always offered outside of class time as some teachers attempt to implement social and emotional learning lessons within the classroom. Children's mental and behavioral health needs can be addressed without taking time away from learning core and foundational concepts as EMC's initiatives target non-academic times of the school day. This approach to positive mental health programming ultimately supports the needs of both the school and its students by incorporating strategies outside of the classroom, thus improving student wellness without compromising the quantity of academic instruction.

Statement of Purpose

The purpose of this capstone is to implement elements of EMC at Somerset - Stephanie to discover if this multi-pronged mental health promotion initiative is feasible for sustained implementation at the school. This will be measured by pre- and post-survey data from faculty, staff, and students regarding the strengths, weaknesses, and effects of EMC on themselves and the school, as well as anecdotal feedback from the same parties.

Outcomes of the capstone include having at least one grade level participate in the Comfortable Cafeteria program and at least one grade level participate in the Refreshing Recess program. With this, multiple grade levels will be exposed to and participate in EMC by interacting with Embedded Strategies. It is anticipated that students will find improved feelings of enjoyment throughout the school day as a result of program participation.

An in-service training and supplemental materials will be provided to faculty, staff, and school personnel to support the successful continuation of EMC after the conclusion of the capstone experience. Finally, the data will be analyzed and presented to the principal, Dr. David Fossett, to demonstrate the impact of the programming on the students, faculty, and staff to progress toward the substantiality of the initiative at the site.

Theoretical Frameworks

This project was guided by the Person-Environment-Occupation (PEO) model of occupational performance and the public health approach to children's mental health (Law et al., 1996; Miles et al., 2010). The PEO model guided this project as each aspect of the model is pertinent and well applied within the public health approach. Bazyk (2011) offered an expansion on the aspects of the PEO model stating that the occupational therapy process with mental health also includes awareness, appraisal, and action. Awareness involves gaining knowledge and skills of the mental health continuum. Within mental health promotion, the aspect of the person includes their age, symptoms or diagnosis, positive emotions versus challenges, resilience, and coping, as well as one's involvement in their home, school, and community. Appraisal of the environment examines strategies and qualities of a child's physical and social environments. Other examples are one's family, school personnel, and community of involvement. Actions include interventions and conditions that promote mental health in children and youth. These actions may vary, but in their most basic sense involve participation in meaningful occupations that promote positive mental health such as education, activities of daily living, play, and structured leisure.

The public health approach was also used to guide this project as it is EMC's guiding framework (Bazyk, 2011; Every Moment Counts, n.d.-a; Miles et al., 2010). The public health approach is a three-tier, strengths-based model which includes intervention services for universal (promotion, tier one), targeted (prevention, tier two), and intensive (individualized, tier three) groups. The first tier of the public health model, universal, focuses on school-wide mental health promotion interventions such as positive behavioral interventions and supports, social and emotional learning, and EMC initiatives. Tier one also focuses on mental health literacy and

stigma reduction education for all students and school personnel. The second tier, targeted, incorporates interventions for students who are at risk for developing behavioral and mental health challenges. Interventions in this tier are focused on small groups, teacher consultation, and environmental modification for at-risk groups. The third tier, intensive, involves providing services for students with identified mental health disorders. Many of these interventions are individualized and direct to the student. Other approaches include environmental modifications, accommodations, and teacher consultation to enhance the child's participation in school.

Chapter III: Methodology

Introduction

This capstone project utilized a pre-post design to determine the feasibility of the Every Moment Counts initiative at Somerset – Stephanie. This design allows for evaluation of the program's effects over time; however, the results are not generalizable and, in this instance, cannot be attributed to a true cause and effect relationship from the program. The pre-post measure helped to determine improvements or changes experienced by the faculty, students, and staff at the site. This measure also assisted with determining the feasibility of the EMC initiative in the future.

After discussion with the principal on appropriate populations for the project, two groups (fourth/fifth grade and first grade) were identified as experiencing difficulty in non-academic times of the school day, and therefore, chosen for participation in the programming. With these two groups, convenience sampling was used throughout implementation and the data collection process. This type of sampling allowed for the largest number of students to be involved with the programming; however, due to student absences, changes in school scheduling, and various school events, the student population varied throughout the program. Students were given the option to participate in the programming each week and parents and caregivers were notified of the programming via Every Moment Counts marketing flyers prior to program implementation.

A pre-post design and convenience sampling were chosen as they are two of the rather simpler forms of measuring the perceptions of a population. Although these two methods are limited and have a few disadvantages, they supported the research question and limited capstone project timeframe. Due to the feasibility nature of this project, generalizing the data to other school environments was not of key importance, leading to convenience sampling as the

sampling method. Long-term changes were unable to be measured with a follow-up survey because of the brief, 14-week timeframe of the capstone experience, and thus, only initial changes to the student, faculty, and staff perceptions were able to be measured with the pre-post design.

Agency Description

Somerset - Stephanie served as the agency for the capstone experience due to the ease of accessibility to the site. As Somerset – Stephanie is a public charter school, approval to conduct the capstone experience at this location comes from fewer sources rather than if the capstone were to be executed in the larger school system. Initial, in-person contact with the site and school principal was made by Dr. Anna-Lee Brody, a past adjunct professor for the University of Nevada, Las Vegas occupational therapy program and current occupational therapist at Somerset - Stephanie. Ongoing consent to execute the program was given by the principal and supporting faculty and staff from Somerset - Stephanie.

Target Population

The target population for this capstone project included the faculty, staff, and students at Somerset – Stephanie. The overall aim of this project was to determine the feasibility of implementing the EMC initiative outside of the capstone experience with indigenous or naturalistic resources that already exist at the school. In addition to using the perceptions and opinions of faculty, staff, and students at the site, this project also utilized the school environment as a factor in determining the feasibility of future implementation.

Participants in this project included the fourth, fifth, and first grade teaching and administrative faculty, cafeteria support staff, and fourth, fifth and first grade students. These individuals were identified by the principal and recruited via convenience sampling due to the

dynamic nature of the school environment. All individuals were given a choice whether or not to participate in the programming and, six out of eight fourth and fifth grade classrooms and three out of four first grade classrooms elected to be included.

Procedures and Timeline

The capstone experience began with an observation of the school's current practices and environment throughout the day with special attention focused on the cafeteria and recess environments. Every Moment Count's Cafeteria and Recess Environmental Analysis forms were used to identify strengths and challenges for each area. Prior to implementation, an in-service was provided to relevant faculty and staff regarding the role of the programming in fourth/fifth grade lunch period as well as first grade recess period. Faculty and support staff from these areas were then sent a pre-survey, adapted from Dr. Susan Bazyk's Comfortable Cafeteria and Refreshing Recess pre-post surveys (Appendices A and B), to gain information on their perceptions of the school environment and how positive mental health is currently being promoted during non-academic times of the school day. A poll was also sent to homeroom teachers to identify potential times for weekly in-class lessons.

Before students were introduced to week one of the programming, they were provided with a pre-survey for their respective program and asked to provide any anecdotal feedback surrounding the lunch period and recess. See Appendix C for the Comfortable Cafeteria Student Pre-Survey. Each group of students took part in six weekly 10-15 minute in-class lessons facilitated by the occupational therapy capstone student. Lesson plans and materials were gathered from the EMC website (<https://everymomentcounts.org/>). Depending on the week, additional learning activities were brought to the lunch or recess environment to engage the students.

After the final week of programming, each group of students, faculty, and staff were provided with a post-survey for their respective program, adapted by the occupational therapy capstone student to gain additional information on the overall perceptions of the program and how it affected the school and its students. See Appendix D for the Comfortable Cafeteria Student Faculty and Support Staff post-survey, Appendix E for the Refreshing Recess Faculty and Support Staff post-survey, and Appendix F for the Comfortable Cafeteria Student post-survey. Anecdotal feedback was also gathered from participants to add to the quantitative survey data (Appendix G). Once pre and post data were analyzed, a brochure consisting of the results and recommendations for the future was made for the principal, faculty, and staff who supported the capstone project.

Data Collection

Pre- and post-non-standardized surveys provided by Dr. Susan Bazyk were used to gather data on the faculty, staff, and student perceptions of the initiative, as well as its effects on themselves and their school. The surveys were adapted to meet capstone objectives and gain specific knowledge relative to this capstone project. All surveys were uploaded to Qualtrics for simple distribution to the different parties; although paper-pencil surveys printed from Qualtrics were most often used by students. Anecdotal feedback was gathered throughout implementation to support the data findings.

Faculty and support staff surveys provided electronically via Qualtrics included a five-point Likert scale and open-ended questions. Student surveys included a visual analog scale (VAS) to obtain information on subjective experiences of the cafeteria and recess environments. Teachers were given the option to present the student survey in an online (Qualtrics) or paper format. Five out of six fourth and fifth grade teachers chose a paper format for their students. To

simplify the survey taking process for younger students, paper surveys were provided to all first-grade participants; however, after the first class, it was determined that paper-pencil surveys with step-by-step demonstration was unclear to the young students and thus, anecdotal feedback was collected as the primary data for the first-grade group. As a part of both pre-surveys, students were asked to recall one thing that they enjoyed about the non-academic period overall and one thing that they would change. Data in the form of spontaneous feedback was also collected throughout the capstone experience which helped to gather information specific to the Somerset – Stephanie environment.

Data Analysis

Since pre-surveys were provided to all but one class via pencil and paper, this data was input into Qualtrics manually using a ruler to ensure accurate VAS measurements. Data from the fourth/fifth grade student group was then exported and analyzed using SPSS Statistics. Descriptive statistics and frequencies were pulled for each of the four VAS questions on both the pre- and post-surveys and one-sample t-tests were ran to compare the means from pre- to post-implementation. Data was exported again to Microsoft Excel where graphs and charts were created for each of the VAS questions to visually compare data from pre- to post.

Anecdotal feedback from all groups was analyzed manually using the inductive coding method of content analysis to identify positive and negative common findings. Peer debriefing and member checking were both used to improve the credibility of the themes. Since the first grade pre and post survey was adapted to primarily anecdotal feedback, there was no numerical data to analyze through the statistics software. Numerical and anecdotal data from of the faculty and support staff surveys was also analyzed manually due to the few number of respondents.

Dissemination of Results

Once the data was analyzed, results and recommendations were compiled into two tri-fold brochures which were provided to the principal, and upon request, to the assistant principal, faculty, and supporting staff involved with the capstone project.

Ethical and Legal Considerations

Consent to implement EMC was obtained from the principal with notice sent home to parents and caregivers of participating classrooms via a marketing flyer prior to the start of the program. The occupational therapy capstone student's contact information was made available for any questions or concerns from parents, caregivers, faculty, or staff. Ongoing consent was obtained from the faculty, staff, and students at Somerset- Stephanie; individuals were able to choose not to participate at any time. No identifiable data was collected from any of the participants during any part of the program's implementation.

Chapter IV: Results

Introduction

The EMC initiative was implemented with two separate groups (fourth/fifth grade and first grade) over a period of nine weeks. Due to scheduling difficulties, the first and second group's programming was overlapped, leading to period of implementation equaling nine weeks. A total of 225 individuals participated, 146 of which completed a pre-post electronic or paper-pencil survey for their respective group. Anecdotal feedback regarding program feasibility was gathered from approximately 215 participants. Table 1 describes the characteristics of the target population.

Table 1*Characteristics of the Population*

	First Grade Group	Fourth/Fifth Grade Group	Faculty and Support Staff
n=	78	138	9
Age (years)	6-7	9-11	-
Gender			
Male	53%	48%	11%
Female	47%	52%	89%
Race			
American Indian/Alaskan Native	-	0.5%	-
Asian	9%	7%	-
Hispanic/Latino	30%	35.5%	-
Black/African American	7%	9.5%	-
White	42%	35.5%	-
Native Hawaiian/Pacific Islander	-	3%	-
Two or more races	12%	9%	-

Note. N=225; unable to obtain age and race for the faculty/support staff group and

socioeconomic status data for all groups.

Comfortable Cafeteria Results - Students

Six fourth and fifth grade classrooms participated in the EMC Comfortable Cafeteria programming. One-hundred thirty-eight students completed the electronic or pencil-paper surveys and 135 anecdotal feedback responses were gathered from the fourth/fifth grade group regarding the changes made in the cafeteria environment and what they had learned from the program.

Prior to the EMC initiative, students reported a moderate level of satisfaction during the overall lunch period including enjoyment of lunch time, perceived support staff and student friendliness, and enjoyment of conversations. Post-program results demonstrated a slight decrease in the overall mean with students finding their peers to be less friendly from pre- to post-. Graphs comparing survey findings for each VAS question can be found in Figures 1-4.

Figure 1

Pre-Survey – Post-Survey Levels of Lunchtime Enjoyment

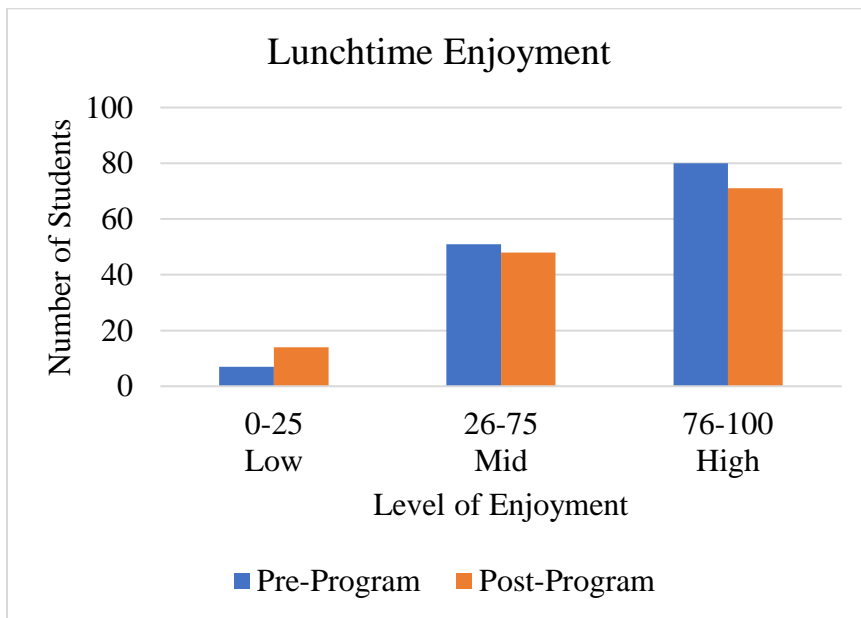


Figure 2

Pre-Survey – Post-Survey Levels of Perceived Lunch Supervisor Friendliness

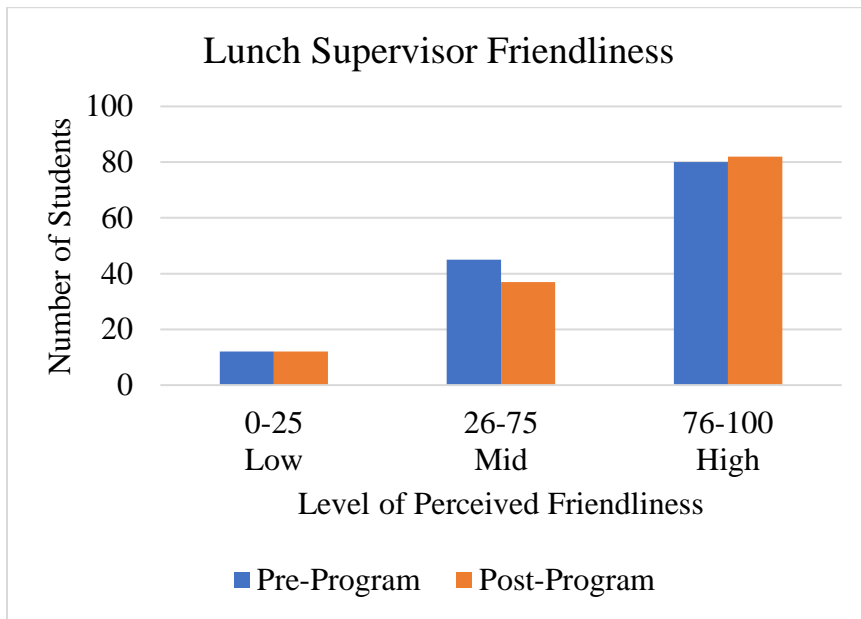


Figure 3

Pre-Survey – Post-Survey Levels of Perceived Peer Friendliness

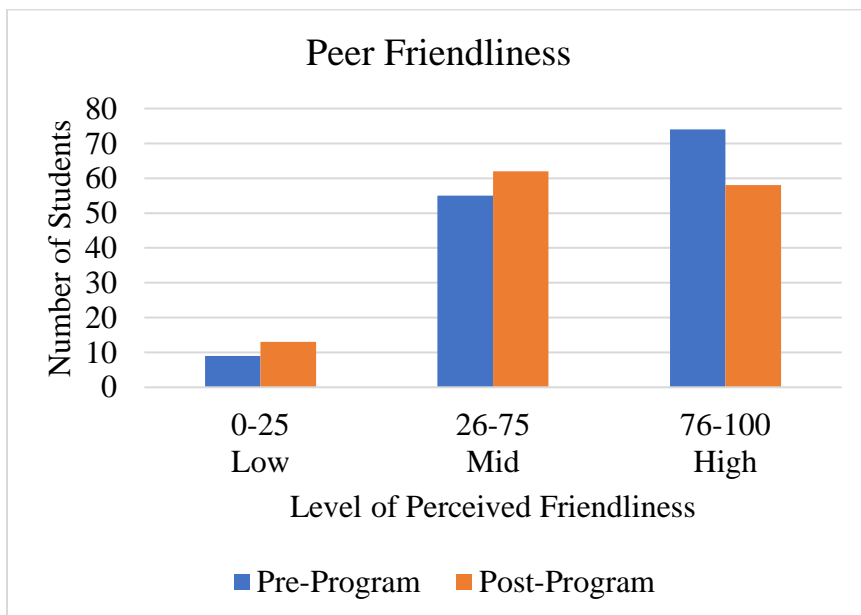
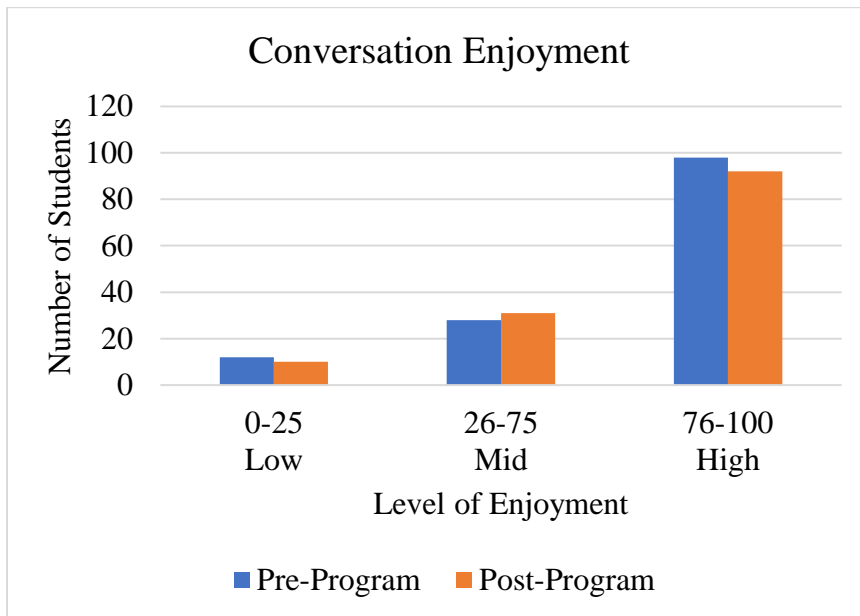


Figure 4

Pre-Survey – Post-Survey Levels of Conversation Enjoyment



A comparison of means showed that students reported overall improvements in their perceptions of support staff friendliness (mean difference of 0.15317) and conversation enjoyment (mean difference of 1.94382). Detailed pre- to post- survey means and mean differences can be found in Table 2.

Table 2*Pre-Survey – Post-Survey VAS Results*

Question	Min	Max	Pre-Survey Mean	Post-Survey Mean	Mean Difference
Overall, how much did you enjoy your time at lunch today?	0	100	74.8261	71.9173	-2.90881
Overall, how friendly are the lunch supervisors?	0	100	73.6058	75.5496	1.94382
Overall, how friendly are the other students at lunch?	0	100	71.6159	64.8496	-6.76628
Overall, how much did you enjoy your conversations during lunch today?	0	100	79.6739	79.8271	.15317

Note. Score range for VAS is 0-100; n = 138.

Pre-survey data analysis of fourth/fifth student qualitative feedback resulted in five themes: relationships and connections with others; time to relax and take a break; seating arrangements; sensations of the cafeteria; and behaviors and kindness. Numerous students seemed to value the relationships between themselves, their friends, and cafeteria staff. The most common piece of anecdotal feedback was that lunchtime was enjoyable because students were able to “talk with friends,” demonstrating that conversations among peers improved connections with one another. Students also valued the lunch period as it was referred to as a time to “hangout” and “take a break” from the classroom.

The vast majority of students agreed upon two main negative themes: seating arrangements and sensations of the cafeteria. Somerset – Stephanie administration requires their students to sit at lunch tables by homeroom teacher. After analysis and member checking, students in both grades expressed an intense interest in choosing their own seating. Regarding

cafeteria sensations, noise level was the second most often mentioned piece of anecdotal feedback from students. The loudness of the cafeteria had not gone unnoticed by the support staff, as two out of three surveyed noted the volume of the cafeteria as one of their major issues. With noise level, students seemed rather unhappy regarding the method of volume control by support staff in the lunchroom. A few students wrote “stop the whistles” and “no whistles” on their feedback cards. Students also expressed displeasure surrounding the smells of the cafeteria, and physical activity of students. This also led to another frequently mentioned piece of feedback of behavior and kindness of peers. Several students noted their peers being out of their seat, running, fighting, yelling, screaming, or dancing in the aisles as negatives of the lunchroom.

Post-survey data analysis of qualitative feedback resulted in three themes: self-expression, opportunities in the lunch room, and behavior and kindness. Multiple students voiced how the EMC initiative allowed them to express their feelings about the cafeteria and overall school environment with one another. Most frequently mentioned was the increased number of opportunities in the lunchroom for free seating and other activities. This theme connected with the idea of behavior and kindness as students identified that there were fewer negative behaviors (increased voice level, rough housing, etc.) occurring in the lunchroom which led to a more enjoyable lunch overall. Many students could not identify a negative aspect of the programming with a few students indicating the desire for a longer program and 75% of students requesting to participate in EMC again.

Comfortable Cafeteria Results – Faculty and Support Staff

Six faculty and support staff responded to the electronic survey. From pre- to post-, faculty and support staff reported an increase in knowledge of lunchtime benefits for students. All respondents reported the same level of knowledge regarding strategies to encourage positive

behavior before and after the programming. Anecdotal feedback from faculty and support staff include that EMC helped the students to “grow socially,” while another individual reported not seeing students “internalizing” the lessons that were taught. The majority of faculty and support staff indicated a desire to have EMC implemented again with one suggesting a permanent implementation at the school.

Refreshing Recess Results – Students

Three first grade classrooms participated in Refreshing Recess. The pre-survey was introduced to one classroom, but after a trial run, it was noted that the readability level of the survey was too challenging for students, even after a whole-group practice and continuous assistance through each question. Due to this, all data was gathered through anecdotal feedback from the 78 students.

Before the weekly lessons, students were only able to identify one recess expectation (“no hitting or kicking”) and one rule for transition to and from recess (“walk in the hallway”). Being able to play freely with friends in a non-structured environment was most identified as something that students enjoyed about recess, while the desire for structured games and activities, as well as additional playground equipment was mentioned most often.

Between weeks, students were able to recall four out of five lessons; however, post-program anecdotal feedback from the students revealed that the first-grade group was able to recall all lesson topics taught during programming. More specifically, students were able to recall and demonstrate understanding on lessons describing teamwork, friendship/kindness, and inclusion most often. One class in particular was able to demonstrate understanding of the importance of physical activity for health. Students also voiced satisfaction in the structured activities that were offered as a part of the Every Moment Counts programming. Negative

anecdotal feedback gathered from the students was mostly focused on the lack of diverse playground equipment rather than challenges of the program itself.

Refreshing Recess Results – Faculty

At Somerset – Stephanie, teachers are utilized as recess supervisors, and therefore, the three first grade teachers who participated also completed the pre- and post- electronic surveys. Prior to programming, teachers felt that they understood the benefits of recess for their students; however, did not feel as though they received adequate support to be a successful resource supervisor. Many teachers discussed discomfort in how each teacher had their own perception of how recess rules should be followed; mostly, what was acceptable and unacceptable regarding safe play. At the end of the program, Teachers reported that the kids had learned different strategies to solve disagreements and interact positively well with peers, thereby preventing disagreements. It seemed to be of consensus that the EMC Refreshing Recess program would be possible to complete again if there was assistance from another individual who was able to consistently implement the program to maintain a structured recess period.

Chapter V: Summary of Findings, Implications, and Conclusion

Discussion

The results of this capstone project demonstrate the need for a multi-pronged mental health promotion initiative such as EMC to be implemented at Somerset – Stephanie. Although, based on the results, such programming may not be feasible given the current available resources. Based on environmental analyses, quantitative data, and qualitative data from multiple stakeholders, the EMC programming has shown to have been of benefit to the majority of students in the short term.

While this project focused on the perceptions of program impact from faculty, staff, and students, it could be said that the target population of this capstone project was the overall Somerset – Stephanie environment with specific focus on the cafeteria and recess contexts and those in them. Viewing these contexts as a whole, there may have been competing factors that resulted in the initial dysfunction voiced by the principal. As the school is a dynamic environment, there were many events and interruptions occurring throughout programming, leading to changes which may have had an effect on the results.

Slight improvements were reported for both groups, from all stakeholders. Although, the readability level of the survey may have led to challenges for some students. For the first-grade group, the majority of students were observed to have difficulty understanding the survey directions and completing the survey without one-on-one assistance. After multiple readability checks, the survey was appraised at a fourth to sixth grade level. Due to this, use of the survey was discontinued and data collected was primarily anecdotal, making the results from the first-grade group less robust than they would have been with supplemental quantitative data. Challenges with the survey were also present for the fourth/fifth grade group. Many students

marked the full 100mm for all four VAS survey questions. It is possible that these students had difficulty understanding the directions after an example was shown; however, it is probable, yet unclear if the students truly perceived their experiences in that manner, as anecdotal feedback was varied.

Students in the fourth/fifth grade group demonstrated great growth in recall and understanding from pre to post. Results, however, show that students perceived their peers as less friendly after the programming. This may be due to the fact that after programming, students had an improved comprehension of how to be a good friend and be kind to others, as mentioned in anecdotal feedback. Thus, this changed their understanding and perception of how friendly their peers actually are. Anecdotal feedback gathered post-implementation demonstrated that students were able to carry over knowledge from week to week; however, their ability to apply these lessons independently in real time was lacking, something that was also observed by faculty. Perhaps the most pertinent result from the project was the desire from 75% of students to complete the in-person programming again in the future.

First grade students reported learning how to be kind to others, to work together to achieve goals, to include peers who are different from themselves, and how to play nicely. Spontaneous feedback showed that most students were able to understand these topics as well. However, due to the age range of this group, it is anticipated that students may require minimal to moderate support to apply these lessons on a consistent basis.

Since recess is provided to students in two, 15-minute blocks, the Refreshing Recess program may not be feasible in a whole group setting as it was attempted during this project. With individual class lessons, this time constraint proved to be very impactful on the students' ability to participate fully in the weekly lesson. Nevertheless, students who are considered "at-

risk” for behavioral challenges or those who demonstrate difficulty with social and emotional skills may benefit from a small group implementation of the Refreshing Recess concepts with assistance from an occupational therapist.

While faculty and staff were of immense importance to this capstone project, there was overall limited response to the pre- and post-surveys. Much of the feedback regarding perceptions of the EMC initiative had to be gathered from teachers and support staff in passing or casual conversations which resulted in spontaneous feedback about the program. Due to the short timeframe of six weeks per group, anecdotal feedback from faculty and support staff requested additional and longer-term outcomes. Minimal improvements were seen from week to week across the program; however, in the weeks following, students did not seem to internalize and consistently implement the lessons without assistance from staff or the presence of the occupational therapy capstone student.

Due to time, space, and resource constraints, it was not feasible to implement Embedded Strategies. Upon arrival at Somerset – Stephanie, it was observed that a kindness board was being successfully implemented. The second proposed embedded strategy, the creation of a sensory path, was altered to an outline and budget proposal due to lack of time at the site. These materials were presented to the principal along with the data and results brochures.

At this time with the given space and resources, it may not be feasible to implement the EMC initiative at Somerset – Stephanie. Additional training or supervision may be required for the faculty and staff should they decide to continue or re-implement the program in the future due to the brief exposure and introduction during the capstone experience. Should faculty and staff feel that they do not possess the time or resources to implement the program at the end of the capstone experience, Somerset- Stephanie may have to explore the need for implementation

by another specialized instructional support personnel such as the on-staff occupational therapist, school psychologist, guidance counselor, or student support advocate.

Limitations

This experience was limited by the quality improvement nature of the project. No identifiable data was collected and therefore, the data collection and analysis processes were not robust enough to identify how individuals' perceptions changed over time. With a small sample size from one school, data could only be compared by whole group means and results were not generalizable to populations outside of the Somerset – Stephanie environment. Future studies may consider gathering data from classrooms that did not opt-in for the in-class lessons to create a control group to compare program effects or including faculty, students, and staff from a wider school-base to increase accuracy and generalizability of the results.

The adapted surveys also posed a limitation as questions were asking individuals to recall the previous non-academic period that they attended. Since all but one class of fourth and fifth grade students were provided with the survey before lunch, recall bias could have occurred. Students who may have been absent the day before may have experienced increased recall bias as they were required to remember their experiences from two days prior. With this, questions on the survey asked how students perceived their overall experiences instead of perceptions of their experiences since the beginning of the program. This may limit the rigor of the study as students were unsure what time period to compare their perceptions, whole program versus the day before. To try and combat this limitation, results from the non-standardized surveys were paired with anecdotal feedback, as suggested by Dr. Susan Bazyk (personal communication, December 16, 2021).

The convenience sampling method used was also a limit to the project. Two out of eight fourth/fifth grade teachers did not respond to initial or follow up contacts regarding participation, and, due to changes in staffing, one out of four first grade teachers were not included in the sample. Therefore, approximately 80 students were not included in the weekly lessons, causing some difficulty amongst peers in non-academic environments as expectations were unclear to those who did not receive the program information. Student absences may have also had an effect on the results as survey and anecdotal feedback may not have been gathered from the same group of students each time. With this, students may have missed some weekly lessons, causing confusion or misunderstanding of the progression of the program across the six weeks.

Space was considered a limitation to this project. The cafeteria at Somerset – Stephanie functions as a multi-purpose room, therefore, many activities were occurring in conjunction with the fourth/fifth grade lunch period (physical education classes, picture day, school events, etc.). This made the environment significantly louder paired with the conversations of students. Faculty, support staff, and student perceptions of the cafeteria could have been skewed due to the energetic nature of the multi-purpose room during the fourth/fifth lunch period.

Time was a massive limitation. Recess at Somerset – Stephanie was provided in two, 15-minute blocks during the day out in a large, common area playground. In an attempt to not interrupt student's learning while still holding their attention, 10-minute weekly lessons were scheduled with each group during class time. While this was helpful to learning the content in a more structured environment, depending on class participation and the complexity of the material, some lessons ran over time or were rushed. The time of visitation to the classrooms also may have affected the results as some classes were visited before or after the non-academic period. This could have affected the mood or attention level of the students. Not to mention,

some weekly lesson content had to be adapted to meet the needs of the students, limited materials and resources available, and approval from administration.

Surveys for the faculty and support staff and student groups were provided by Dr. Susan Bazyk; however, were adapted in an attempt to gather information relevant to the question of interest. Faculty and support staff surveys were changed as teachers did not always supervise non-academic periods of the school day. The data gathered from the faculty and support staff had to be combined in order to create a fuller picture of the strengths and challenges of the EMC initiative throughout the school environment.

The method of data collection of an adapted survey posed additional limitations. Although faculty and support staff surveys were disbursed exclusively electronically, teachers were given with the option to have either the electronic or pencil-paper survey presented to their students. Electronic surveys were distributed via Qualtrics and therefore, questions were entered into the software in a format as close to the original as possible (i.e. Likert, open response, etc.). VAS questions were inputted into Qualtrics using the “slider” format option, giving participants the ability to place a mark on a 0-100 scaled line, like that of a VAS. However, uploading these questions in a new format that does not necessarily meet the criteria of a VAS (100mm line), negates the reliability that a true VAS provides, limiting the data gathered from these questions. Five out of six teachers of the fourth/fifth grade group opted for pencil-paper surveys, all data of which had to be entered into the Qualtrics software manually, using a ruler. This method of data collection may have limited the results as students who may have intended to place their mark on the furthest end of the VAS line (score of 100) may have had a measurement of a few millimeters shy of 100mm (ex. 98mm, 97mm, etc.). These precise measurements could have affected the data by not showing as much improvement as intended.

Implications

Based on the results of this project, a few implications for implementing the EMC initiative at Somerset – Stephanie were determined. First, Somerset – Stephanie may benefit from a full or part time occupational therapist or occupational therapy assistant that works specifically at the site. The school’s current occupational therapist is assigned to multiple schools in the Las Vegas valley and would be unable to implement tier one programming such as EMC, with or without the assistance of other staff members. An occupational therapy practitioner designated to Somerset – Stephanie would have the ability to provide one-on-one and group therapy services, implement supplemental occupation-based programming, and provide continued training to support staff for initiatives like EMC.

For future capstone students, it would be beneficial to have prior experience at the school that will be participating in the EMC programming. Knowing the stakeholders involved, the supplies and resources available, and the community partnerships beforehand may assist an individual in implementing the programming more successfully. With this, there would be less time spent appraising the environment and its procedures, as well as building initial relationships with stakeholders which may benefit the student in overcoming time limitations. Knowing what preexisting resources exist at the school would also assist the student in planning and incorporating Embedded Strategies.

Conclusion

Occupational therapists in the school setting have traditionally been limited to addressing fine motor skills, visual perceptual skills, and sensory integration challenges. However, EMC allows occupational therapists to reclaim their roots in mental health practice while serving the

entire school, including students across the mental health continuum without being restricted to the number of students on their caseload.

The state of Nevada has consistently ranked last for both educational performance and the provision of behavioral health services (CCCMHC, 2010; EdWeek Research Center, 2021b; Mental Health America, 2020). Although the legislature addresses and supports mental health provisions in schools, many teachers and school personnel are not equipped to address such challenges (Atkins et al., 2010). EMC works to build school personnel capacity to better serve students across the mental health continuum while simultaneously implementing programs in the academic and non-academic environment to improve students' overall positive mental health and social-emotional well-being.

The purpose of this capstone project was to determine if the implementation of EMC is feasible at Somerset - Stephanie to improve student enjoyment throughout the school day. While the implementation of the EMC initiative at Somerset – Stephanie showed minor improvements over a short period of time, there is still room to grow should the program be implemented consistently by individuals with resources currently found at the school. Given the available resources, future implementation of the EMC initiative in the current Somerset – Stephanie environment is not feasible. Nevertheless, with additional education, time, resources, and participant buy-in over a longer period, EMC may be successful, improving the faculty, support staff, and student experience at Somerset – Stephanie.

Appendix A

Every Moment Counts Comfortable Cafeteria Faculty and Support Staff Pre-Survey



Every Moment Counts Cafeteria Faculty and Support Staff Survey

Hello! Thank you for taking a few moments to complete the pre-survey for 4th and 5th grade teachers and lunch supervisors. The survey should take approximately 5-10 minutes to complete and is optional. If you have any difficulty navigating the questions or viewing the survey, please email me at aeddy@unlv.nevada.edu. Thank you!

Q1: I am adequately trained to supervise lunch.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree
- I do not supervise lunch.

Q2: I know about the physical, academic, social, and emotional benefits of lunchtime.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

Q3: I enjoy supervising lunch.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree
- I do not supervise lunch.

Q4: I have the supports I need to be an effective lunch supervisor.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree
- I do not supervise lunch.

Q5: I am knowledgeable about strategies that I can use to encourage positive behavior.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

Q6: My biggest challenge in being a cafeteria supervisor is (if you do not supervise lunch, please type n/a):

Q7: The thing I like best about being a cafeteria supervisor is (if you do not supervise lunch, please type n/a):

Q8: What suggestions do you have for making lunchtime in the cafeteria a more enjoyable experience for students and support staff?

Thank you for your input!

Developed by Susan Bazyk (2014, 2020) for Every Moment Counts
Adapted by Amber Edy (2023) for “Implementing Every Moment Counts in the Elementary
School Setting”
www.everymomentcounts.org

Appendix B

Every Moment Counts Refreshing Recess Faculty and Support Staff Survey



Every Moment Counts Recess Faculty and Support Staff Survey

Hello! Thank you for taking a few moments to complete the pre-survey for first grade teachers and recess supervisors. The survey should take approximately 5-10 minutes to complete and is optional. If you have any difficulty navigating the questions or viewing the survey, please email me at aeddy@unlv.nevada.edu. Thank you!

Q1: I am adequately trained to supervise recess.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

Q2: I know about the physical, academic, social, and emotional benefits of recess.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

Q3: I enjoy being a recess supervisor.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

Q4: I have the supports I need to be an effective recess supervisor.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

Q5: I know how to interact socially with children during *outdoor* recess.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

Q6: I know strategies for promoting positive behavior during *outdoor* recess.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

Q7: I know how to successfully resolve student conflicts during *outdoor* recess.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

Q8: I know how to engage socially with children during *indoor* recess.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

Q9: I know strategies for promoting positive behavior during *indoor* recess.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

Q10: I know how to successfully resolve student conflicts during *indoor* recess.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

Q11: My biggest challenge in being a recess supervisor is:

Q12: The thing I like best about being a supervisor is:

Q13: What suggestions do you have for making recess a more enjoyable experience for students and support staff?

Thank you for your input!

Developed by Susan Bazyk (2014, 2020) for Every Moment Counts
Adapted by Amber Edy (2023) for “Implementing Every Moment Counts in the Elementary
School Setting”
www.everymomentcounts.org

Appendix C

Every Moment Counts Comfortable Cafeteria Student Survey



Every Moment Counts Cafeteria Student Survey

Make a mark or draw an X on the line that matches how you feel about the following questions. You can choose anywhere on the line to be your answer.

1. Overall, how much did you enjoy your time at lunch today?

Not at all enjoyable _____ Very enjoyable

2. Overall, how friendly are the lunch supervisors?

Not at all friendly _____ Very friendly

3. Overall, how friendly are the other students at lunch?

Not at all friendly _____ Very friendly

4. Overall, how much did you enjoy your conversations during lunch today?

Not at all enjoyable _____ Very enjoyable

5. What do you like about the lunch period?

6. What would you change about the lunch period?

Thank you!

Developed by Susan Bazyk (2014, 2020) for Every Moment Counts
Adapted by Amber Eddy (2023) for "Implementing Every Moment Counts in the Elementary
School Setting"

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Appendix D

Every Moment Counts Comfortable Cafeteria Faculty and Support Staff Post-Survey



Every Moment Counts Cafeteria Faculty and Support Staff Survey

Hello! Thank you for taking a few moments to complete the post-survey for 4th and 5th grade teachers and lunch supervisors. The survey should take approximately 5-10 minutes to complete and is optional. If you have any difficulty navigating the questions or viewing the survey, please email me at aeddy@unlv.nevada.edu. Thank you!

Q1: I am adequately trained to supervise lunch.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree
- I do not supervise lunch.

Q2: I know about the physical, academic, social, and emotional benefits of lunchtime.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

Q3: I enjoy supervising lunch.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree
- I do not supervise lunch.

Q4: I have the supports I need to be an effective lunch supervisor.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree
- I do not supervise lunch.

Q5: I am knowledgeable about strategies that I can use to encourage positive behavior.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

Q6: My biggest challenge in being a cafeteria supervisor is (if you do not supervise lunch, please type n/a):

Q7: The thing I like best about being a cafeteria supervisor is (if you do not supervise lunch, please type n/a):

Q8: In what ways did the Every Moment program benefit the fourth and fifth grade lunch period?

Q9: In what ways did the Every Moment Counts program benefit the fourth and fifth grade students?

Q10: What are some areas for growth for the Every Moment Counts program at Somerset Academy – Stephanie Campus?

Q11: Would you consider implementing the Every Moment Counts program again in the future? You may check all that apply. Feel free to add a written response in the ‘Other’ textbox to further describe your answer.

- Yes
- Yes, with help from another individual.
- Yes, but with changes.
- Yes, but with a different grade level.
- Unsure
- Maybe, with changes
- No
- Other _____

Thank you for your input!

Developed by Susan Bazyk (2014, 2020) for Every Moment Counts
Adapted by Amber Edy (2023) for “Implementing Every Moment Counts in the Elementary School Setting”

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Appendix E

Every Moment Counts Refreshing Recess Faculty and Support Staff Post-Survey



Every Moment Counts Recess Faculty and Support Staff Survey

Hello! Thank you for taking a few moments to complete the post-survey for first grade teachers and recess supervisors. The survey should take approximately 5-10 minutes to complete and is optional. If you have any difficulty navigating the questions or viewing the survey, please email me at aeddy@unlv.nevada.edu. Thank you!

Q1: I am adequately trained to supervise recess.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

Q2: I know about the physical, academic, social, and emotional benefits of recess.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

Q3: I enjoy being a recess supervisor.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

Q4: I have the supports I need to be an effective recess supervisor.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

Q5: I know how to interact socially with children during *outdoor* recess.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

Q6: I know strategies for promoting positive behavior during *outdoor* recess.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

Q7: I know how to successfully resolve student conflicts during *outdoor* recess.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

Q8: I know how to engage socially with children during *indoor* recess.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

Q9: I know strategies for promoting positive behavior during *indoor* recess.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

Q10: I know how to successfully resolve student conflicts during *indoor* recess.

- Strongly Agree
- Agree
- Unsure
- Disagree
- Strongly Disagree

Q11: My biggest challenge in being a recess supervisor is:

Q12: The thing I like best about being a supervisor is:

Q13: In what ways did the Every Moment Counts program benefit the first grade recess period?

Q14: In what ways did the Every Moment Counts program benefit the first grade students?

Q15: What are some areas for growth for the Every Moment Counts program at Somerset Academy – Stephanie Campus?

Q16: Would you consider implementing the Every Moment Counts program again in the future? You may check all that apply. Feel free to add a written response in the ‘Other’ textbox to further describe your answer.

- Yes
- Yes, with help from another individual.
- Yes, but with changes.
- Yes, but with a different grade level.
- Unsure
- Maybe, with changes
- No
- Other _____

Thank you for your input!

Developed by Susan Bazyk (2014, 2020) for Every Moment Counts
Adapted by Amber Edy (2023) for “Implementing Every Moment Counts in the Elementary School Setting”

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Appendix F

Every Moment Counts Comfortable Cafeteria Student Post-Survey



Every Moment Counts Cafeteria Student Survey

Make a mark or draw an X on the line that matches how you feel about the following questions. You can choose anywhere on the line to be your answer.

7. Overall, how much did you enjoy your time at lunch today?

Not at all enjoyable _____ Very enjoyable

8. Overall, how friendly are the lunch supervisors?

Not at all friendly _____ Very friendly

9. Overall, how friendly are the other students at lunch?

Not at all friendly _____ Very friendly

10. Overall, how much did you enjoy your conversations during lunch today?

Not at all enjoyable _____ Very enjoyable

11. What did you like most about the Every Moment Counts program?

12. What would you change about the Every Moment Counts program?

13. Would you want to do the Every Moment Counts program again?

- Yes, please!
- Maybe...
- No, thank you.

Thank you!

Developed by Susan Bazyk (2014, 2020) for Every Moment Counts
Adapted by Amber Eddy (2023) for "Implementing Every Moment Counts in the Elementary School Setting"

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Appendix G

Open-Ended Questions to Guide Anecdotal Feedback

Pre-Program (First Grade Group)

1. What do you like about recess?
2. What would you change about recess?

Post-Program (First Grade Group)

1. What do you like about recess?
2. What would you change about the Refreshing Recess program?
3. What did you learn from Every Moment Counts?

Post-Survey (Fourth/Fifth Grade Group)

1. What did you learn from Every Moment Counts?

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Curriculum Vitae

Amber Eddy
amber.eddy.ot@gmail.com

Education

Occupational Therapy Doctorate
University of Nevada, Las Vegas
Capstone: *Feasibility of the Every Moment Counts Initiative at a Southern Nevada Elementary School*
May 2023

Bachelor of Science in Exercise and Sport Science
Coastal Carolina University
May 2019
Magna Cum Laude, Honors, Swain Scholar

Clinical Experience

Level IIB Fieldwork, Therapy Management Group, May – August 2022
Level ID Fieldwork, Clark County School District, January – February, 2022
Level IIA Fieldwork, Nevada Community Enrichment Program, June – August 2021

Presentations

The Acute Effect of a Warm-Up and Foam Rolling on Hip Adduction Range of Motion, Coastal Carolina University Undergraduate Research Competition, April 2019

THRIVE (The Hunger Reduction in Vulnerable Environments) Project: Examining the Levels of Food Security Among College Students and Food Bank Participants, Coastal Carolina University Undergraduate Research Competition, April 2018, 2019, Texas Public Health Association Conference, Marcy 2019

Memberships

Nevada Occupational Therapy Association (2020 – 2023)
American Occupational Therapy Association (2020 – present)
University of Nevada, Las Vegas Student Occupational Therapy Association (2020 – 2023)
University of Nevada, Las Vegas Graduate and Professional Student Association (2021 – 2023)

Community Service

GiGi's Playhouse Las Vegas GiGiFIT Acceptance Challenge, March 2023
Project Inclusion's Promapalooza, December 2022
Three Square Food Bank, April 2022
UNLV Occupational Therapy Anatomy Tutor, May – August 2021
Current Initiatives Affordable Christmas and Laundry Project, 2019 – 2022

Awards and Certifications

American Red Cross, Basic Life Support, 2022 - 2024
Mock Program Proposal for Children and Youth Winner, Spring 2022
UNLV Occupational Therapy Program Scholarship, April 2021, 2022
CarFit Technician Training, September 2021
NBCOT Spotlight Contest Winner, April 2021

Non-Clinical Work Experience

University of Nevada, Las Vegas Graduate and Professional Student Association, 2022 – 2023
Graduate Assistant

University of Nevada, Las Vegas, 2021 – 2023
Graduate Commons Front Desk Attendant

Chick-Fil-A, Las Vegas, Nevada, 2019 – 2020
Master Team Member

Extracurricular Activities

American Occupational Therapy Association Inspire Annual Conference and Expo, April 2023
Ostomy Care and Occupational Therapy Workshop, March 2023
Western Regional Occupational Therapy Spring Symposium, March 2023
UNLV Graduate and Professional Student Association Events, 2020 – 2023

References

Donnamarie Krause, Ph.D., OTR/L
University of Nevada, Las Vegas Occupational Therapy Program Director
Email: donnamarie.krause@unlv.edu

Donna Costa, DHS, OTR/L, FAOTA
Former University of Nevada, Las Vegas Occupational Therapy Program Director
Email: donna.m.costa@unlv.edu

Anna-Lee Brody, OTD, OTR/L
Occupational Therapist, Academica
Email: annaleeot@gmail.com

Cecille Alvarez, OTR/L
Occupational Therapist, Therapy Management Group
Email: calvarez@tmgnv.com