

BACKGROUND

The ability to participate in community settings is a critical quality-of-life measure and is linked to overall well-being for people with and without disabilities.⁷ According to the Chief Advancement Officer, in 2019, over 300,000 individuals visited the Omaha Children's Museum, making it the most visited museum in the state of Nebraska. (M. Chartrand, personal communication, March 6, 2020). Including the outreach programs for students the museum offers offsite, the number of individuals who utilized the museum in 2019 jumps to 331, 790 (M. Chartrand, personal communication, March 6, 2020).

In 2017, 9.5% of children in Nebraska under the age of 20 identified as having a disability,³ Children with disabilities are at increased risk to exclusion from community activities.⁴ Accommodations, accessibility services, environmental changes, and universal design principles can generally serve as intervention and prevention methods to mediate participation restrictions.³

Play is considered the primary occupation of childhood,² Play influences not only the child's development but also parent-child interaction.⁵ Through play experiences, children develop many skills in the motor, perceptual, language, cognitive, and emotional domains.⁸ Children with special needs, including autism spectrum disorder (ASD), intellectual disabilities, and physical disabilities, may be less engaged or may be isolated in play situations, may have fewer play opportunities, and may lack skills congruent with play mastery.¹

Specialized programs with appropriate modifications in place improve the quality and the duration of museum visits for families with children or young adults with various needs.⁷ Adapted community events assist to increase participation in play and well-being for children with disabilities and their caregivers/ families.⁸

NEEDS STATEMENT

It is important for children of all abilities to participate in the occupation of play in a community setting, such as a museum, in order to develop social, motor, cognitive and language skills.

Children with disabilities have an increased challenge to participate in play activities at the Omaha Children's Museum indicating a need for modifications to promote inclusion.

PROGRAM DETAILS

There were some programs, such as special population nights and adaptations, that are already in place at the Omaha Children's Museum. Program growth included creating modifications for children with diagnoses or disabilities including sensory processing disorder, Autism, Epilepsy, cerebral palsy, other limb differences and limitations, and children who are hard of hearing or deaf. Adaptations ranged from preparation materials that could be accessed prior to coming to the museum, supports for children during their visit and modifications for specific exhibits to increase accessibility.

METHODS

To gather information on what adaptations and modifications were needed at the museum, I participated in the following:

- Discussed with Omaha Children's Museum staff members regarding adaptations and modifications the museum already made, what they were planning, and what are the top priorities.
- Interviewed a member of the Nebraska Commission for the Deaf and Hard of Hearing and completed a tour of the museum to gain insight on adaptations for members of the deaf and hard of hearing community.
- Interviewed a board member of the United Cerebral Palsy of Nebraska and a community member with a child who has cerebral palsy to discuss helpful adaptations.
- Interviewed the founder of Camp YouCan to gather information on specific impairments someone with epilepsy would have.
- Administered a four-question survey at a special event, Epilepsy Night, to gather information on specific needs and accommodations children with Epilepsy would benefit from daily at the museum. 10/15 families who attended the night completed the survey.
- Coordinated and participated in over 20 meetings and daily communication with various departments including administration, exhibit design, education, guest services, and marketing to discuss changes that could be made to existing exhibits and future exhibits.

RESULTS

• Sensory Adaptations:

Through continuing education courses and discussions with the museum, staff data was gathered, and a priority list was made regarding adaptations to be made at the museum. The top priority was for family's to be prepared and have awareness of modifications and adaptations. The data suggested that these preparations helped set the tone for the visit, affecting the quality of the experience that followed.⁸

In a continuing education course I took regarding accommodations for community spaces, families mentioned that they found information on websites before coming to prepare for their visit to the museum.⁸ To assist families in preparation for a trip to the Omaha Children's Museum, I collaborated with many departments in the creation and editing processes of a social story called "My Trip to the Omaha Children's Museum."

This social story was posted to the museum website and contains details including what the front of the museum looks like, where there will be unexpected noises, and what supports the museum has for families with children who may get overwhelmed by the sensory-rich environment of the Omaha Children's Museum.



B. Hindman. (2020) Omaha Children's museum, Omaha, Nebraska, United State of America. <http://www.ocm.org/visit/visitor-services/>



Omaha Children's Museum. (2019) Omaha Children's museum, Omaha, Nebraska, United State of America. <http://www.ocm.org/exhibits-and-events/special-exhibits/>

RESULTS

• Sensory Adaptations Continued

Another priority for the museum regarding sensory adaptations was to increase advertisement of the sensory kits. The museum has sensory-kits that are available for check-out at the front desk but did not advertise them. There was an instance where a mother was disappointed, she didn't know about them while her child was having difficulty participating at the museum because of the sensory-rich environment. I worked with the team to collaborate where the advertisement would be located so as many people as possible could view it. Advertisement for the kits was then developed and is located on the announcement boards around the museum and mentioned in the social story. These modifications were set in place to help reduce the restriction families with children who have sensory processing disorders face in community spaces and increase preparation.

• Adaptations for People who are Deaf or Hard of Hearing

I had the privilege of working on adaptations for individuals who are hard of hearing or deaf. This started when I offered to be on a team which included a member of the deaf community, a sign language interpreter, the Chief Operations Officer and myself to tour the museum and discuss ways to make it more accessible. These adaptations included:

- Assisted the front desk and café to create adaptations for patrons who are deaf or hard of hearing. Which included, adding pen and paper for staff members to communicate with and making a sign of important information within arms reach for individuals to point to as a form of communication.
- Commission for the Deaf and Hard of Hearing to create a sign language video of introduction and safety instructions for the Tinker Lab exhibit at the museum.

Through discussion with Dillon Curren, an advocacy specialist for the Nebraska Commission for the Deaf and Hard of Hearing, the focus of these adaptations were safety, communication and to ensure children and families can get the "why" or reasoning behind each exhibit (Personal communication, D. Curren, February 19, 2020).

• Advocacy

Another area I focused on during my time at the museum was education of various abilities and the impact on play. I did this through evidence-based research and the creation of PowerPoints. The first PowerPoint was a detailed description of Sensory Processing Disorder, the various types, and specific adaptations at the museum to educate staff on why these are in place and how they can assist individuals and families.

RESULTS

• Advocacy Continued:

The second PowerPoint was regarding specific diagnoses, the impairments often associated with those diagnoses and the effect that can have on play, specifically at a children's museum.

Additionally, I collaborated to create characters with different abilities for the upcoming Bug Squad exhibit to promote inclusivity and acceptance. I did this after finding after articles that supported the importance and therapeutic affect for children to see their differences reflected in the things they play with.⁶

BOTTOM LINE FOR OT

- Many occupational therapists focus on play as an intervention, but few focus on the occupation of play as an outcome. Partnering with community settings to promote play among children of all abilities can increase positive and healthy engagement.⁵
- Identifying community-based partners to assist in advocating for populations with varying abilities will aid in gathering more information through interviews
- As stated by Anne Brodin, a board member of United Cerebral Palsy of Nebraska, families with children who have disabilities find it challenging to visit community spaces due to the cost, barriers in the environment, and fear of judgment of atypical behavior. (A. Brodin, personal communication, March 5, 2020). Occupational therapists can assist both the families and community spaces to help limit these barriers through education and modifications/ adaptations.
- Occupational therapists can assist in educating staff of community spaces on existing diagnoses and impairments and help create accommodations that can be made to assist individuals with various diagnoses
- Occupational therapists can promote social participation in community spaces through creation of adaptations and modifications

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