

Fort Wayne Parks & Recreation

UNITY IN THE COMMUNITY



Rec 538 Design and Administration of Therapeutic Recreation Services,
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Therapeutic Recreation Inclusion Program

Fort Wayne, Indiana

Introduction and Background

Located alongside the beautiful St. Mary's River in Fort Wayne, Indiana, the Fort Wayne Community Center is a welcome retreat for people of all ages offering year-round programs and activities. The community center provides opportunities for positive experiences and personal growth with a special emphasis on programming for the 50+ community. The Fort Wayne Community Center takes pride in creating and preserving outdoor spaces for the enjoyment of everyone and will provide reasonable accommodations to individuals with a disability.

The City of Ft. Wayne Parks and Recreation Center offers programs and activities for all age groups from 1 1/2-year old's up to older adults. Programs and events are organized by age groups and nature of the programs and include:

- Preschool and youth programs
- Adult programs
- Senior programs
- Special events
- Special interest classes
- Sports & fitness—Senior Games
- Technology
- Travel
- Outdoor
- Unwind Your Mind

There are several free programs/activities for youth including arts and crafts, sports, nature education as well as lots of opportunities to pursue a hobby at the youth center. Classes and programs change seasonally. There are several classes and programs for pre-school and youth at the community center. The most recent offerings are in the "Fun Times" brochure. These paid classes are available for review on the on-line registration site. There are also programs for adults and seniors offered at the community center. Classes include, music, dance, arts/crafts, languages, athletics and computers. Senior specific classes, otherwise known as the "fun after 50" programs include exercise, dance, computers, or other health related programs.

Needs Assessment

In order to provide specific inclusive services for members of the community with disabilities, the City of Ft. Wayne Parks and Recreation Center is encouraged to hire a CTRS to lead the inclusive programming that is offered at the community center. In the past, there has been a CTRS on staff. Currently, the community center works with state approved vendors that have a CTRS conduct the APIE state approved process for individuals to participate in Fun Times activities. It is recommended that the Parks and Recreation Department reconsider offering more inclusion programs at the community center. To facilitate this, an AIM needs assessment through the National Disability Recreation Center is recommended. It is also recommended the agency utilize the Inclusivity Assessment Tool to explore best options for inclusive programming and staffing needs. The CTRS would be responsible for training and supervising other staff members who conduct intake assessments. The CTRS would be the point of contact for inclusion programming.

Inclusive services for all program participants promote healthy lifestyles and provide opportunities to participate in high-quality leisure, recreational, social, and cultural experiences within the Ft. Wayne

community. The therapeutic recreation inclusive program will fill a void by meeting the needs of individuals with disabilities.

Leisure involvement is an important aspect of health, wellness, and quality of life (Stumbo & Peterson, 2009). Leisure is central to the quality of life of all people, yet people with disabilities are often unable to take full advantage of opportunities for recreation and leisure in their lives. Inclusive recreation and leisure opportunities can provide chances for freedom, choice and self-determination that are often absent in many aspects of the lives of individuals with disabilities.

Inclusion services are designed to offer the least restrictive environment while providing the maximum opportunity to participate in regular park programs. Through the inclusion therapeutic recreation program, assistance is offered to any individual with a disability who registers for any park program. Assistance varies depending on the needs of the individual and there is no additional cost for participants to receive inclusion services. Services are provided to participants with a wide range of needs across the lifespan. The needs of participants are discovered through referrals, assessments, and evaluations. To access therapeutic recreation services, simply indicate interest by checking the opt-in box on the registration form.

Inclusive Therapeutic Recreation services have much to offer individuals with disabilities in developing their leisure lifestyle and improving their psychological, physical, and social well-being (Stumbo & Peterson, 2013). Attaining leisure well-being and a flourishing life require developing or refining skills in community inclusion, leisure education, and movement programs.

The dreams, desires, and goals of participants are discovered through therapeutic recreation assessments, planning, implementation and evaluation process. The inclusive therapeutic recreation services are evidence and strengths-based practices. Strengths-based services emphasize the individual's strengths and capacities, as opposed to a deficits-based paradigm, which focuses on the medical model's perspective of disability and illness (Heyne & Anderson, 2012).

Theory Base

The purpose of programmatic Recreation Therapy is to facilitate the development and/or maintenance and expression of an appropriate leisure lifestyle for individuals with physical, mental, social, and or emotional limitations. The theoretical focus in this case should support human flourishing, well-being, and quality of life by means of the Strengths-Based Theory founded on an asset-based approach. Analysis of the clients served by the specific agency identifies the predominant areas of activity related needs. Based on individual assessment, the setting for Fort Wayne Community Center involves residential and community-based services and activities. The process of Therapeutic Recreation involves the selection, development, and implementation of treatment/activities, leisure education and recreation participation services and must be client based. Understanding the participants within contexts of their strengths, focusing on their abilities, talents and resources, empowering participants to take lead in their sense of well-being and happiness, and cultivating what is best within themselves characterizes this theory.

Guiding Principles

- All aspects of therapeutic recreation service delivery must reflect client confidentiality.
- All aspects of therapeutic recreation service delivery must be provided in a safe manner.

- All aspects of therapeutic recreation service delivery must incorporate participant goals, beliefs and perspectives.
- Client needs and preferences must serve as the foundation for therapeutic recreation program development.
- Optimal outcomes are directly related to the understanding of social, cultural, attitudinal and environmental influences on an individual.
- Quality therapeutic recreation assessment is imperative for appropriate therapeutic recreation intervention.
- Recognition of the importance of documentation for effective communication, evaluation and accountability.
- Client participation and perspectives are integral to the evaluation process.
- Evaluation and research are essential for the maintenance and/or improvement of therapeutic recreation services and should be outcome-focused.
- All aspects of therapeutic recreation service delivery should be outcome oriented and measurable.
- Therapeutic recreation program development must incorporate a team approach.
- Recreation Therapists must be responsible and accountable professionals who function independently and interdependently within the professional organization's guidelines.

Purpose of Inclusive Therapeutic Recreation

Inclusive Therapeutic Recreation Services at Fort Wayne Parks and Recreation is intended to provide research-based, safe, inclusive therapeutic recreational opportunities for all Fort Wayne residence. Through our strengths-based programming we support individual development toward physical, psychological, social, spiritual, and cognitive goals. We're creating joy and improving quality of life through creative arts, fitness, games, social skills, leisure skills, technology, outdoor activities, and more.

Goals for the Inclusive Therapeutic Recreation Services

- To assist participants in recognizing their leisure strengths
- To offer inclusive and safe recreational programming in the community
- To continuously improve services through ongoing assessment, planning, implementation, and evaluation
- To provide evidence-based therapeutic recreation services including creative arts, fitness, games, social skills, leisure skills, technology, outdoor activities, and more
- To encourage strengths-based programs that address physical, psychological, cognitive, social, and spiritual objectives
- To improve quality of life for all participants through the enjoyment of public parks and resources
- To provide education about recreation and leisure pursuits
- To encourage self-advocacy and autonomous utilization of community recreational opportunities

Anticipated Outcomes for participants

Through participation in Inclusive Therapeutic Recreation programming:

- Participants will show improvement in measures of physical health.
- Participants will show improvement in measures of psychological/emotional health.
- Participants will show improvement in measures of cognitive health.
- Participants will show improvement in measures of social skill attainment.
- Participants will show improvement in measures of spiritual health.
- Participants will recognize benefits of recreation and leisure pursuits on their quality of life.
- Participants will demonstrate the ability to autonomously utilize community recreation and leisure opportunities.
- Participants will be able to identify and appreciate their own strengths.

Vision

“Cultivating sustainable joy for all through recreation and leisure”

Mission

Our mission is to enhance the quality of life in Fort Wayne by providing positive opportunities for leisure time for persons of all abilities and by being stewards of our park lands, facilities, public trees, and other resources entrusted to our care.

Values

At Fort Wayne Parks and Recreation, we value:

- | | |
|--------------|-------------------|
| • Advocacy | • Ecology |
| • Diversity | • Collaboration |
| • Inclusion | • Confidentiality |
| • Effort | • Leisure |
| • Community | • Self-efficacy |
| • Engagement | • Strengths |
| • Equality | • Wellness |
| • Creativity | • Joy |
| • Quality | |

References

- Anderson, L. (2010). Expanding horizons: Inclusion point of contact, *The Voice*, Spring, 31-33.
- Anderson, L. & Heyne, L. (2012b). *Therapeutic Recreation Practice: A Strengths Approach*. Venture Publishing, Inc.: State College, PA.
- Anderson, L., & Heyne, L. (2013). A strengths approach to assessment in therapeutic recreation: Tools for positive change. *Therapeutic Recreation Journal*, 47(2).
- Anderson, L. & Heyne, L. (2016). Flourishing through leisure and the upward spiral theory of lifestyle change. *Therapeutic Recreation Journal*, 50(2), 118-137.

- Carruthers, C., & Hood, C. (2007). Building a life of meaning through therapeutic recreation: The leisure and well-being model, part I. *Therapeutic Recreation Journal*, 41(4).
- Deyell Hood, C. and Carruthers, C. (2016). Strengths-Based TR Program Development Using the Leisure and Well-Being Model: Translating Theory into Practice. *Therapeutic Recreation Journal*, 50(1)
- Rimmer, J & Riley, B, (2004). Accessibility Instruments Measuring Fitness and Recreation Environments: Fitness Centre and Swimming Pool Accessibility. Professional Version. University of Chicago, Chicago, IL.
- Sarponline.ca. (2019). [online] Available at:
<https://www.sarponline.ca/files/pages/resources/TR%20Standards%20of%20Practice.pdf>
[Accessed 6 May 2019].
- Stumbo, N. J., & Peterson, C. A. (2009). *Therapeutic Recreation Program Design: Principles and Procedures* (5th ed.). San Francisco, CA: Pearson Education.
- Thompson, C., Bennett J., Sable, J. And Gravnik, J. (2016). Northeast Passage PATH Program: A Strengths-Based and Recovery-Oriented Approach for Veterans Who Experience Mental Health Disorders. *Therapeutic Recreation Journal*, 50(2).

Specific Program Protocols

Title Referral and Assessment Planning
STAR: Strength-Targeted Assessment and Referral Protocol
Brief Description of TR Service/Program
<p>The City of Ft. Wayne Parks and Recreation Center offers therapeutic recreation services for interested individuals. These services promote healthy lifestyles and provides opportunities to participate in high-quality recreational, social, and cultural experiences within the Ft. Wayne community. Inclusion services are designed to provide the least restrictive environment while providing the maximum opportunity to participate in regular park programs. Ft. Wayne Parks and Recreation Center offers assistance to any individual with a disability who registers for any park program. Assistance varies depending on the needs of the individual and there is no additional cost for participants to receive inclusion services. To register for STAR services, simply indicate interest by checking the opt-in box on the registration form.</p>
Research on Efficacy/Literature Review Summary
<p>Strengths-Based Assessments</p> <p>For decades, Therapeutic Recreation has delivered leisure services based on a medical model and deficits approach. More recently in the profession, there has been a shift to a strengths approach model. The strengths-based approach considers the entire portrait of the participant's life and considers their dreams, desires, wants, talents, skills and knowledge. The assessment is person-centered, focuses on the strengths of the participant, is individualized, and based on the participants worldview. Key to this assessment process is that it is based on the aspirations and goals of the participant and considers the person in their environment, their circle of support, and focuses on the participant's well-being and quality of life. (Anderson, Heyne, 2013) Assessment should be "a systematic process for gathering specific information about an individual and his or her environment for the purpose of identifying aspirations and strengths and collaboratively making decisions about the individuals plans" (Anderson, Heyne 2013).</p> <p>Strengths-based assessment also provides baseline data which helps the TR evaluate outcomes and effectiveness of the services and helps determine the impact. Collected data can then be used for quality improvement and research purposes. (Palmer & McMahan, 1997; Peterson & Stumbo, 2000; Sneegas, 1989) Beyond the implications for programming, baseline assessment data can be used to monitor the overall efficacy or effectiveness of the therapeutic recreation intervention program for a client, a particular group of clients, or all clients entering and exiting the program. This data can assist with performance improvement efforts as well as aid research to determine which programs are most effective. (Stumbo, 2002)</p> <p>Additionally, the two national professional organizations for therapeutic recreation, the National Therapeutic Recreation Society (NTRS) and the American Therapeutic Recreation Association (ATRA), each</p>

have standards of practice and codes of ethics that contain important information about client assessment and expectations for professional behavior related to client assessment. NTRS Standards of Practice (1995) assume client assessment is conducted, although the document does not contain a specific assessment standard, the following general standard applies: “The therapeutic recreation specialist records specific information based on client assessment, involvement, and progress” and information “pertaining to the client is recorded on a regular basis as determined by agency policy and procedures and accrediting body standards” (NTRS, 1995).

The ATRA Standards of Practice directly address client assessment and contain the following standard: “the therapeutic recreation specialist conducts an individualized assessment to collect systematic, comprehensive and accurate data necessary to determine a course of action and subsequent individualized treatment plan” (ATRA, 1993).

Self-Efficacy

Self-Efficacy is the personal belief that an individual can exercise control over his or her own functioning as well as over environmental events, to reach some desired end. Self-efficacy is the foundation for the individual’s sense of competence and control. (Stumbo, Peterson, 2009) Self-referral on a registration form is the most typical referral where the participant or the circle of support has asked for therapeutic or inclusion services. (Anderson, Heyne, 2012). The self-referral initiates the strengths based assessment process. The American Therapeutic Recreation Association (ATRA) defines a referral as “a request or recommendation to initiate services, including an evaluation of the patient/client and interventions determined to be necessary or beneficial to reach planned outcomes” (ATRA, 2015). A referral to therapeutic recreation (TR) services may be made on behalf of an individual or a person may self-refer for services; being admitted for services in some settings may also constitute a referral on behalf of an individual (ATRA, 2015).

Inclusion

Inclusion is the process that allows persons with disabilities to be part of their social and physical surroundings, and gives them the ability to make choices, to be supported by friends and family, and to be valued within the community. For full inclusion to exist, those with disabilities must be able to engage in activities of their choice while enjoying the same opportunities and benefits as everyone else (Pegg & Compton, 2010). Inclusive recreation provides benefits to both children and adults with and without disabilities. Studies have shown that inclusive recreation leads to a higher quality of life because participants can develop friendships through recreation thus maximizing social experience (Moulder, 2003).

The goals of the STAR protocol are to utilize a strengths-based assessment to enhance self-efficacy and increase inclusion for participants if the Ft. Wayne Parks and Recreation Department activities offerings.

Referral Criteria

Self-referral, referral from Doctor, Specialist, PT, OT or referral from Community Agency.

Goals

- Provide Inclusive Programming for all persons regardless of disability
- Provide appropriate adaptations for participants to fully participate in year-round programming
- Establish measurable goals for each participant
- Utilize information in registration for future planning and resource allocation
- Create one inclusive form for all participants

Measurable Objectives

- Persons who indicate they need any supportive, inclusive services for programs will complete an initial Assessment with Recreation Staff to determine program accessibility and any necessary adaptations
- Staff will conduct activity analysis
- Staff will provide the least restrictive accommodations for participants
- Staff will assist the participant in achieving the goal set out in their assessment.

Time Required

The time required for the STAR TR related section is approximately 5 minutes. The overall time required for registration would be dependent upon the activity selection of the participant. The staff will contact you for additional information and will set up an individual meeting to determine the most appropriate assistance in each situation. The in-person interview assessment will be between 30-60 minutes.

Materials, Equipment, and Resources Needed

- Online registration form
- Internet access
- Method of fee payment
- Alternatively: mail or printed form, pen, paper, envelope and postage would be required.

Activities (Content)

Referral Process

Ft. Wayne Parks and Recreation Center will accept any referral from a doctor, hospital, or agency, and accepts any self-referral. It is the belief of Ft. Wayne Parks and Recreation that self-efficacy is an important component of leisure activities and the Parks and Recreation department serves to offer the widest range of activities for all interests and abilities.

Registration Process:

Registration process is currently online and one must create a login to register for activities. There is additionally a print brochure that can be filled out and mailed in. Once a participant has created a login and selected a password they may then begin selecting activities by adding them to the cart. Once

activities have been added to the cart, the participant may then purchase those activities by paying the relevant fees.

Assessment Process for any Program:

The general registration will include a section that offers an opt-in to Therapeutic Recreation services.

Once the participant has registered, opted in, and chosen their activities, the STAR process begins giving them access to Therapeutic Recreation services.

The goal of the strengths based assessment is to obtain information relevant to health needs, and to notify the staff of any opportunities for adaptation for offered services. Also, this section is meant to elicit from the participant information regarding their personal goals and interests. The goals and interests of participants are vital to Ft. Wayne in future planning of activities and resource allocation.

- Online account creation / registration
- Filling out the TR section
- Call to schedule Assessment
- Face-to-Face Assessment
- Follow-up with staff
- Staff evaluation and feedback at end of activity

Methods (Process)

The Ft. Wayne office of Parks and Recreation offers many opportunities for leisure activities across a large, diverse population. In order to ensure the needs of the individual participants are met, a robust system should be in place that is able to handle referrals, administer assessments and ensure proper planning should be in place.

Currently the main portal for accessing services is through the Ft. Wayne website. The registration process is comprised of creating an online account with a username, password, name, address, phone number and email address. Additionally, there is a section that allows, but does not require insurance information when creating the account. Of note, accounts are created one per household to aid in planning and payment for participants when multiple family members are taking part. Once an account is created with an individual login and password, the participant may navigate the various offerings and select those activities they wish to participate in by adding each to their cart, followed by final processing and fee payment. Alternatively, participants may download or request by mail the printed brochure version of Ft. Wayne's offerings. This requires the same process, only a code must be filled out to make the selection.

Within the creation of the initial account, each participant will be asked to check a box opting in to Therapeutic Recreation (TR) services. Based upon whether they request TR services, their account and subsequent selections will be highlighted. This will set in motion process of assessment, notification and collaboration with staff running those activities--alerting to them to the possibility of adaptations or other accommodations--and a system of evaluating the success of the TR services on the participant's experience.

The first action following the opting-in for TR services begins the assessment process. A staff member will use the contact information provided during the registration to schedule a face-to-face assessment opportunity. This assessment is an opportunity to discuss the participant's current activity selections, and to explore expectations, strengths, as well as the participants hopes and goals. Following this meeting, the CTRS will communicate with staff about possible adaptations and accommodations in advance of the activity.

The data from this TR section of the registration would include which activities were selected by those seeking TR services, what specific areas the participant listed as possibly needing accommodation or adaptation, and most importantly, data about their own individual interests and strengths, as well as information regarding expanding Ft. Wayne's activity offerings. A short evaluation completed by both staff (concerning the success of the participant) and participant (concerning the success of the program) will be included as well.

Leadership Variations (based on age, ability, etc.)

Within this process of registration and assessment, adaptations and accommodations can be made to assist the participant in completing registration whether over the phone or in-person. Further, once a participant has indicated on their registration an interest in TR services, the assessment meeting can also serve to assist in completing the registration if needed.

Expected Outcomes and Contraindications (benefits and harms)

Benefits:

The expanded registration process should advantage the agency with more information about the needs and interests of the population they serve, as well as give them the ability to shape and adapt those services on a case by case basis. Use of the TR services would only further justify their need.

Harms:

Significant time a resources would be needed in completing the face-to-face assessment, as well as communicating with staff, and evaluating successes.

Documentation (forms, frequency, etc.)

Please see attached (below):

- Registration Form
- STAR form: including assessment section, medical Information section, staff liaison section, and Evaluation

Evaluation Plan

Year over year registration numbers may be compared to study any effect the expanded process has had on overall registration. On-going, once two years of data has been be collected, year-to-year comparisons

of participants utilizing STAR TR services can be made to understand how the expanded registration is benefiting that population, and whether those services need to be marketed differently or more thoroughly to the community at large.

Staff Qualified to Deliver Service (training or certification requirements)

- Certified Therapeutic Recreation Specialist
- Activities Assistant under the Supervision of the CTRS
- Inclusion Liaison
- All staff must be current with CPR/AED/First Aid

Safety/Risk Management/Precautions

All medical information must be completed by all registrants in order to participate in any recreation activity.

Attachments (handouts, forms, etc. needed to implement program/service)

See attached registration form with TR specific section and Face-to-Face assessment form below.

Reference List

- Anderson, L. S., & Heyne, L. A. (2013). A Strengths Approach to Assessment in Therapeutic Recreation. *Therapeutic Recreation Journal*, 47(2), 89–108.
- Anderson, Lynn and Kress, Carla Brown. (2003). Inclusion: Including People with Disabilities in Parks and Recreation Opportunities. (2007). *Palaestra*, (1), 51.
- Dieser, R. B. (2014). Cross-Cultural Assessment in Therapeutic Recreation. *Therapeutic Recreation Journal*, 48(1), 1–14.
- Farbman, A. H., & Ellis, W. K. (1987). Accessibility and outdoor recreation for persons with disabilities. *Therapeutic Recreation Journal*, 21(1), 70–76.
- King, G. ., Curran, C. J. ., & McPherson, A. . (2013). A four-part ecological model of community-focused therapeutic recreation and life skills services for children and youth with disabilities. *Child: Care, Health & Development*, 39(3), 325–336.
- Moulder, E. (2003). Focus on inclusion: parks and recreation departments welcome all. *Public Management*, (7), 18.
- Pegg, S. & Compton, D.M. (2010). Creating Opportunities and Ensuring Access to Leisure and Recreation Services through Inclusion in the Global Community. *Leisure/Loisir*, 28, 5-26.
- Sable, J., & Gravink, J. (2005). The PATH to Community Health Care for People with Disabilities: A

Community-Based Therapeutic Recreation Service. *Therapeutic Recreation Journal*, 39(1), 78–87.

Schleien, S. J., Miller, K. D., Walton, G., & Pruett, S. (2014). Parent Perspectives of Barriers to Child Participation in Recreational Activities. *Therapeutic Recreation Journal*, 48(1), 61–73.

Stumbo, N., (2002). *Client assessment in therapeutic recreation services*. Urbana, IL. Venture Publishing.

Addition resources:

<https://www.cincinnati-oh.gov/recreation/programs/therapeutic-recreation/>

<https://www.fvsra.org/programs>

<https://www.nwsra.org/>

<http://nscd.org/participate/>

<https://turnstone.org/about>

<http://www.nrpa.org>

<http://www.atra-tr.org>

Protocol Authors

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STAR: Strengths-Targeted Assessment and Referrals

General Registration Form

Participant Information	
Name _____	Nickname _____
Mailing Address _____	Email _____
City _____	State _____ Zip _____ County _____

Home Phone _____ Cell Phone _____
 Date of Birth _____ Height _____ Weight _____ Gender _____

Emergency Contact Information:

Name _____
 Relationship _____

Home Phone _____ Work Phone _____

Cell Phone _____

Referring Doctor or Agency: _____ or Self-Referral _____

Therapeutic Recreation Services strive to integrate persons with disabilities into the current recreation programs of the Ft. Wayne Parks and Recreation. A recreation specialist or CTRS will work with persons with disabilities and will make adjustments to the program's requirements based on the strengths and capabilities of the participant. The goal of the STAR, strengths-targeted assessment is to obtain information relevant to health needs, and to notify the staff of any opportunities for adaptation for offered services.

Do you require any specific supports or accommodations to participate in the program you are interested in? If so, please check here and a staff member will contact you.

Are you interested in Ft. Wayne Parks and Recreation offerings of Therapeutic Recreation services?

If you would like to set up a free consultation with a staff member to explore your options, please check this box. Within 5 business days a staff member will reach out to schedule an assessment and consultation to find ways in which Ft. Wayne Parks and Recreation can best serve your needs.

Yes, I am Interested in Therapeutic Recreation services.



STAR: Strengths-Targeted Assessment and Referrals

Face-to-Face Assessment- Strengths, Hope Dreams, Goals...

What are two of your favorite things you like to do for fun?

What are two things you are really good at doing? (i.e. arts, sports, reading, laughing) _____

Why do you want to participate in the programs you selected? _____

What is your experience in these areas? _____

What are two things you would like to achieve from your participation in the program? (i.e. make new friends, learn a new skill, experience something new) _____

How will you know you achieved your goals? _____



Medical Information

Primary Diagnosis: _____ Effects of diagnosis on participant: _____

Secondary Diagnosis: _____ Effects of diagnosis on participant: _____

Seizures: Yes ___ No ___ Frequency: _____ Type: _____

Date of last seizure: _____ Triggers: _____

Can participant tell if seizure is going to occur? Yes ___ No ___ Protocol: _____

Medications (Describe name, dose, frequency, effects and side effects): _____

Can participant self-administer medication needed during activities: Yes ___ No ___

Food allergies/dietary restrictions: _____

Please list any restricted activities: _____

Does the participant walk independently? Yes ___ No ___

If not, what type of assistance is required? Wheelchair ___ Walker ___

Other (please specify) _____

Does the participant eat independently? Yes ___ No ___

If not, what type of assistance is required?

Does the participant dress independently? Yes___ No___

If not, what type of assistance is required?

Does the participant use the bathroom/toilet independently? Yes___ No___

If not, what type of assistance is required?

Does the participant communicate through speech? Yes___ No___

Use Boardmaker? Yes___ No___

If not, what type of communication is used?

Information to Communicate to Activity Staff

Based on the participants needs, the CTRS will complete an Activity Analysis prior to the start of the program to help ensure the program needs are met by the program leaders.



Evaluation (to be completed at the end of activity)

Section A to be filled out by Staff Member administering activity.

Section B to be filled out by participant of activity.

Section A

Did the participant fulfill the objectives set forth during the initial assessment? Yes / No

Notes:

Section B

Strongly Agree=5, Somewhat Agree = 4, Neutral or Unsure = 3

Somewhat disagree = 2, and Strongly disagree = 1

The activity fulfilled my intended goals. 5 4 3 2 1

The assessment process improved my experience of the chosen activity. 5 4 3 2 1

Ft. Wayne offered a wide range of activities that suited my interests. 5 4 3 2 1

What areas of the specific activity could be improved in terms of adaptations and accommodations?

Are there any aspects of the Ft. Wayne TR services that you found beneficial, or any that might be improves?



Ft. Wayne Parks and Recreation Activity Offerings

<p>Kids Programs</p> <p>Dance</p> <ul style="list-style-type: none"> Beautiful Ballet All the Jazz Hip-Hop Dance <p>Cheerleading</p> <ul style="list-style-type: none"> Pom-Poms Cheer Tumble 	<p>Adult Programs</p> <p>Arts Crafts and Hobbies</p> <ul style="list-style-type: none"> Clay Pottery Ipad / Cookbook Holder <p>Dance</p> <p>Language</p> <p>Computer & Photography</p>
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<p>Gymnastics</p> <ul style="list-style-type: none"> Gymnastics Gymnastics for Guys Pre-K Gymnastics <p>Arts and Crafts</p> <ul style="list-style-type: none"> Rising Poets Super Duper Heroes Mickey Mouse Clubhouse Daniel Tiger's Neighborhood DIY Robots Explore the Honey Bee Take Part in Art Down on the Farm Camp <p>Holiday Activities</p> <p>Franke Day Camp</p> <p>Farmin' Fun Day Camp</p> <p>City Safari Day Camp</p> <p>Other Day Camps</p> <ul style="list-style-type: none"> Cheerleading Camp Move & Groove Camp Gymnastics Camp Bugs and Butterflies Camp Preschool Cheer Camp Dance Camp Story Book Gymnastics Checkmate Chess Camp Linderwood Nature Camp <p>Softball</p>	<p>Fun After 50</p> <ul style="list-style-type: none"> Upper Body Circuit 50+ Grooving Goldies <p>Fitness & Martial Arts</p> <ul style="list-style-type: none"> Strengthen and Tone Aqua Dance Horseback Riding <p>Basketball</p> <p>Recreational Volleyball</p> <p>Outdoor Ed</p> <ul style="list-style-type: none"> Mengerson Nature Preserve <p>Conservatory Programs</p> <ul style="list-style-type: none"> Garden Preschool <p>Travel</p> <ul style="list-style-type: none"> Tulip Time Festival Chicago Cubs Broadway in Chicago <p>Tennis</p> <p>Adult Salomon Farm</p> <ul style="list-style-type: none"> Learn to Compost Savory Sauces Healthy Alternatives Vegan Meal Prep Weekday Brunchin' Straight from the Garden Handmade Pasta <p>Other Adult Classes</p> <ul style="list-style-type: none"> You can Play Ukulele
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<p>Junior Golf</p> <p>Pee Wee Golf</p> <p>T-Ball</p> <p>Soccer and Lacrosse</p> <p style="padding-left: 40px;">Little Kickers</p> <p style="padding-left: 40px;">Kicking Kids</p> <p>Learn to Swim</p> <p>Tennis</p> <p>Other Youth Activities</p> <p style="padding-left: 40px;">Evergreen Swag workshop</p> <p style="padding-left: 40px;">Garden Preschool</p> <p style="padding-left: 40px;">Tiny Chefs</p> <p style="padding-left: 40px;">We Like to Move it, Move it!</p> <p>Salomon Youth Classes</p> <p style="padding-left: 40px;">Fun with Fishing</p> <p style="padding-left: 40px;">Little Roots</p> <p style="padding-left: 40px;">Animal Playdates</p> <p style="padding-left: 40px;">Cook Your Own Adventure</p>	
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<p>Fees and Payment</p> <p><input type="checkbox"/> Ft. Wayne offers reduced fees for those in need. If interested, check this box and a staff member will follow up to assist in the financial aid process.</p> <p>Insurance Company _____</p> <p>Group Name _____ Policy Number _____</p>
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Title
UnWind Your Mind's Craft and Connect
Brief Description of TR Service/Program
<p>A diagnosis of Alzheimer's disease or other dementia is life changing. Because individuals with dementia often feel isolated and disconnected, it is important that opportunities to participate in community activities that are meaningful, creative, and social are made available to them. Such activity can provide a sense of competence, a reduction in depression, and improved relationships with family members. Studies have shown that arts, crafts, computers and social activities help slow mild cognitive loss by up to 50%.</p> <p>The Parks and Recreation Department offers classes and activities at the Community Center for those with signs of early dementia. These programs address socialization, fitness, arts, seminars, and other services.</p> <p>Craft and Connect is a great opportunity for participants to express themselves through a variety of art media and crafting materials, using adaptive tools and strategies for success. The program will incorporate mindfulness to assist with memory/recall skills and reduce stress associated with the progression of dementia. Participants will have the opportunity to make meaningful connections with individuals in the community and create at the same time.</p>
Research on Efficacy/Literature Review Summary
<p>-Recreational Activities to Reduce Behavioural Symptoms in Dementia By: Ann Kolanowski, PhD, RN, FAAN, Donna M. Fick, PhD, RN, GCNS-BC, and Linda Buettner, PhD, LRT, CTRS</p> <p>Few clinicians have an educational grounding in the use of nonpharmacological therapies for people with dementia. This article explores the utility of recreational activities as one nonpharmacological intervention that has demonstrated effectiveness for reducing the behavioural symptoms of dementia. The implementation of effective recreational activities involves three components: understanding the evidence for this approach; acknowledging the need to reduce medications that have the potential to interfere with activity effectiveness; and individualizing activities so that the maximum benefit from the intervention is obtained.</p> <p>-Therapeutic recreation as an intervention for persons with dementia and agitation: An efficacy study By: Linda L. Buettner, PhD, CTRS, Herberta Lundegren, PhD, Daniel Lago, PhD, Patricia Farrell, PhD, and Ralph Smith, PhD</p> <p>Thirty-six long term care residents with dementia and agitation were selected for participation in this eight week study. During the eight-week period, the participants received two different four-week therapeutic recreation interventions in a clinical crossover design. These interventions included a sensorimotor program and a traditional activity program. The effects of these two programs were evaluated in terms of the effect on strength, flexibility, overall functioning, and agitation. The analysis showed that there was a significant improvement of grip strength, flexibility, and a reduction in agitation during the sensorimotor segment of the treatment. The results of this study indicate a new direction for therapeutic recreation specialists working with older adults with dementia and agitation.</p>
Referral Criteria
No referral is required. For additional information including how to register, please call the Community Center, 260-427-6461 or 260-427-6466. You may also register in person or online at www.fortwayneparks.org .
Goals
<ul style="list-style-type: none"> • Provide opportunities for creative expression

<ul style="list-style-type: none"> • Improve cognitive abilities through problem-solving, communication, memory exercises, following directions, and independent decision making • Display participant talent through weekly rotating art displays • Assist participants with memory and recall skills through reality orientation and reminiscing activities • Reduce stress associated with the progression of dementia symptoms through mindfulness breathing • Help participants determine recreation leisure interests and preferences, as well as supports and barriers • Expose participants to various recreation opportunities in the community • Provide opportunities for meaningful connections with individuals in the community recreation programs. • Improve the quality of life
Measurable Objectives
<ul style="list-style-type: none"> • After a mindfulness exercise, participants will be able to maintain a state of mindfulness while participating in activities for one minute. • Participants will report an increase of mindfulness during daily activities when prompted by the CTRS. • Participants will make independent creative decisions during art activities resulting in at least one finished product that will serve as a reminder of their choices. • Participants will engage with their peers socially at least one time during activities, either independently or when prompted by the CTRS.
Time Required
<p>UnWind Your Mind's Craft and Connect program will take place weekly for one hour each session. Flower Arranging: Mondays 10:30am-11:30am Metal Works: Wednesdays 10:30am-11:30am</p>
Materials, Equipment, and Resources Needed
<ul style="list-style-type: none"> • 30 bunches of assorted artificial flowers • 12 pairs of scissors • 12 vases • Ribbon bundles for vase decoration • 24 sheets of copper (5"x7" or 8"x10") **edges taped for safety • 12 etching tools • A device to take and print digital photos (polaroid or similar) • 12 pre-cut wood plaques (8"x10") • Package of tack nails • 12 tack hammers • Painter's tape
Activities (Content)
<p>The following activities are offered weekly, in one-hour sessions:</p> <p>Flower Arranging – Using artificial flowers to make bouquet arrangements or arrangements in vases for a table, this activity provides an opportunity for creative decision making, socializing, fine motor use and practicing mindfulness.</p> <p>Metal Works – Using copper to make a photographic project, participants take a simple photograph and use tools to etch the image onto a piece of copper that is later attached to a piece of wood for a finished display. This activity provides an opportunity for creative decision making, socializing, fine motor use, and practicing mindfulness.</p>
Methods (Process)

Activity #1: Flower Arranging

- Participants will enter the group space and find a seat at a table that is pre-set with a variety of materials needed to complete the floral arrangement.
- The CTRS will introduce the activity and facilitate a mindfulness breathing exercise: “Let’s take three deep, mindful breaths before we begin. Notice how the air feels cool on the inhale and warm on the exhale.”
- After introduction to the activity and mindful breathing warm-up, the CTRS will ask each participant to introduce themselves to the group and their tablemate. The partner groups will also discuss any knowledge or experience with floral arranging and flowers in general. If needed, the CTRS can facilitate a group discussion by asking open-ended questions related to the activity.
- The CTRS will then review all materials available and along with safety reminders about tool use.
- Participants will begin by choosing several flowers to begin their arrangements. The CTRS should encourage sharing of materials and cooperation between group members.
- The CTRS will incorporate mindfulness during the process: “Do the scissors feel cold or heavy in your hand?” “Notice the colors on the flowers, which is your favorite?”
- The CTRS will assist as needed throughout the class.
- When the participants are satisfied with their floral arrangement, the CTRS will demonstrate the technique for tying ribbon around the vase if desired.
- The finished flower arrangements will be labeled and placed in the weekly rotating art display.
- The leader will facilitate the debriefing discussion with the participants: “What did we accomplish today? What did you learn from/like about the experience? What can we do to incorporate those positive things into our daily routine?”

Activity #2: Metal Works

- Participants will enter the group space and find a seat at a table that is pre-set with a variety of materials needed to complete the metal work project.
- The CTRS will introduce the activity and facilitate a mindfulness breathing exercise: “Let’s take three deep, mindful breaths before we begin. Notice how the air feels cool on the inhale and warm on the exhale.”
- After introduction to the activity and mindful breathing warm-up, the CTRS will ask each participant to introduce themselves to the group and their tablemate. The partner groups will also discuss any knowledge or experience with metal working. If needed, the CTRS can facilitate a group discussion by asking open-ended questions related to the activity.
- The CTRS will then review all materials available and along with safety reminders about tool use.
- Participants will begin by picking up one of the supplied digital cameras. The CTRS will instruct the participants to take 10 minutes to mingle around the space or in the community center and find something of interest to photograph.
- The CTRS will then access the memory card on each camera with a facility computer and will print the desired photo.
- Each participant will take the printed photography to their workspace and will then pick the desired size of copper to etch as well as the etching tool.
- Participants will secure the photograph on top of the metal using supplied tape to hold in place. The metal will also be secured to the table using tape.
- The CTRS will incorporate mindfulness during the process: “Do you feel the cold of the metal in your hands?”
- Participants will begin scratching the photograph with the etching tool, pressing firmly to ensure that the lines transfer as scratches onto the metal surface.
- The CTRS will assist as needed throughout the class. Due to the nature of the activity. There will be 2:1 staff ratio for safety.
- When the participants are satisfied with their image, the CTRS will demonstrate the technique for attaching the copper sheet to the wood plaque.
- The finished metal work will be labeled and placed in the weekly rotating art display.

<ul style="list-style-type: none"> The leader will facilitate the debriefing discussion with the participants: “What did we accomplish today? What did you learn from/like about the experience? What can we do to incorporate those positive things into our daily routine?”
<p>Leadership Variations (based on age, ability, etc.)</p>
<ul style="list-style-type: none"> Safety Considerations: Be sure participants know they only need to share what they are comfortable with in front of the group to assure emotional safety. Provide one-to-one assistance for those who may need help with tools or materials, to assure cognitive and physical safety. Allow adequate time to complete the activity. Draw out those who appear to want to share, but do not look comfortable joining the discussion, to assure social safety. Age Considerations: The target participants for this leisure education plan are adults over the age of 55, that have been diagnosed with dementia. Other Considerations? Instead of written or verbal responses to peers or CTRS, responses can be small drawings. The length of activities could be limited or altered depending on the goals of the participant.
<p>Expected Outcomes and Contraindications (benefits and harms)</p>
<p>Community-based organizations or art centers offer programs for community members to create artwork through collaboration and interactions with others. Programs can focus on building community, increasing awareness of the value of the arts, developing creativity, or addressing common issues within a community.</p> <p>Expected Beneficial Outcomes</p> <ul style="list-style-type: none"> Improved understanding of the process of art making Increased experience with the materials of art making Improved understanding of the practice of mindfulness Increased social interactions among participants <p>Other Potential Beneficial Outcomes</p> <ul style="list-style-type: none"> Improved mental health Increased community involvement Increased social cohesion Reduced stigma Increased self-confidence Improved quality of life <p>No contraindications noted for this program.</p>
<p>Documentation (forms, frequency, etc.)</p>
<ul style="list-style-type: none"> Participants will complete a pre- and post-participation survey. CTRS will document participant engagement through individual narrative progress notes to be completed after each session attended. The CTRS will document participation and attainment of goals for the purpose of program evaluation.
<p>Evaluation Plan</p>
<p>Participant outcomes are measured through survey data collected from participants (see Appendix A) recording perceived progress towards specific outcomes at the beginning and end of activities. These surveys help the CTRS ensure that they are providing impactful and meaningful programming. Program success is evaluated based on aggregating qualitative and quantitative data collected on participant outcomes.</p>
<p>Staff Qualified to Deliver Service (training or certification requirements)</p>

<ul style="list-style-type: none"> • Certified Therapeutic Recreation Specialist (CTRS) or CTRS Eligible preferred. Staff must hold a Bachelor's degree in Therapeutic Recreation or hold a degree in a related field plus at least one year of experience working with individuals diagnosed with a cognitive impairment. • There should be one staff member to every five participants and there should be three recreation assistants under the direct supervision of the CTRS. • Staff should be familiar with the diagnoses of the clients being served. • Volunteers for the UnWind Your Mind program will attend a volunteer orientation program and must show proof of up to date vaccinations. During Flu season, volunteer will be required to show proof of Flu vaccination. • When needed, volunteers can assist staff with helping participants in activities/ programs. • Volunteers can transport participants to and from activities/ programs if needed. • Volunteers will be trained to fully understand their role in the inclusion process (bridge-builders to develop natural supports, not "special buddies" or ongoing supports).
Safety/Risk Management/Precautions
<ul style="list-style-type: none"> • All art materials must be non-toxic • Community Center participants will be supervised at all times with a 5:1 participant to staff ratio or as indicated in specific activity description based on the needs of the program.
Attachments (handouts, forms, etc. needed to implement program/service)
UnWind Your Mind's Craft and Connect Participant Survey (See Appendix A) UnWind Your Mind Progress Note (See Appendix B)
Reference List
<p>Kolanowski A, Fick DM, Buettner L. Recreational activities to reduce behavioural symptoms in dementia. <i>Geriatric Aging</i>. 2009;12:37–42.</p> <p>Buettner, L., Lundegren, H., Lago, D., Farrell, P. & Smith, R. (1996) Therapeutic recreation as an intervention for nursing home residents with dementia and agitation: An efficacy study. <i>American Journal of Alzheimer's Disease</i>, 11(5), 4-12. doi:10.1177/153331759601100503</p> <p>City of Fort Wayne (2019). <i>Unwind your mind</i>. Retrieved from http://www.fortwayneparks.org/programs/seniors/community-center/unwind-your-mind.html</p>
Protocol Authors
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Appendix A

UnWind Your Mind's Craft and Connect

Participant Survey

On a scale of 1-5, with 5 being strongly agree and one being strongly disagree please rate your response to the following questions:

BEFORE the Craft and Connect Program...

1. I had a good understanding of the process of the art activity _____
2. I had a good understanding of the materials used in the art activity _____
3. I had a good understanding of how to incorporate mindfulness into my day _____
4. I had a social interactions with the other participants _____

AFTER the Craft and Connect Program...

1. I had a good understanding of the process of the art activity _____
2. I had a good understanding of the materials used in the art activity _____
3. I had a good understanding of how to incorporate mindfulness into my day _____
4. I had a social interactions with the other participants _____

Please include any other comments below:

Appendix B

UnWind Your Mind's Craft and Connect Progress Note

Participant Name:

Date and Time of Program:

Goals of the Program:

- Provide opportunities for creative expression
- Improve cognitive abilities through problem-solving, communication, memory exercises, following directions, and independent decision making
- Display participant talent through weekly rotating art displays
- Assist participants with memory and recall skills through reality orientation and reminiscing activities
- Reduce stress associated with the progression of dementia symptoms through mindfulness breathing
- Help participants determine recreation leisure interests and preferences, as well as supports and barriers
- Expose participants to various recreation opportunities in the community
- Provide opportunities for meaningful connections with individuals in the community recreation programs.
- Improve the quality of life

The intervention was provided with the following outcomes:

Title
Senior Games: Re-Creating Recreation for All!
Brief Description of TR Service/Program
The Senior Games is a 3-week program that encourages physical, social, and mental engagement. The program offers 36 activities such as, shuffleboard, pickle ball, canoeing, bridge, mahjong, and many more. All are welcome to participate in events. Adaptations will be made to accommodate all levels of skills and abilities. Some events are geared towards people who may be less active, such as Wii Bowling, Croquet, Timed Walk, etc. All participants must complete and register with medical clearance.
Research on Efficacy/Literature Review Summary
<p>People are living longer, and the older population is expanding in almost every country worldwide (United Nations, 2015). In the United States, the number of adults over age 65 is expected to account for 25% of the population by the year 2050. A growing concern among health care and elder care professionals is the quality of well-being of the older population. A longer lifespan doesn't equate a healthier one. In fact, the US Department of Health and Human Services reports a significant increase in chronic illnesses, while the Centers for Disease Control found that less than 1/3 of the older population follow the CDC guidelines of following a weekly exercise program that consists of at least 150 minutes of moderate activity per week (Cardenas, Henderson, & Wilson, 2009a). Though people are living longer, most are living sedentary lifestyles that later lead to chronic physical and/or medical health problems.</p> <p>Health and functioning variabilities differ among the aging population for multiple reasons, including individual, environmental, and genetic factors. While it's true that an aging body declines and weakens due to accumulated damage to cells weakening the immune system (United Nations, 2015), the belief that older adults are unable to "maintain vigor and high functioning through to death" is based on the stereotype that people lose vitality and energy as they age (Cardenas, et al., 2009a, p42). Until the last part of the 20th century, old age was related to the stigma of deterioration and dependency (Eman, 2012). To fight that stigma, concepts of successful aging have developed that promote old age as a time where one can enjoy "activity, productivity, and agelessness" (p468). As a result, older adults are beginning to separate themselves from "old age" and are instead generating positive definitions related to how they feel, appear, and act.</p> <p>Research suggests that regular participation in exercise and sports activities boosts successful living for older adults physically, psychologically, and socially (Park, Lee, & Min Jeong, 2016). Physical benefits of regular exercise for older adults include reduction of functional declines, improved cardiovascular functioning, reduced risk of falling, and improved strength (Cardenas, Henderson, & Wilson, 2009b). Those who participate in competitive sports benefit psychologically by celebrating their performance and achievements, and through inspiring others or being inspired to participate (Eman, 2012). Further, senior athletes report feeling better mentally by being physically challenged, and that consistent training and competition help keep them motivated to improve over previous performances (Heo, Culp, Yamada, & Youngshin, 2013). Additionally, because older adults are likely to be excluded from sports and athletic competition, sports participation increases social skills by facilitating relationships and interdependence among seniors, promoting confidence and independence, reducing loneliness, and instilling a sense of purpose (Sport & Social Exclusion, 2002). Finally, research shows there is a positive correlation between serious leisure and leisure satisfaction (Park, et al., 2016).</p> <p>The National Senior Games Association (NSGA) formed in 1985 to "promote healthy lifestyles for adults through education, fitness, and sports" (National Senior Games Association, 2019). Their first event, in 1987, had approximately 2,500 participants. The games are held nationally every other year, and in 2017 they had over 10,000 athletes competing in 20 sports. The NSGA is divided into five regions that include all 50 states which host a number of smaller community competitions. Some events are annual, while others occur year-round.</p> <p>Seniors who participate in Senior Games are shown to be physically stronger and healthier, more active in their community, and have meaningful social relationships (Cardenas, et al., 2009a). Further, those who participate in year-round games preserve their well-being through continuous training as well as coaching others in sports (Cardenas, et al., 2009b). Competitive sports participation also increases opportunities to develop and maintain positive social relationships and community involvement.</p> <p>Inclusion of seniors with disabilities in competitive sports is especially important as they are commonly excluded from similar events because of isolation and poor mobility (Sport & Social Exclusion, 2002). The World Health Organization found that "people lost an average of nine years of healthy life due to disability in 2013" (United Nations, 2015). "Maintaining physical activity with its impact on coping and mobility pays off most for this population" (p1), therefore it's essential to offer games and activities that are accessible and</p>

inclusive by providing environmental accommodations, training event staff on disability competence, and allowing for equipment and rules adaptations to empower individuals with disabilities to participate in the activity of their choice.

Finally, and perhaps one of the most important contributors to the well-being of older adults, social continuation occurs as participants carry on with their exercise program independently beyond an organized program like Senior Games. Dattilo (2014) attributed the exercise continuation to one's increase of perceived control over their physical and mental well-being. Thus, older adults benefit from competitive activities not only by improving their physical health, but by increasing their perceived well-being and positive social connections as well.

Referral Criteria

Participants aged 50 and over interested in increasing their physical, social, and mental engagement. (Age categories vary with each event). Anyone interested in participating should review the events they wish to enter and choice of registration options. After review, they should complete the proper entry form to submit with payment to the Fort Wayne Parks & Recreation Department Community Center by the application deadline. Participants should consult with their physician and receive medical clearance about participating in events prior to submitting entry form.

Goals

- Improve positive emotion and overall well-being through physical, social and mental involvement.
- Participants will continue to promote a healthy lifestyle throughout the year.

Measurable Objectives

- Participants will report an increase in physical activity when asked on the post-evaluation form.
- Participants will report an increase in overall happiness on the post-evaluation form.
- Senior games participants will continue to attend at least one weekly activity at the Fort Wayne Community Center.
- Participants will engage in moderate activity at least 150 minutes a week in their free time.

Time Required

The Senior Games will be offered for a 3-week period. The minimum amount of time for an activity will be an hour in length, but some activities may last as long as 3 hours. The program length will be based on the activity in which the individual chooses to participate. For example, cornhole is offered on Friday mornings, from 9:30 am-11:30 am. Participants should report to the event coordinator at least 30 minutes prior to the event.

Materials, Equipment, and Resources Needed

Materials, equipment, resources and awards will vary based on the activity being offered. Each participant should ensure that they have appropriate clothing and footwear for the activity they are competing in. Rule books and instructions for each activity will be available to all participants. Event t-shirts will be provided for participants prior to the opening ceremony. Outdoor events will be held rain or shine, and weather appropriate clothing should also be taken into consideration. A medical tent will be onsite with first aid supplies and resources. Resting tents will be available to provide shade, and will include seating and hydration stations.

Activities (Content)

The Fort Wayne Senior Games will be offering 36 activities for seniors 50 years and over to compete in. The event will begin with an opening ceremony that includes the Senior Games Proclamation and a torch lighting by the Mayor of Fort Wayne. On opening day, the Senior Games will offer a Health & Wellness Fair with tips for healthy eating, Community Center class demonstrations, health assessments, fun games, and much more to start the Senior Games.

Activities being offered will include:

- Archery
- Basketball Free Throw
- Basketball Around the World

- Billiards
- Bocce
- Bowling
- Bridge
- Canoeing
- Casting
- Checkers
- Chip and Putt
- Connect 4
- Cornhole
- Croquet
- Darts
- Disc Golf
- Euchre
- Fishing - Casting
- Fishing Derby
- Foot Golf
- Golf Chip & Putt
- Horseshoes
- MahJong
- Mini Golf
- Pickleball
- Pinochle
- Shuffleboard
- Softball Hitting
- Softball Throw
- Spades
- Table Tennis
- Timed Walk
- Walking Tour
- Wii Bowling

Many games are designed to match most abilities, skill levels, and interests while encouraging friendly and equivalent competition. Games can be arranged to accommodate physical and other variations. Examples of accommodations include accessible boat launch for canoeing, allowing wheelchairs in basketball and foot golf, auditory cues for visually impaired, and permitting peer support during individual events such as walking and cycling.

Methods (Process)

- Market Senior Games event throughout community with brochures, social media, flyers, and signage. All marketing materials will include the international symbol of access to highlight inclusivity.
- Have each participant complete entry form, and submit payment along with requests for accommodations.
- Host the opening ceremony with torch lighting, continental breakfast, health fair, and have participants complete initial well-being questionnaire.
- Staff will organize and setup each activity according to its specific rulebook.
- Throughout the course of the Senior Games activities, the instructor will give demonstrations and descriptions of each activity being led.
- Participants are encouraged to bring a companion to assist with chosen activities as needed. Companion, or peer support person, will need to complete a separate registration form and submit with payment.

<ul style="list-style-type: none"> • Staff will monitor activities, adherence to rules and the participants safety throughout the 3-week program. • At the end of the senior games, participants will complete the post well-being questionnaire. • Staff will lead the closing ceremony which includes the cookout, door prizes and distribution of awards. • Sign language interpreters will be provided at all ceremonial events. • In addition to the Senior Games, many events will continue to be offered throughout the year to encourage ongoing participation and socialization and to promote a healthy lifestyle.
<p>Leadership Variations (based on age, ability, etc.)</p>
<p>Be sure everyone knows to only participate in activities that they feel comfortable doing, including any physical movements or contact with other participants. Staff should always be friendly and encouraging to create a fun and meaningful environment as well as eliminating any fear or negative feelings. Consider any medication side effects, mechanical devices, adaptive equipment, modifications, group layout such as specific seating, different behavioral or leadership styles/strategies. Read the mood of the group and adjust leadership techniques accordingly.</p>
<p>Expected Outcomes and Contraindications (benefits and harms)</p>
<p>Expected outcomes for participants will include:</p> <ul style="list-style-type: none"> • An increase in physical activity and awareness • An increase in enjoyment of competitive sports • An increase in social skills • Development of leisure competence • Improvement of living a healthy lifestyle by continuing to train, be active, and improve performance for the following year's senior games competition <p>As indicated on the entry form, participants should consult with their physician before competing in the Senior Games to avoid injury. Be aware of any medication side effects that would be impacted by increased exposure to sunlight or increased physical activity. Participants interested in the senior games should be aware of any chronic health conditions that may impact their performance or ability to compete. Participants should choose activities that have an appropriate level of difficulty that corresponds with their physical abilities.</p>
<p>Documentation (forms, frequency, etc.)</p>
<ul style="list-style-type: none"> • Participants will complete entry form before participating • Officials will document overall winners, age group winners, and participants who complete each event • To record participant's progress, pre and post well-being evaluations will be completed
<p>Evaluation Plan</p>
<p>Progress will be evaluated by comparing the pre and post well-being questionnaire forms. There is an expected outcome of an overall increased score for at least 75% of participants.</p>
<p>Staff Qualified to Deliver Service (training or certification requirements)</p>
<p>Those implementing these activities will be qualified staff members with experience and knowledge in a specific activity area. The ideal candidate will have previous experience working with a senior population, will have extensive knowledge of disability competence, and understanding of health variations, including diabetes, obesity, and heart disease. Although not a requirement, it is highly desirable for a staff member to be a certified therapeutic recreation specialist. All staff will have CPR, AED, and First Aid training. Upon request through participant registration, sign language interpreters will be made available.</p>
<p>Safety/Risk Management/Precautions</p>
<p>Participants should consult with their physician prior to participating in events to ensure their individual safety. For an additional safety measure, the Health and Wellness Fair will offer testing on grip strength, hearing,</p>

flexibility, body mass index, blood pressure, balance and waist/hip ratio. Instructors should monitor participants for safe physical movements during physical activities, and ensure that modifications are demonstrated and utilized when needed throughout the session. Inform participants about the increased risk of injury from physical activity. Participants should stop involvement in an activity immediately if they are experiencing discomfort or pain.

Attachments (handouts, forms, etc. needed to implement program/service)

- Perceived Well-Being Questionnaire (Pre-Games): See Appendix A
- Perceived Well-Being Questionnaire (Post-Games): See Appendix B
- Games Brochure and Registration Form:
http://www.fortwayneparks.org/images/PDF/Senior_Games_19.pdf
- Senior Games Rules:
http://www.fortwayneparks.org/images/stories/Facilities/CommunityCenter/SG_alpha_rules_2017.pdf

Reference List

- as, D., Henderson, K. A., & Wilson, B. E. (2009a). Experiences of participation in senior games among older adults. *Journal of Leisure Research*, (1), 41.
<http://search.ebscohost.com/login.aspx?direct=true&db=edsgao&AN=edsgcl.194332097&site=eds-live>
- as, D., Henderson, K. A., & Wilson, B. E. (2009b). Physical activity and senior games participation: Benefits, constraints, and behaviors. *Journal of Aging and Physical Activity*, 17(2), 135–153.
<http://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=2009-17636-001&site=eds-live>
- J., Martire, L., Gottschall, J., & Weybright, E. (2014). A Pilot Study of an Intervention Designed to Promote Walking, Balance, and Self-Efficacy in Older Adults with Fear of Falling. *Educational Gerontology*, 40(1), 26–39. <https://doi.org/10.1080/03601277.2013.768067>
- . (2012). The role of sports in making sense of the process of growing old. *Journal of Aging Studies*, 26(4), 467–475. <https://doi.org/10.1016/j.jaging.2012.06.006>
- on and older people in sport. (2002). *Sport & Social Exclusion*. 7, 113-122.
<http://search.ebscohost.com/login.aspx?direct=true&db=edo&AN=16864599&site=eds-live>
- Culp, B., Yamada, N., & Youngshin, W. (2013). Promoting successful aging through competitive sports participation: Insights from older adults. *Qualitative Health Research*, 23(1), 105–113.
<https://doi.org/10.1177/1049732312457247>
- dy, M.L. and Long, B. C. (1985). *Locus of Control, Attitude Toward Physical Activity, and Exercise Adherence*. *Journal of Sport Psychology*. 7(4), 346-359.
<https://pdfs.semanticscholar.org/d2ea/86564a451189bcc6a420351ab0462cc9b565.pdf>
- l Senior Games Association. (2019). <https://nsga.com>
- .W., Lee, C. W., & Min Jeong, K. (2016). Effect of serious leisure experience on the leisure satisfaction among senior sport games participants. *Journal of Physical Education & Sport*, 16, 584–591.
<http://search.ebscohost.com/login.aspx?direct=true&db=s3h&AN=119068643&site=eds-live>
- Population Ageing. (2015). *United Nations, Department of Economic and Social Affairs, Population Division*.
https://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2015_Report.pdf

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Appendix A

Perceived Well-Being Questionnaire (Pre-Games)

Name: _____

Strongly Disagree Disagree Neutral Agree Strongly Agree

I am moderately active at least 30 minutes 5x weekly	1	2	3	4	5
I see my as physically fit	1	2	3	4	5
I perceive myself as a happy person	1	2	3	4	5
I feel connected to my community	1	2	3	4	5
I am confident in my physical ability	1	2	3	4	5

Total Score _____

Appendix B

Perceived Well-Being Questionnaire (Post-Games)

Name: _____

Strongly Disagree Disagree Neutral Agree Strongly Agree

I am moderately active at least 30 minutes 5x weekly	1	2	3	4	5
I see myself as physically fit	1	2	3	4	5
I perceive myself as a happy person	1	2	3	4	5
I feel connected to my community	1	2	3	4	5
I am confident in my physical ability	1	2	3	4	5

Total Score _____

Title
Memories: Creative Arts: A Book Making Workshop
Brief Description of TR Service/Program
Memories Book Making Workshop is an engaging and fun experience where you create your own life storybook by documenting your favorite old and new memories. A storybook is different from a photo album or a scrapbook, in that it is designed by using only one photo or image per page paired with a few descriptive words or phrases. Making this book is an interactive process that fosters positive engagement, reminiscence, and social connections. The end result is a wonderful cognitive tool that can support memory loss by providing visual cues and reminders that are enjoyable, memorable, and supportive in the home. Joining this workshop is a great way to connect and spend time with your loved one, friend, caregiver, companion, or anyone in your circle of support.
Research on Efficacy/Literature Review Summary
<p>“Remembering the past can bring a new awareness to the present.” (Latha, et al., 2014) Robert Butler first pointed out the benefits of remembering the past in 1963; and as this concept gradually came to be accepted, reminiscence was finally recognized as a “therapy” in the 1980s. Latha, et al., (2014), explains that “reminiscence therapy, through involving participants in recalling and sharing past events to enhance psychological wellbeing, is a popular psychosocial intervention for older adults”, thanks to Butler. Reminiscence therapy continues to be explored and researched. Gil, et al., (2018) explains that quantitative research on the effectiveness of Reminiscence Therapy can lead to the enhancement of further interventions aimed at older people to aid in cognitive impairment, reduction of depressive symptoms, and to improve quality of life. Researchers such as Marianne Blake have explored the effectiveness of reminiscence group therapy “as a non-pharmacological tool for reducing depressive symptoms commonly associated with dementia”. According to Blake (2013), “Standard primary treatment for depression or depressive symptoms is often pharmacological intervention, but NICE (National Institute for Health and Clinical Excellence and Social Care Institute for Excellence) recommends that psychosocial interventions be provided in addition to, or in place of, medication.” “The biggest impact of cognitive impairment is depression” (Jo & Song 2015). Depressive symptoms in patients with dementia may lead to lowered cognitive and physical functioning. Depression may then lead to a decrease in ego-integrity. Reminiscent therapy allows patients to look back on their past and recognize the value of their life. “Attainment of ego-integrity is integral to human development and, as such, is an essential task for all older people” (Jo & Song 2015). Melendez, et al. (2017) examine the different forms of cognitive or memory impairment and the effectiveness of reminiscence therapy. “A special type of memory that is affected differently during the course of the pathology is Autobiographical Memory (AM). This is the uniquely human form of memory that moves beyond the recall of experienced events to integrate perspective, interpretation and evaluation of the self, others, and time, creating a personal history.” “The almost complete loss of autobiographical memory about the person’s life could lead to a disconnection between past and present, which can contribute to difficulties in retaining a clear sense of one’s personal identity” (Melendez, et al. 2017). Thus, intervention such as reminiscent therapy can help bridge the gap between past and present.</p> <p>Crook, et al., (2016) explains how reminiscence therapy is a concept associated with cognitive stimulation therapy; a technique which also involves the use of items as memory aids. “Cognitive stimulation therapy provides cognitive benefits for people with dementia. These positive effects include improvements in communication and quality of life, on top of any benefits brought about by medication”. “Cognitive stimulation therapy involves participating in a variety of activities, usually within a group setting, which improve general cognitive and social functioning. Aspects of reality orientation and reminiscence therapy are incorporated and help to orient people to their current environment and trigger memories using materials, such as objects and photographs, sometimes drawn from a personal collection of items.” With the use of memory aid items such as personal photographs, a useful tool in the realm of reminiscent and cognitive stimulation therapy is memory books. As explained by Andrews-Salvia, Roy, & Cameron (2003) many memory books categories include the topics such as “my life”, “my family”, or “my day” for therapeutic use.</p> <p>Memory aids such as memory books have been shown to provide many benefits; specifically, to individuals who have memory impairment due to dementia. One study as reported by Andrews-Salvia, Roy, & Cameron, (2003) finds that through the use of memory aids, “individuals with moderate dementia made more factual statements and fewer ambiguous utterances”. Another study reports that individuals with dementia “increased the number of factual statements and decreased ambiguous, unintelligible and perseverative utterances” (Andrews-Salvia, Roy, & Cameron, 2003). Further benefits included improved communication with</p>

care-givers or staff including longer time spent engaging in conversation. Andrews-Salvia, Roy, & Cameron, (2003) describes the features of dementia with memory impairment being the most dominant and deficits in communication being associated. "Such memory deficits contribute to conversational discourse that has been described as confused, incoherent, perseverative, and ambiguous with few factual and on-topic statements" (Andrews-Salvia, Roy, & Cameron, 2003). Making it difficult for listeners to understand the spoken message and interfering with communication and meaningful interaction. Memory aids such as memory books have been shown to improve these communication skills to overcome these deficits. Bourgeois, et al., (2001) explains that memory aids "serve as compensatory purpose" across the following four skill domains: linguistic, operational, social, and strategic competence. "Linguistically, memory books provide the semantic content- in the form of sentences, words, or phrases; pictures; and access to additional semantic information stored in long-term memory- that is the hallmark deficit area in dementia." "Operationally, memory books capitalize on preserved procedural memory skills, such as reading aloud, page turning, and so forth, as long as the sensory/perceptual and cognitive demands of the individual are addressed." "In the social domain, memory books capitalize on preserved discourse strategies and a desire to communicate on the part of residents with dementia, thereby facilitating their expression of wants and needs and their active participation in daily life activities. Additionally, memory aids promote information transfer and social closeness, two features... that are necessary for developing and maintaining interpersonal relationships." "Finally, as a strategic skill, memory aids are, by their very nature, compensatory strategies that compensate for memory loss and help to access stored memories" (Bourgeois, et al., 2001).

The process of creating a memory book often includes a life review process. Subramaniam, Woods, & Whitaker, (2014) explains life review as "a highly structured form of reminiscence, which allows the participant to ascribe meaning and value to his/her life, and to come to terms with uncomfortable issues." "Life review typically involves individual sessions, in which the person is guided chronologically through life experiences, encouraged to evaluate them, and may produce a life story book". Subramaniam, Woods, & Whitaker (2014) describe the psychosocial benefits of using life review of life story process as follows:

- Enhanced well being
- Improvements in mood
- Improvements in some components of cognitive function
- Reductions in disorientation
- Reductions in anxiety
- Improvements in self-esteem
- Improvements in memory
- Improvements in social interaction
- Improved quality of life
- Increase in communication

Similarly, Latha, et al. (2014) describes that Reminiscence and life review has been found to:

- Increase life satisfaction
- Lower or prevent depression
- Engage people with dementia
- Promote social interaction
- Reduce chronic pain
- Assist with cognitive orientation
- Improving staff/ resident/ family relations

Subramaniam, Woods, & Whitaker (2014) describe a study where the benefits of not only the memory book, or life story book itself, but also the process; "the drafted life story book helped the participant to recall the previous session and continue to engage in progressing through the life review. In addition, the drafted life story book also appeared to help in building trust and a meaningful relationship with the therapist." Also, "despite the progressive nature of dementia, persons with dementia showed they still had the ability to recall past memories and to experience improvements in their perceived quality of life." "This provides an opportunity for care staff, activity officers and other professionals to use life review and story book as a part of care activity to improve and maintain quality of life, cognitive function and mood of individuals with dementia as long as possible."

Moreover, the creation of the memory book provides cognitive benefits also. Not only is long term memory employed in the reminiscing of life events, but short-term memory is also utilized in the form of the working memory while creating the book. "Working memory is a form of short-term memory that enables us to hold multiple ideas in our conscious mind long enough to manipulate them." "All creative roads travel through

working memory” (Patterson & Perlstein, 2011). According to Patterson & Perlstein, creative activity and certain creative challenges “may foster repair and growth of brain structures”. The authors suggest that we possess different types of intelligence: cognitive, physiological, and emotional. And “only by expressing the full range of our creative intelligences can we capture the breadth, depth, and splendor of our existence throughout the life course”. “It is now known that the human brain can continue to grow new neurons in the hippocampus, the brains memory maker... but neurogenesis is a two-step process. The newly generated brain cells must be put to work or they will atrophy and die. Mental stimulation does the trick” The author further suggests that engaging in a creative arts activity is effective as mental stimulation because it engages “combinational activities”.

Patterson & Perlstein’s 10 key elements for cognitive enhancement within the creative arts:

1. Physical activity and movement
2. Mental challenge and stimulation
3. Social interaction, bonding, and support
4. The need to acquire and refine new skills
5. Activities that are multi-modal and combinatorial
6. Enriched and stimulating environments
7. The room to fail and the wisdom to learn from failure
8. Sufficient challenges to create mild (beneficial) stress
9. Pleasure, fun, and challenging play
10. Reward

Overall, the most effective techniques used in reminiscence therapy include visual aids and materials that can be utilized, such as a memory book. As described by Latha, et al., (2014) all of which “can generate conversations, valuable recollections and outcomes for the family and generations that follow.”

• Referral Criteria

- Participants who are an adult or senior would mostly benefit from this intervention.
- Participants who would benefit from reminiscence therapy.
- Participants who have had a TBI, Stroke, or an injury affecting the hippocampus area of the brain.
- Participant who are willing to participate in sharing personal information with others.

• Goals

- To inspire conversations and increase socialization.
- To incite creativity, reconnection, and recreation involvement.
- To stimulate reminiscence and memory skills, and improve emotional state.

• Measurable Objectives

- Participant will use photos and memories to recall a brief story creating at least one page for the memory book with support from therapeutic recreation specialist and/or volunteers 2 X a week for 4 weeks (at least 8 pages).
- Participant will share at least one memory with other participants 2 x a week for 4 weeks.
- Participants will engage with others in this social environment as evidenced by demonstrating 2 positive forms of self-expression witnessed and/or received by other participants.
- Participants will build cognitive memory support by engaging passively or actively in reminiscence discussion as guided by the CTRS/dementia training facilitator.

Time Required

Allow 1.5 hours for this workshop
Adapted One Hour Workshops can be offered as well

Materials, Equipment, and Resources Needed

- 3-10 personal photos or images (printed, scanned, or originals)
- Handout (below)
- One-inch white binders (with sleeve for cover)
- Sheet protectors
- 8.5 x 11 computer paper

- Post It Notes
- 12-inch ruler
- Pencils with Erasers
- Sharpie Markers
- Pens
- Scotch tape, double-sided tape, or photo tape or corners
- Optional (Stickers, colored tape or stickers, fabric, colored construction paper)
- USB stick

Computer Requirements in the Environment for Workshop Facilitators and Volunteers

- Microsoft Word program: See Template attached
- Printer with color Ink
- 8.5x11 paper
- Copy Machine
- Scanner or CamScanner on phone

Activities (Content)

Come prepared for workshop! It starts at home by collecting and choosing 3-10 photographs that you will bring with you to be placed inside your storybook. Have family member attach facts, name, helpful information to each image if they will not be present at the workshop. Each participant will be provided with one white binder and a template that can be used at a table or done at the computer using a scanner, Microsoft word, and a printer. Dementia trained members of Fort Wayne's volunteer family will work side by side to assist and guide you in the process for creating the first 5 pages of your book. All volunteers can assist and demonstrate individualized adaptations, tools and techniques that foster participation and enhance communication. Participants can take their book home and continue as an in-home project or return back to the workshop each month as an on-going club. It is a great activity that can be updated and saved to share with family and friends.

Methods (Process)

Creating Your Storybook

1. Invite the participants and their partner or Fun Times volunteer to sit next to each other in front of their white binder
2. Introduce yourselves and read the opening paragraph from the template provided inside their white binder
3. Talk about the idea and or begin to take out the photos/images they have
4. Sorting what photos or images that should go in the book is a good start- Use categorizing and sorting preparation set up if needed (see below in helpful hints)
5. Look at one picture at a time and write on post-its what they say about each picture and how they respond verbally and not verbally (Example: That is my mother Michelle "or "I love my dog")
6. Use communication template with verbal questions if needed
7. Then begin with one page at a time starting with the book cover of their portrait and create a title
Example: Sara's Storybook or Steve's Memory Book
8. Tape copied photo or image to the page template provided and write about it on the lines underneath
9. Hand to one of the volunteers who will make a color copy and or type the final page for your book.
10. Continue this process for each page- one page at a time
11. Engage and reminisce with each page for about 3-5 minutes
12. Once the volunteer has given you the finished 8.5x11 pages place each page inside one of the sheet protectors inside your book including the cover page
13. Facilitators can choose save all participants books in folders on computer for next visit or upload to USB to send or email to families and participants so they have a copy to share
14. See Handout attached below

Helpful Hints for Creating Pages

Creating Written Material

1. Don't write in script – Print
2. Use thicker lines with a marker rather than a pencil
3. Type in large font
4. Use a Sans Serif font such as Arial or Calibri
5. Use high contrast
6. Hand them the paper and make sure they have reading glasses



Watch their eyes, reactions, and listen to their words...

Tips for Sorting and Categorizing

Photos you LIKE or DO NOT LIKE
OR Sort by size, shape, color...
place, time, person, emotion,



Expected Outcomes and Contraindications (benefits and harms)

Improved recollection and cognition, improved self-assurance, initiation of conversations with peers, and overall feeling of contentedness and well-being.

Adverse circumstances could consist of: difference of opinions, vulnerability to others with whom information was shared, and contemplation of low self-worth (if individual doesn't feel a sense of accomplishment).

Documentation (forms, frequency, etc.)

See attached
Memories Handout
Circle of Friends Scale

Evaluation Plan
<p>Use documentation protocols in place for other bi-weekly or weekly workshops on the Fun Times calendar. Document participants level of engagement by measuring and their level of participation. In addition, the Circle of Friends scale can be used with adaptations and support before the start of the class for each participant to increase awareness of their interests and workshop participants in their circle of support. See attached Circle of Friends scale (enlarge if needed)</p>
Staff Qualified to Deliver Service (training or certification requirements)
<p>CTRS or Recreational Fun Times Staff and Volunteers Intergenerational Volunteers Computer Volunteers for copying, scanning, and creating individualized copies of participants photos and book pages Participants Volunteers</p> <ul style="list-style-type: none"> • Support Participants by adapting or modifying ways to create the pages- Example: writing and/ or taping created pages • Support Participants by encouraging communication between participant teams using communication template provided • Assisting as a Computer Volunteer written above • Set Up and Clean up preparation of materials and supplies <p>Dementia training and or Sensitivity Training for Volunteers and Staff of the Fort Wayne Recreation Center</p> <ul style="list-style-type: none"> • Alzheimer’s Association of Greater Indiana (merged with Fort Wayne)- https://www.alz.org/indiana/about_us • Indiana Health Care Association- https://www.ihca.org/education-dementia/ • IvyTech Community College Dementia Training Program- https://www.ivytech.edu/dementia/ • National Council of Certified Dementia Care Practitioners- https://www.nccdp.org/services.htm • Senior Helpers of Fort Wayne, Indiana- https://www.seniorhelpers.com/fortwayne-in/services/alzheimers-and-dementia-care/ • SeniorLivingU Dementia Training Products- https://www.seniorlivingu.com/product-category/view-products-by-popular-topics/alzheimers-dementia-resources/?gclid=EAIaIQobChMI_8fR8oHx4QIVeFmGCh0qYwYGEAMYASAAEgLM_e_D_BwE
Safety/Risk Management/Precautions
<p>When an experience is recorded as a memory, it can be interpreted as an emotional and/or cognitive assumption. Memories are like video and audio recordings that can be edited and modified and are critical to our sense of self. While performing this activity, it is important to remember that recalling positive memories can be enjoyable and fun and may help symptoms of depression and mental health issues. However, if feelings associated with a memory involved harm, pain or distress, ruminating about past events can also produce a negative impact for some.</p>
Attachments (handouts, forms, etc. needed to implement program/service)
<p>Handout in attachment provided. Each participant can receive a hand-out at the opening of each program and take with them as visual reminder. Hand out can be adapted to include Fun Times relevant information about registration and other necessary forms. See Unwind Your Mind participant forms.</p>
Reference List
<p>Andrews-Salvia, M., Roy, N, Cameron, R.M., (2003). Evaluating the Effects of Memory Books for Individuals with Severe Dementia. <i>Journal of Medical Speech-Language Pathology</i>, 11(1), 51-59. Blake, M., (2013). Group reminiscence therapy for adults with dementia: a review. <i>British Journal of Community Nursing</i>, 18(5), 228-233.</p>

- Bourgeois, M.S., Dijkstra, K., Burgio, L., & Allen-Burge, R., (2001). Memory Aids as an Augmentative and Alternative Communication Strategy for Nursing Home Residents with Dementia. *Augmentative and Alternative Communication*, 17(3), 196-210.
- Crook, N., Adams, M., Shorten, N., & Langdon, P.E., (2016). Does the Well-Being of Individuals with Down Syndrome and Dementia Improve When Using Life Story Books and Rummage boxes? A randomized Single Case Series Experiment. *Journal of Applied Research in Intellectual Disabilities*, 29, 1-10.
- Gil, I., Costa, P., Cardoso, D., Parola, V., Almeida, M., & Apostolo, J., (2018). Effectiveness of reminiscence therapy in improving older people's cognition, depressive symptoms, and quality of life: systematic review protocol. *Revista de Enfermagem Referencia*, 4(16), 155-160. Doi: 10.12707/RIV17055
- Jo, H., Song, E., (2015). The Effect of Reminiscence Therapy on Depression, Quality of Life, Ego-Integrity, Social Behavior Function, and Activities of Daily Living in Elderly Patients With Mild Dementia. *Educational Gerontology*, 41, 1-13. Doi:10.1080/03601277.2014.8998.30
- Latha, K.S., Bhandary, P.V., Tejaswini, S., & Sahana, M., (2014). Reminiscence therapy: An Overview. *Middle East Journal of Age and Aging*, 11(1), 18-22.
- Melendez, J.C., Torres, M., Redondo, R., Mayordomo, T., Sales, A., (2017). Effectiveness of follow-up reminiscence therapy on autobiographical memory in pathological aging. *International Journal of Psychology*, 52(4), 283-290. Doi: 10.1002/ijop.12217
- Patterson, M., & Perlstein, S., (2011). Good for the Heart, Good for the Soul: The Creative Arts and Brain Health in Later Life. *Journal of the American Society on Aging*, 35(2), 27-36.
- Subramaniam, P., Woods, B., & Whitaker, C., (2014). Life review and life story books for people with mild to moderate dementia: a randomized controlled trial. *Aging and Mental Health*, 18(3), 363-375.

Protocol Authors

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**Fun Times
Fort Wayne Community Center**

Memories: A Book Making Workshop

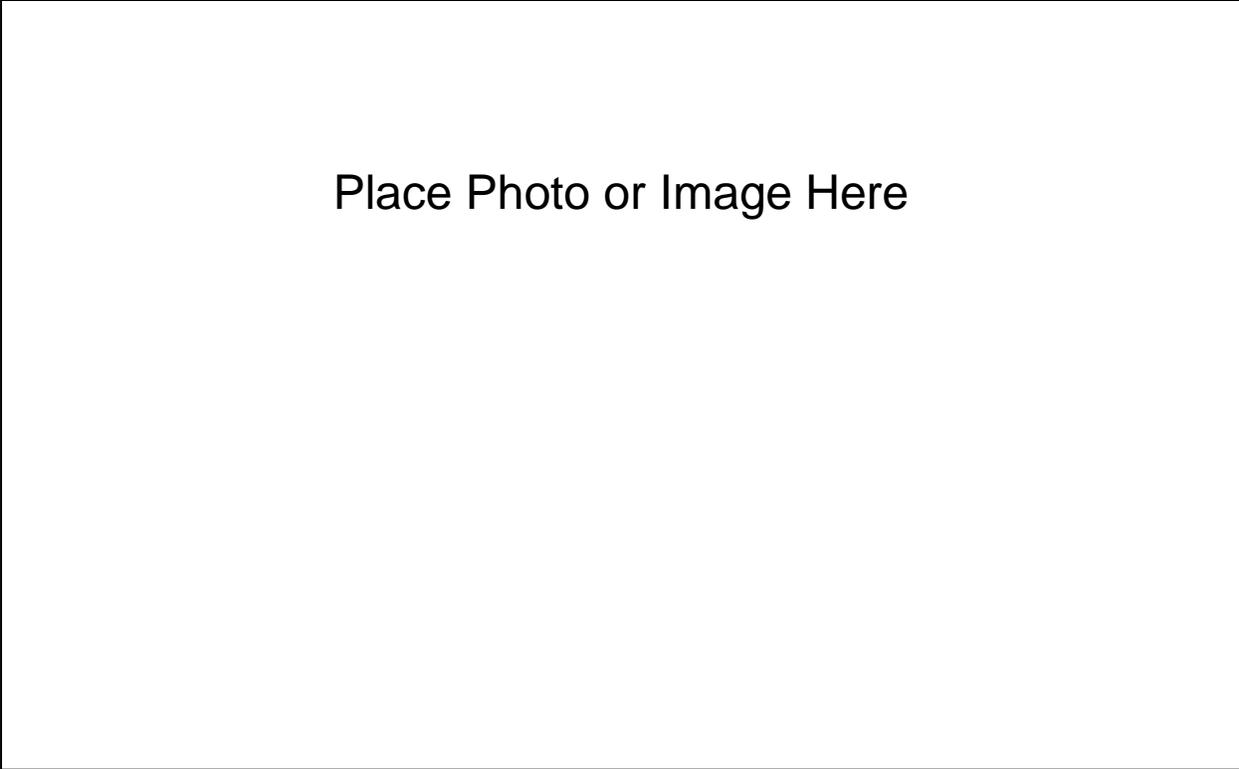
Today we are going to make a storybook. Together we will create a book about you and begin making pages of your favorite old and new memories. We have wonderful volunteers here who will guide you today. It is all about having a good time and making something special to take home with you. Let's begin by taking out the photos/images you and your partner have brought with you today.

Example Page:



ONE IMAGE AND FEW WORDS on a page

Example: The Generations of Beauty
My daughter Cynthia, my granddaughter
Pamela, and me.



Place Photo or Image Here

COMMUNICATION TEMPLATE

Tips for Conversation and Gathering Information.

Watch and actively listen when engaging over photographs and images. People can communicate with words, gestures, and facial expressions. It is more about the feeling and emotion that the picture evokes rather than the details.

Encourage participants and their families to attach names, dates, and other helpful information associated with the photo/image in advance.

Open-ended questions

- ▶ How does this make you feel...?
- ▶ What is the first thing your eyes notice...?
- ▶ What is the best part...?
- ▶ Would you ever...?
- ▶ What would you do if...?
- ▶ Where would you be in the picture...?
- ▶ What colors do you see...?

TELL ME MORE ABOUT THAT...SHOW ME...WHAT IF...

Types of Questions for Engaging and Choosing Photos

Open-ended Questions	Questions with a controlled choice at the end or questions that allow YES or NO responses
<p>A. Who is this in the picture?</p> <p>B. What picture should we look at next for your book?</p> <p>C. Tell me about this picture?</p>	<p>A. Is that your mother with the red hair?</p> <p>B. Would you like to look at this one (show picture) or this one (show other picture)</p> <p>C. Is this you in Paris or New York? Continue: Would you like to go back to Paris? Do you speak French?</p>

It's all about having a good time.

It's about the process not the product- **THINK ENGAGEMENT!**

Other pages and inspiration for the book

1. Photos of family New and Old
2. Photos of their favorite Fun Time activities and classes they attend- Include the day and time of the classes
3. Photos of travel, culture, animals, spirituality and other meaningful memories

4. Photos or information that you would like that person to remember
5. Pictures of artwork they love to look at
6. Lyrics of Songs they love to sing
Example: This is my favorite song ‘Oh what a beautiful morning’ from Oklahoma- Sing with me and play on iTunes.

Examples:

1. “Your husband will be back every night at 6:00 to have dinner with you.
2. Your red cell phone is in the zippered pocket of your purse
3. Every Tuesday and Thursday at 11:00 Paula the Physical Therapist comes to your house
4. The Bus to the Recreation Center comes every day at 9:00 in the morning.

The Next Memories Book Making Workshop is on

_____ at _____
(Day) (Time)

Title
Leisure Education: Social & Leisure Skills: Exploring Your Inner Leisure Identity!
Brief Description of TR Service/Program
As part of Ft. Wayne's Parks and Recreation free seminar program we are offering a leisure education training focusing on social and leisure skills for adults 50 and over. The leisure education training gives adults an insight to leisure opportunities that promote a healthy lifestyle within the individuals personal interest.
Research on Efficacy/Literature Review Summary
<p>Leisure education develops leisure-related skills, knowledge, and attitudes of clients to better meet the needs for leisure involvement (Stumbo & Peterson 2002). It addresses the challenges they may encounter when pursuing enjoyable and meaningful leisure experiences (Dattilo & McKenny 2016).</p> <p>Strategies specifically intended for working with adults with dementia compromised abilities are useful in training and sessions promoting well-being. Slow, calm, relaxed movement, and demeanor are an important approach throughout a session. Instruction during a session should encourage independent participation as much as possible. Body language is a vital part of gaining information about a participant. An awareness of their mood, posture, hand movement, facial expression and tone can help create a positive and meaningful experience for the individual. Every individual has a unique response to the interactions and events happening in their surroundings. Therefore, every therapist or session leader should be flexible and open to a new approach with each participant.</p> <p>Various studies and research on promoting health in adults in the physical, social, and mental domains has led to the need for developing physical activity guidelines. Eime et al. (2013) suggests sports and club-based activities can reduce stress and promote wellbeing. The group interaction indicated better results in health improvement than individual based activities. Individual activities do serve as an important avenue for true self-awareness and should not be disregarded completely as a form of improving well-being. Promoting group-based activity and team sport participation in adult populations at local recreation centers can promote a healthier adult population in specifically in the psychological and psychosocial domains.</p> <p>Stress is a big concern in American culture as it contributes to other conditions such as anxiety, depression and headaches in older adults. One possible way to help alleviate stress and promote positive emotions is to enhance levels of competence. Leisure activities can provide individuals with opportunities to exercise competence. Chang (2014) proposes that a leisure education program can be an avenue to promote leisure competence in reduce stress in older adults. The amount of leisure available to an individual and the varied participation in multiple activities may also increase competence. Leisure education in the general population of older adults was a likely contributor to stress reduction. However, individuals with mental health conditions were excluded from the study and more research on this population should be done before study-based evidence is used in treatments. Evidence of the benefits in leisure education for older adults can be presented to healthcare practitioners and local recreation facilities to improve quality of life and prevent future disease and ailments associated with stress.</p>
Referral Criteria
<ul style="list-style-type: none"> • STANDARD 1: ASSESSMENT. The Recreational Therapist will respond and receive regulatory requirements and policies which are consistent with standards for the setting of requests which include referrals and physician orders. The physician orders will include assessment and treatment (ATRA, 2019). • An individualized assessment to collect comprehensive, systematic and accurate data is necessary to determine a course of action subsequent individualized treatment plan (ATRA, 2019). • The Recreational Therapist and Recreational Therapist Assistant will work under the clinical supervisor to collect comprehensive, systematic and accurate (ATRA, 2019). • The individual will need a physician's order for Therapeutic recreation.

<ul style="list-style-type: none"> • The Recreational Therapist will need to do an assessment on the individual's strengths and needs. • The clinician will work with the Recreational Therapist to implement treatment. • Prescriptions may include activities below depending on their capabilities and outcome of their assessment. • The Recreational Therapist will make recommendations on the activities for the client after their interview and assessment. The Recreational Therapist will take the individuals request for activities and the recommendations that they have made and come up with a Therapeutic Recreation plan. • If clinician or recreation therapist recommend leisure education as a part of their treatment plan, they will be scheduled into an available spot that is convenient for their schedule.
Goals <ul style="list-style-type: none"> • Increase awareness of resources for leisure experiences to provide a flourishing environment in the adult community. • Increase awareness of barriers and challenges and how to overcome them to provide a flourishing environment in the adult community. • Provide social skills training to Improve positive feelings produced by social interactions associated with leisure.
Measurable Objectives <ul style="list-style-type: none"> • Participants will understand the basic concept of the four elements of flourishing. Challenge, connectivity, autonomy, and valued competencies. • Participants will list 5 leisure activities while attending a seminar. • Participants will list resources available within their community for their leisure activity. • Participants will state one challenge in social interactions they intend to be mindful of during their social leisure pursuits.
Time Required <p>1 hour</p>
Materials, Equipment, and Resources Needed <p>Materials:</p> <ul style="list-style-type: none"> • Handouts, paper, pens, tables, chairs, classroom/activity room, poker chips or small tokens, drinking water and cups. • Provide enough supplies for a group of 4-10 and therapist. <p>Resources:</p> <ul style="list-style-type: none"> • Two staff member including a CTRS • Additional activities catering to adults can be found in the online brochure: https://issuu.com/fwparcs/docs/spring_2019_web • Individuals will need to register for some of the activities. Some activities have fees and age restrictions.
Activities (Content) <p style="text-align: center;">Leisure Skills-Leisure Coat of Arms</p> <p>The purpose of this activity is to increase participants' awareness of the personal meaning of leisure in their lives and to increase their awareness of their personal leisure values.</p> <p style="text-align: center;">SOCIAL INTERACTION SKILLS - I, Me, or My</p>

The purpose of this activity is to improve participants' awareness of conversational skills and listening skills

Methods (Process)

Leisure Skills-Leisure Coat of Arms

Preparation: Gather supplies; make one copy of handout for each participant.

Introduction: **5 minutes**

Activity Description: Ask the participants to sit in a circle or around a table. Explain the purpose of the activity to the participants.

Distribute a handout and pencil to everyone. Instruct everyone to fill out the six sections according to the following questions:

1. What do you regard as your greatest personal achievement in leisure to date?
2. What leisure activity do you most enjoy?
3. Do you feel that if you develop your leisure skills it will help you in your day to day life?
4. What are your goals for leisure?
5. Where do you see yourself in 5 years?
6. What new leisure skill would you like to develop?

Participants may draw or write descriptions according to their own desires. Allow **10 minutes** to answer the questions.

Discussion may focus on sharing of each person's coat of arms, why they chose their responses, what the entire coat of arms says about each person. The values revealed in the sixth question, and other probing questions.

The following debriefing questions can be used for discussion and closure.

Debriefing Questions (**10 minutes**)

1. What did you learn about your leisure values through this activity?
2. What did you learn about the personal meaning leisure has for you?
3. Summarize your coat of arms to make one statement to the group about yourself.

Leadership Considerations

1. Allow individuals to be creative in their completion of their coat of arms.
2. Encourage discussion among group members.
3. Have a completed coat of arms as an example for the group.

Variations

1. Questions for the coat of arms may be changed to fit the needs of the group.
2. Participants may be asked to fill out the coat of arms of their "significant others" to reveal their perceptions of how others see them.

SOCIAL INTERACTION SKILLS - I, Me, or My

Preparation: Gather supplies. Arrange room so participants can move around.

Introduction: **5 minutes**

Activity Description: Explain the purpose and rules of the activity. Discuss how conversations can be monopolized by talking about oneself too much. Ask for examples of conversations from the participants' experiences where someone had dominated a conversation by talking exclusively about himself or herself. Distribute five poker chips or tokens to each participant. Ask each participant to find a partner.

Ask the partners to engage in conversation with each other. Each time a participant says “I,” “me” or “my,” he or she must pay a chip or token to the other person in conversation. Total time for conversation activity should be **10 minutes**.

The person with the most tokens at the end of the activity wins. The following discussion questions can be used for closure.

Debriefing Questions (10 minutes)

1. Why is it important to not monopolize a conversation by talking solely about yourself?
2. What are ways to avoid monopolizing a conversation?
3. What are characteristics of a “good” conversation?
4. How important are listening skills in a conversation?
5. How good of a listener are you?

Social Interaction Skills

1. In what ways could you improve your conversational skills?
2. In what ways could you improve your listening skills?
3. What did you learn today that you can use in your next conversation?

Leadership Considerations

1. May encourage participants to ask questions that their partner is likely to respond with I, me, or my.
2. Focus on the purpose and goals of the activity instead of the collection of tokens.

Variations

1. Have participants switch partners about every two minutes.
2. Change the penalized words to meet the group’s needs. For example, a token penalty for every time a person interjects “well” or “like” or “um.”

Allow for **10 minutes** of casual discussion with participants and one on one conversations for individuals who may not want to speak up in the group setting.

Leadership Variations (based on age, ability, etc.)

Adaptations in questions asked, length of activity, and presentation format shall be adjusted based on age and abilities. Additional resources are recommended for individuals with hearing impairments and vision impairments. Additional staffing may also be needed for individuals who are non-ambulatory to help document their leisure preferences and activities.

Expected Outcomes and Contraindications (benefits and harms)

Strengths

- Self-worth
- Stress relief
- Relief of depression
- Gain skills in a variety of activity
- Gain strength in muscles
- Gross motor strength
- Fine motor strength
- Build social skills
- Emotional well being
- Build interpersonal skills

Harms

- May suffer from further injuries in future leisure activity

- May increase behaviors
- May induce self-injury if they do not want to participate
- Frustration and negative emotional reaction or triggers due to realized challenges associated with participation in certain leisure activities.

Documentation (forms, frequency, etc.)

Therapeutic Recreation Plan:

- A Progress note will be kept on file at recreation center and will be filled out for every participant attending the seminars.
- Progress notes will be available for RT's leading other programs so information can be shared and accessible.

Evaluation Plan

- After the Recreational Therapist receives a prescription for an individual to receive Therapeutic Recreation, they will do a full evaluation.
- The Recreational Therapist will look at reports from all professionals I.e. Physician report including the diagnosis, Occupational Therapist, Psychical Therapist, Behaviorist etc.
- The Recreational Therapist will interview the individual and asses them. If they are non-verbal, they will interview their family or staff members.
- A short assessment will be given to the participants before and two weeks after seminar to help in determine the effectiveness of the leisure education program.

Assessment questions:

- Do you believe you have the ability to do the leisure activities that interest you?
- Do you enjoy casual conversation with people during your leisure activities?

Staff Qualified to Deliver Service (training or certification requirements)

- Licensed Recreational Therapist- a BA in Recreational Therapy, or the necessary graduate courses to become licensed through NCTRC, the required
- Information from NCTRC below:

ACADEMIC PATH

The Academic Path is designed for the traditional academic graduate. The steps include:

- Completion of Bachelor degree or higher with concentration in Recreational Therapy (Therapeutic Recreation)
- Completion of a minimum 14 week / 560 hour internship supervised by a CTRS
- Successful completion of the NCTRC Certification Exam

EQUIVALENCY PATHS

Equivalency paths are designed for applicants who have accomplished extensive work in RT in combination with designated coursework to meet the NCTRC Certification Standards:

PATH A

- Completion of a Bachelor degree or higher
- Completion of specific coursework in Recreational Therapy (Therapeutic Recreation)
- Five (5) years full-time paid work experience in Recreational Therapy (Therapeutic Recreation)

- Successful completion of the NCTRC Certification Exam

PATH B

- Completion of a Bachelor degree or higher
- Completion of specific coursework in Recreational Therapy (Therapeutic Recreation)
- One (1) year full-time paid work experience in Recreational Therapy (Therapeutic Recreation) under the supervision of a CTRS
- Successful completion of the NCTRC Certification Exam

(NCTRC, 2019).

Safety/Risk Management/Precautions

- Further injuries
- Stress and anxiety if they cannot do the activities they were once used to with new implemented accommodations and adaptations

Attachments (handouts, forms, etc. needed to implement program/service)

Prescription for Recreation Therapy from clinician:

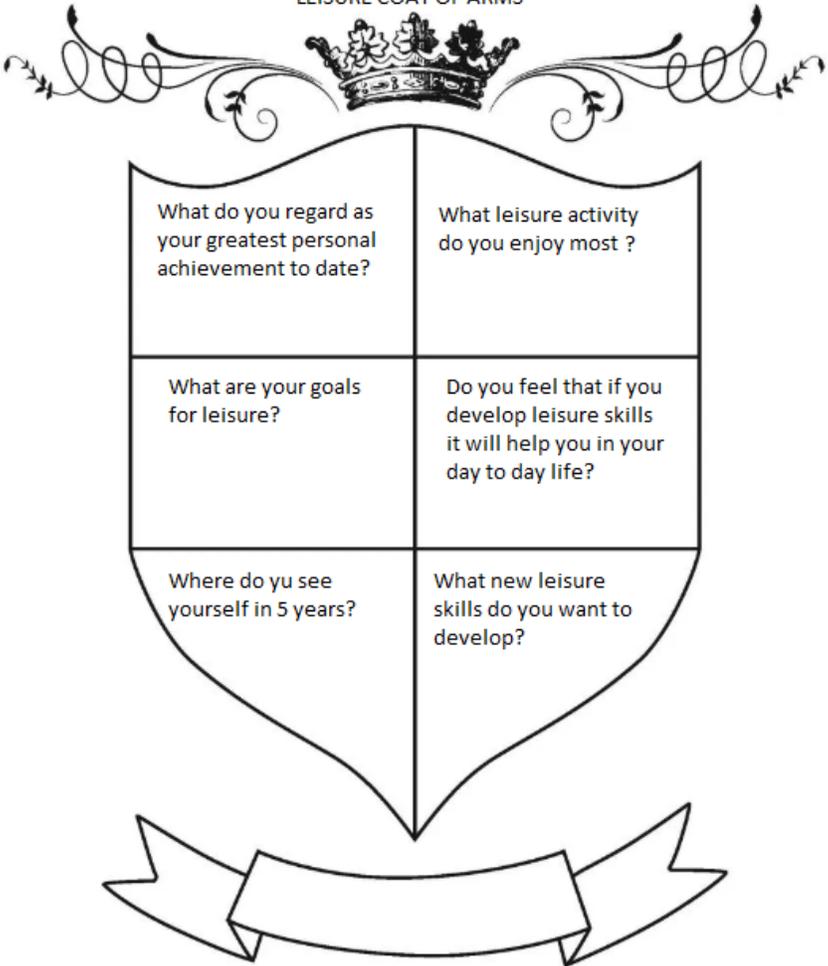
Sample Therapy Prescription

- Patient Name: _____ DOB: _____
- Physician: _____ Date: _____
- Diagnosis: _____
- Precautions: _____
- Type of Therapy: _____
- Frequency: _____ Duration: _____
- Therapy Goals: _____

- Modalities: _____
- Signature & Date: _____

Handout for Leisure skills activity:

LEISURE COAT OF ARMS



What do you regard as your greatest personal achievement to date?	What leisure activity do you enjoy most ?
What are your goals for leisure?	Do you feel that if you develop leisure skills it will help you in your day to day life?
Where do you see yourself in 5 years?	What new leisure skills do you want to develop?

Progress Note:

Date	Progress Note

Ft Wayne Parks and Recreation	Progress Note Patient Name: <input type="text"/>
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Reference List

- (2019). 2019. *Standards of Practice*. Retrieved on April 28, 2019 from <https://www.atra-online.com/page/SOP>
- L.-C. (2014). Leisure education reduces stress among older adults. *Aging and Mental Health*, 18(6), 754-758.
- J., & McKenny, A. (2016). Leisure Education. *Facilitation Techniques in Therapeutic Recreation* (3rd ed., pp. 567-598). State College, PA: Venture Publishing, Inc.
- M., Young, J. A., Harvey, J. T., Charity, M. J., & Payne, W. R. (2013). A systematic review of the psychological and social benefits of participation in sport for adults: Informing development of a conceptual model of health through sport. *International Journal of Behavioral Nutrition and Physical Activity*, 10(135), 135.
- com. (2019). *Coat of Arms*. Retrieved on April 28, 2019 from https://www.google.com/search?q=Leisure+Coat+of+arms+worksheet&tbm=isch&tbs=rimg:Ca7apn1iSIPpljgoi63lsVng3t6SS_1lCDmWfKTqrebQRLLlW1QNNom2YzroLQ85aFR3FVCL8kxGjaqe9ce1hijmT0SoSCSiLreWxWeDeEYW6iJEPFZTXKhIJ3pJL-UIOZYURtw3xbIL3aoMqEgmROqt5tBEsshF7XEsg0JwzpSoScfDVA02ibZjOEZWpMpgHbm1wKhIJugtDzloVHcURUvunsuHNngBQqEglUlvyTEaNqpxHWRCdjd6DQOioSCb1x7WGKOZPREdJgCoVsetWX&tbo=u&sa=X&ved=2ahUKewiT2oaC1fThAhXH5J8KHeGsDA4Q9C96BAgBEBS&biw=1280&bih=592&dpr=1.25#imgrc=Klut5bFZ4N7V6M:
- com (2019). *Prescription for Therapeutic Recreation & Forms*. Retrieved on April 28, 2019 from https://www.google.com/search?q=prescription+for+therapeutic+recreation&rlz=1C1CHZL_enUS713US713&source=inms&tbm=isch&sa=X&ved=0ahUKewjLTzGsfThAhXWjp4KHe6LDgQQ_AUjDygc&biw=1280&bih=631#imgrc=aNHdXQP8XnrpCM:
- com (2019). *Prescription for Therapeutic Recreation Frequency*. Retrieved on April 28, 2019 from <https://www.google.com/search?q=prescription+for+therapeutic+recreation+frequency&tbm=isch&tbs=rimg:C>

[Xizs7eIQv7KljjLq2ginjA8DEFd4TC2LTx86sATDH_1UY-3NUQzdP71aewHxHDOG6s5eUMvDUpQPjt_1gRMUIyS5wXyoSCcuraCKeMDwMESIF0RYi-KHwKhIJQV3hMLYtPHwRggxMmRb5Tx4qEgnqwBMMf9Rj7RGTsaUDzTaGuioSCc1RDNO_1vVp7EQxJ2wffFqEiKhIJAfEcM4bqzL4R2d5sxYeI_17EqEgIQy8NSIA8m3xFsM7G2ZHhGdSoSCeBExQjJLnBfEYKsTJkW-U8e&tbo=u&sa=X&ved=2ahUKEwigvO7qjPThAhXXrJ4KHYLASUQ9C96BAgBEBs&biw=1280&bih=592&dpr=1.25#imgrc=Z2r2KYG4uuarHM:](https://www.nctrc.org/new-applicants/paths-to-certification/)

(2019). *Paths to Certification*. Retrieved on April 2019, From <https://www.nctrc.org/new-applicants/paths-to-certification/>

, N. J. (2002). *Leisure Education: A Manual of Activities and Resources* (2nd ed.). State College, PA: Venture Publishing.

, N., & Peterson, C. A. (2009). Treatment and diagnostic protocols. In *Therapeutic Recreation Program Design: Principles & Procedures* (5th ed., pp. 228-248). San Francisco: Pearson Education Inc.

, N. J., & Wardlaw, B. (2011). Leisure Education. In *Facilitation of Therapeutic Recreation Services: An Evidence-Based and Best Practice Approach to Techniques and Processes* (pp. 12-34). State College, PA: Venture Publishing Inc.

Protocol Authors

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Title Leisure Education: Technology

See the World Through Your Lens- Digital Photography for All

Brief Description of TR Service/Program

- Digital Photography
- Digital photography is an art and science of producing and manipulating digital photographs. These photographs are represented as bitmaps. Digital photographs can be created in several ways such as: directly with a digital camera or smartphone, by capturing a frame from a video, or by scanning a conventional photograph.
- This beginner digital photography course is meant to help you master your digital camera. You will learn the basic functions of your camera so you can begin to shoot in manual mode, capturing higher-quality images of the people and places around you.
- This course is suitable for individuals who wish to learn how to take better photographs, how to edit photos and use them further.
- Participatory photography projects are about more than just taking photographs. This recognition is connected to the PhotoVoice process and is incorporated into all the games and activities outlined below. Developing visual literacy and preparing to take photos, photographic skills, discussing, editing and working with images all play a part. It's within this broader context that photography can reach its full potential as a tool to support the integration of participants.

Research on Efficacy/Literature Review Summary

- Important methodological contributions with PhotoVoice research that are particularly well-suited to the study of youth sports participation among persons with disabilities because of the focus on empowerment, agency, and self-determination, is what this study also makes. Members of the research team to transcend disciplinary boundaries, engage in more in-depth critical analysis, co-create new knowledge, and actively involve participants in the research process is what PhotoVoice enabled. In conclusion, this study demonstrates the importance of partnerships involving youth with disabilities, their families, researchers and practitioners from TR, adaptive sports, and public health disciplines to develop more inclusive sports and recreational opportunities. The participatory process utilized in this study generated a transdisciplinary dialogue that may facilitate knowledge translation and provides an impetus for motivating personal, interpersonal, and social change. Aytur, S., Craig, P. J., Frye, M., Bonica, M., Rainer, S., Hapke, L., & McGilvray, M. (2018).
- This article shows how PhotoVoice can create valuable community knowledge to inform the translation of health care interventions in supportive housing agencies. PhotoVoice engages in this study participants with

serious mental illness in implementation research by facilitating the generation and communication of their preferences for the format, content, and methods of health interventions. Researchers can use PhotoVoice methods that enable participants to represent and communicate through images and narratives their views of essential implementation outcomes and engage in a process for informing social action. PhotoVoice provides a reliable avenue that can foster community engagement and social activity among vulnerable and often overlooked populations by providing the space and tools for community members to actively contribute to the generation of knowledge and wisdom essential for reducing the gap between science and practice. Cabassa, L. J., Parcesepe, A., Nicasio, A., Baxter, E., Tsemberis, S., & Lewis-Fernández, R. (2012).



Participatory Action Research (PAR) is often affiliated with Photovoice in a group analysis. In qualitative research, people with physical disabilities, this has become increasingly popular. This article details the results of a study that sought to understand the scope of the literature related to how photovoice is conducted with people with physical disabilities. In this study, scoping review that's related to the use of physical disability research was done. Within this study, 20 articles were featured. Diverse participants with physical disabilities demonstrated a range of approaches to data collection, analysis, and dissemination. Out of 20 articles, nearly all of them identified used photovoice to study physical accessibility/navigation of space. Dassah, E, M, Aldersey, H, Norman, K. (2017).

- A study conducted with men with developmental disabilities found positive results with the use of photography instruction via video prompting over a span of six months. During the study, all the participants have opportunities to take pictures of choice (flora, surroundings, or persons). All participants learned to take and print digital photography. The study data suggest that video prompting is an effective tool in teaching digital photography skills. Edrisinha, C. (2011).
- Integrating digital photography and replicating authentic construction professional practice can deliver enhanced student engagement and performance is what was indicated by research done by Gleeson. The learning activity played a role in accelerating the stages of group development and encouraged a high level of cohesion between the students promoting a more productive learning environment. The digital photographic activity supported student inclusion by utilizing a variety of learning styles and addressing the challenge of academic literacy. The students in the study did work harder because they found the activity exciting and enjoyable. The findings of this study show students will work harder when the activities are exciting and enjoyable such as the photography study that was done. They indicated that the alternative approach was motivating and promoted inclusion for full class engagement. The majority of students felt that the activity gave them a better understanding of the subject matter, which is reflected in the exam results. This indicated a better group performance. The event put the student into the real environment of each of the services and required them to photograph different aspects of the real-life surroundings, and arguably this immersed the student with the subject matter using a superior method of learning over the classroom lecture. Gleeson, M. (2014).

- The use of Photovoice in this study facilitated the involvement of stroke survivors and the recreation therapist in the research process. Capacities and strengths of the stroke survivors, both in the TR practice and in the research, is what this study emphasized. Stronger well-being for both the stroke survivors and the recreation therapist was also a contribution. The study measured the support among stroke survivors that were affected by participating in community-based recreation, supporting each other in this process, and learning how to adapt and persevere together. This interchange of support contributed to a renewed sense of hope in their recovery which, in turn, facilitated engagement in their communities. The key to their recovery was providing a safe environment where stroke survivors could express their authentic selves through meaningful participation in recreation. In return, this has contributed to enhanced feelings of empowerment and well-being for both stroke survivors and recreation therapists alike, as they engaged in community-based recreation in stroke rehabilitation. Hebblethwaite, S., & Curley, L. (2015).
- This research report, sponsored by the Office of Special Education Programs through the U.S. Department of Education, focuses on the importance of integrating technology into education that supports children with disabilities, school-age K-12. Using smartphones and tablets to create their own digital photography, is what today's children have the ability and resources to do. These devices can provide assistive technology (AT) and instructional technology (IT) tools such as voice command and a number of educational apps. Israel, M., Marino, M, Deliso, L & Serianni, B.(2014).
- Practitioners can also use PhotoVoice in their practice to understand their clients better in various settings, in addition to research. More in-depth conversations that can be used during the assessment process or group discussions to provide more abundant information is what PhotoVoice allows. For example, in the mental health field, group processing is already used by many recreation therapists. However, adding in photoVoice as a method might enable a more in-depth conversation to take place between participants, as photographs can spark discussions. This can be a successful way to create social support and gather more detailed information from participants on the complex needs a recreation therapist may want to address. Having participants take photographs of barriers they face throughout the week will allow the participants to remember any specific events and how they addressed it, instead of trying to remember all the barriers faced that week. Recreation therapists can also use the photoVoice dissemination method to empower their participants in making changes to their facilities. As a result, photoVoice can be used as a positive intervention with therapists to not only better serve their clients, but also as a research tool to gather more abundant data. O'sullivan, P., & Hsieh, P. (2017).
- This thesis study was conducted with intellectually disabled students utilizing PhotoVoice. It allowed for opportunities for students to think and reconstruct the meaning of their photographs and engage in communication with the others. In its findings, it helped the children see and understand the world around them. It also helped them to express their ideas, feelings, and experiences in visual form as to narrate their lives from their personal vantage point, through photography. "The essence of life is continuously changing shapes and on the move. The complex and beauty of life cannot be easily described with words." Parke, S. (2012).

<ul style="list-style-type: none"> ● The use of PhotoVoice in this study enabled participants to powerfully portray upstream factors shaping their lived experiences of mental illness. Photographing, personal reflection and guided group discussion provided an outlet for having their voices heard that participants identified as empowering. While PhotoVoice was chosen as the research method primarily because of concerns around accessibility and language, what was revealed in this study was the power to shift one's internal experience, including an enhanced sense of control over one's life, self-efficacy, self-reflection, self-awareness, and empowerment (Foster-Fishman et al., 2005). With the impact PhotoVoice participants reflected on their lives and the internal, and for some external effects, it had on them. Not only did the use of a digital method enable this, but so too did the research team's commitment to a CBPR process with firmly held values of inclusion, mutuality, and equity. PhotoVoice became a powerful method for bringing to light the upstream determinants of mental health while illuminating the need to foster social inclusion for individuals with mental illness as well as the moral and ethical responsibilities of the Therapeutic Recreation profession. Reid, C., & Alonso, M. (2018).
Referral Criteria
<ul style="list-style-type: none"> ● <i>See the World Through Your Lens- Digital Photography</i> is a program for those who wish to express themselves through the expressive modality of photography, regardless of their skill level. Participants must be willing to be part of an inclusive group and understand of all that it entails. It can be self-referring or from a parent or teacher who has observed a real talent for photography.
Goals
<ul style="list-style-type: none"> ● Participants gain knowledge in taking better photographs. ● Participants learn the basic functions of their camera/smartphone to shoot pictures manually. ● Participants develop confidence in moving around with the camera. ● Participants learn how to capture higher quality images of their liking in the community around them. ● Participants learn how to edit photos to use for further use such as emailing, scanning, printing, etc. ● Participants work together as a group.
Measurable Objectives
<ul style="list-style-type: none"> ● Review the different options that are available featured on the digital camera/smartphone with participants. ● Have participants list five subjects they are interested in, to photograph inside or outside of the community center. ● Review different options participants can use for further use after the photographs are taken. ● Introduce essential skills for looking at images. ● Introduce key photographic concepts. ● Introduce essential photographic language.

<ul style="list-style-type: none"> ● Practice taking photographs.
Time Required
<ul style="list-style-type: none"> ● Afternoon: Wednesdays 3:30 p.m. - 5:00 p.m. Duration: 4 weeks Session breakdown: 20 minutes spent on theory lesson, the remaining time left is for experiments (taking photos and photo development).
Materials, Equipment, and Resources Needed
<ul style="list-style-type: none"> ● Digital camera or smartphone ● Any accessories participants may have ● Camera manual ● Laptops ● Printers ● Printer paper ● Hat/bag
Activities (Content)
<p>Course Content:</p> <ul style="list-style-type: none"> ● Getting to know your digital camera/ smartphone. ● Taking better photographs. ● Importing and editing photographs. ● Emailing, scanning, printing, burning images. ● Activity 1: To encourage participants to look at things in different ways and to develop confidence in moving around with the camera. ● Activity 2: To make a series of images about the community center and increase editing skills. ● Activity 3: To have participants reflect on the project as a journey, and process the experience they all had.
Methods (Process)
<ul style="list-style-type: none"> ● First class, activity 1 ● Provide basic instructions on how to use a camera to capture images and framing a shot. ● Subsequent classes offer motivation by holding weekly contests i.e., “best use of color” or “happiest tree photo.” This will ignite creative excitement.

<ul style="list-style-type: none"> ● Next class, activity 2 ● A list of simple subjects that are easily found in the workshop room and write them on slips of paper to be drawn out of a hat or bag by participants. ● For example a window, table, a glass of water, a hat, a door handle, a pair of glasses; a book, some stairs, etc. ● Each participant then takes six different pictures of the same subject such as in the foreground, in the background, high angle, low angle, subject in the center, subject at the side. ● Make sure that the objects stay in the same place for all the photos. ● Participants will share with their small groups the picture they have taken of the object to look at the photos from a different perspective. ● Next class, activity 3: Editing ● Have facilitator brainstorm all the different things that could be photographed with participants. For example, people that work at the community center, people attending the workshop, physical spaces inside and outside, facilities; objects, surrounding landscape. ● Each person in the group shoots one or two images from the brainstorm list. ● As a group, make an edit of four or five images. ● Participants then edit using computers and/or printers provided. If they don't want to print, they can edit on a laptop. ● Last class, activity 4 ● Participants sit in a circle where everyone is visible. ● They take turns to make a gesture which expresses how they feel about the end of the project/class. ● Participants can also do this using a single word rather than a gesture. ● The facilitator makes a group slideshow in which everyone has one or two of their favorite pictures and play to music chosen by the group.
<p>Leadership Variations (based on age, ability, etc.)</p>
<ul style="list-style-type: none"> ● Provide photography theory education based on the class level. For example, for children 30 % theory, 70% practice. ● Variations depend on the age of the participants. If they are school age, they would need to “check-in” for each session offered much like taking attendance in a classroom.
<p>Expected Outcomes and Contraindications (benefits and harms)</p>
<p>Outcomes</p> <ul style="list-style-type: none"> ● Participants will use photos taken, and be able to edit them on a computer, by touching up and enhancing them.

- Participants will be able to share photos by attaching them to an email. No hassle of trying to mail them off.
- Participants will be able to use filters that best enhance their photos on smartphones.
- Benefits of digital photos are not having to buy frames continually. In return, this saves space in your home.
- Benefits of digital photos are being able to add music to your pictures, making it a true multimedia experience.

Contraindications

- Enhanced images may promote unrealistic beauty and body standards.
- Apps are available for smartphones, that remove all blemishes and imperfections. Those images do not represent the reality of most people.
- Images with falsified appearances may make your child feel inclined to use tools that change their physical appearance in pictures.
- Falsified images may encourage them to examine what they want to change about their appearance critically.
- May cause one to choose artificial physical identity over their authentic self.

Documentation (forms, frequency, etc.)

There will be a pre-program survey to gather information from all participants. CTRS will complete narrative progress notes after each session for each participant to document their progress.

Evaluation Plan

- **Pre-Program Survey:** Participants (or their parents) will be asked to fill out a basic intake form for gathering information. The information would include such things as why they want to participate, what they hope to gain, and what, if any, modifications or special equipment would be needed.
- **Progress Notes:** CTRS will utilize narrative notes for each participant to document client progress after each session.
- **Post-Program Survey:** Each participant (or their parents) will share their experiences with the program and offer any suggestions for improvements for quality control. There will also be a debriefing with the CTRS on what the participant gained from the experience.

Staff Qualified to Deliver Service (training or certification requirements)

- Certified Recreational Therapist (CTRS)
- Training/experience in digital photography
- Digital photography certification preferred but not required (Bachelor's degree)

Safety/Risk Management/Precautions

- Make sure participants know they can share and participate only in what they feel comfortable doing in front of the group to assure emotional safety. Provide one-to-one assistance for those who need help with reading,

taking photos, guiding through smartphone/digital camera, or gathering thoughts to guarantee cognitive safety. Allow the group adequate time to complete the activity. Draw out those who seem to want to share their work, but don't look overeager in joining the group activity, this assures social safety. Consider each participant's background and state of mind they are in. Always be friendly and encouraging to create a fun and meaningful environment to eliminate any fear or negative feelings. Create a meaningful experience for the group. Consider any medication side effects, devices, group layout such as specific seating, different behavioral or leadership styles/strategies. There is a little room for error in photography classes. With technology taking over the world, that also brings hackers. There will be a lesson on identifying and evaluating the potential area of threats. Next will be to determine which risks deserve action. Taking steps to reduce risks and prevent loss will follow.

Attachments (handouts, forms, etc. needed to implement program/service)

- Introductory to Digital Photography eCourse <http://www.digitalphotography4kids.com/>
- Pre-Survey for Participants cs.google.com/document/d/1b_7HsejiYBONlnG9M-Sz_uEjoKTWwGNF4DBXBrh4Y2M/edit?usp=sharing
- Progress Notes
https://docs.google.com/document/d/1hhd5bOtKicsqiKnIsf_Oc5Ampovliuk_qwJxMH9Mv_M/edit?usp=sharing
- Post-Program Survey
https://docs.google.com/forms/d/e/1FAIpQLSfj5S9U0v5sl2ogeueydC51_hJJ156yZGN1HX51Sdc3khnkA/viewform?usp=sf_link

Reference List

- A Risk Management Guide for Self-Employed Photographers and Videographers. Retrieved from <https://photovideo.insureon.com/resources/publications/ebook/insurance-basics/definition/identifying-risks>
- Aytur, S., Craig, P. J., Frye, M., Bonica, M., Rainer, S., Hapke, L., & MGilvray, M. (2018). Through the Lens of a Camera: Exploring the Meaning of Competitive Sport Participation Among Youth Athletes with Disabilities. *Therapeutic Recreation Journal*, 52(2), 95-125. doi:10.18666/trj-2018-v52-i2-8774
- Beal, V. (2019). Digital photography. Retrieved from https://www.webopedia.com/TERM/D/digital_photography.html
- Cabassa, L. J., Parcesepe, A., Nicasio, A., Baxter, E., Tsemberis, S., & Lewis-Fernández, R. (2012). Health and wellness photovoice project: engaging consumers with serious mental illness in health care interventions. *Qualitative health research*, 23(5), 618–630. doi:10.1177/1049732312470872
- Dassah, E., Aldersey, H., Norman, K. (2017). SAGE Journals. Photovoice and Persons With Physical Disabilities: A Scoping Review of the Literature. <https://doi.org/10.1177%2F1049732316687731>
- Digital Photography - Beginners. (n.d.). Retrieved from <https://www.goreyadulthood.ie/courses/leisure-hobbies/64-digital-photography-beginners.html>
- Edrisinha, Chaturi "Say Cheese": Teaching Photography Skills to Adults with Developmental Disabilities. Retrieved from <https://www.sciencedirect.com/science/article/abs/pii/S0891422210002969?via%3Dihub>

- Friedman, R. (2018). Photo-Editing Apps And Their Potential Harms For Teens. Retrieved from <https://www.fosi.org/good-digital-parenting/photo-editing-apps-and-their-potential-harms-teens/>
- Gleeson, M. (2014). Analyzing the impact of digital photography projects on student engagement and performance in a higher education engineering discipline. ICERI2014 Proceedings, pp. 5623-5633.
- Hebblethwaite, S., & Curley, L. (2015). Exploring the Role of Community Recreation in Stroke Recovery Using Participatory Action Research and Photovoice. *Therapeutic Recreation Journal*, XLIX(1), 1-17.
- Israel, M, Marino, M, Deliso, L, Serianni, B.(2014) Supporting Content Learning Through Technology for K-12 students with disabilities. (Document No.IC-10) Retrieved from the University of Florida, Collaboration for Effective Educator, Development, Accountability, and reform center website. http://cedar.education.ufl.edu/wp-content/uploads/2014/09/IC-10_FINAL_09-10-14.pdf
- O'sullivan, P., & Hsieh, P. (2017). RT Wise Owls Projects: Utilizing Photovoice as a Participatory Research Tool in Recreation Therapy. *Therapeutic Recreation Journal*,51(4), 291-295. doi:10.18666/trj-2017-v51-i4-8421
- Parke, Stephen. (2012) Visual Arts for Special Needs: Issues, Planning, and Strategies Planning a Visual Arts curriculum unit. Retrieved from https://www.researchgate.net/publication/249993162_Visual_Arts_for_Special_Needs_Issues_Planning_and_Strategies_Planning_a_visual_arts_curriculum_unit_-_Photography_and_digital_media/download
- PhotoVoice. (2008). Retrieved from https://photovoice.org/methodologyseries/method_01/projects_games.htm#games
- Reid, C., & Alonso, M. (2018). Imagining Inclusion: Uncovering the Upstream Determinants of Mental Health through Photovoice. *Therapeutic Recreation Journal*,52(1), 19-41. doi:10.18666/trj-2018-v52-i1-8461
- Supply Lists & Directions. (2019). Retrieved from <http://www.fortwayneparks.org/programs/adults/adult-special-interest-classes/supply-lists-directions.html?highlight=WyJkaWdpdGFsliwicGhvdG9ncmFwaHkiLCJkaWdpdGFsIHBob3RvZ3JhcGh5Il0>
- THE BENEFITS OF DIGITAL IMAGES OVER FILM. Retrieved from <https://www.dummies.com/photography/cameras/the-benefits-of-digital-images-over-film/>

Protocol Authors

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<p>Title: Transitions and Re-evaluation</p>
<p>Community Mapping: Discover the Unknown!</p>
<p>Brief Description of TR Service/Program</p>
<p>The Community Center offers programs and activities for individuals for all age groups, from one-and-a-half years old, to seniors. The Community Mapping: Discover the Unknown! is an hour long service that is conducted before and after an individual enters any Community Center program through the Fort Wayne Parks and Recreation Department. This is to evaluate the effectiveness of the Community Center programs, along with how well an individual can transition from the program to an inclusive community, neighborhood, and everyday life setting. This service should involve around 8 to 10 participants, with no more than 10. This service connects individuals with recreation and leisure opportunities within their communities, to allow for easier integration into the community.</p>
<p>Research on Efficacy/Literature Review Summary</p>
<p>Inclusion is defined by the Webster's College Dictionary as "being a member of a larger whole." Inclusion means that all people, regardless of their abilities, disabilities, or health care needs, have the right to:</p> <ul style="list-style-type: none"> - Be respected and appreciated as valued members of their communities - Participate in recreational activities available in the community/neighborhood - Work at jobs in the community that pay a competitive wage, along with having careers that use their capabilities and talents to the fullest - Attend education classes with peers from preschool through continuing education <p>Inclusion applies to all parts of life. The Americans with Disabilities Act of 1990 mandates that people with disabilities have freedom, equality, and opportunity to participate fully in public life. People with disabilities may need support to participate fully in their communities. This support can range from alterations to make a space accessible for an individual with a sensory or physical limitations, to training teachers so they can teach students of all abilities and talents, to assistance from counselors and friends to succeed in a job or recreational activity. The support should respect the wants, needs, and choices of the person with the disability ("What We Mean," n.d.).</p>

Many individuals are limited to segregated recreation and leisure choices. When opportunities are offered, they tend to involve groups of individuals with disabilities going to large public settings, such as theaters and restaurants. There isn't much support that is offered there, to build social connections and relationships. Many people with disabilities may not need support to participate in recreation and leisure activities, but some individuals might, and they may not have the access to integration recreation and leisure unless supports are available.

An important part of discovering what an individual might be interested in is getting to know the person, spending time with that person, learn about their past experiences, their strengths, and their likes and dislikes. This goes very well with the strengths-based approach. Walker (1999) states, "Interests link the personal and the social. They express individual gifts, concerns, and fascinations and call for activities, information and tools. People point to interests when they describe what gives their lives meaning." Community resources is also an important part of transitioning from TR services to a community setting. Individuals need to be aware of the opportunities and possibilities that exist within their neighborhood and communities.

In regards to transition and integration from healthcare services, many individuals are unable to participate in recreational programs and activities in communities. Therapeutic recreation services can greatly improve an individual's well-being, quality of life, and their skills, talents, and abilities. It is important for the individuals to take the knowledge and the skills that they have gained from the TR services that they have participated in into their communities, neighborhoods, and everyday lives. Datillo and St. Peter (1991) defined transition as "...the process of moving from being in a school [or a hospital] to actively living in the community. Participating fully in community programs and life is true integration. There are many factors that are crucial and necessary to for community adjustment. These factors include, but are limited to social network/integration, recreation/leisure integration, community/economic integration, and need for support services (McGrew, Bruininks, Thudow and Lewis, 1992).

The research done on integration and transition has all found similar components leading to strong and successful community integration. Functional independence was the main goal, addressing these components: leisure activity skills, social skills and ability to make friends, ability to make choices, and support networks. There has been research done on how social interactions between individuals with various disabilities and individuals without disabilities increased. Researchers have also found that integrated wilderness experiences added to improved interpersonal relationships, confidence levels, feelings of self, leisure skills development and tolerance of stress (McAvoy et al., 1989). Leisure education also plays a factor in transition and integration. There is a connection between educating for one's leisure needs and the transitional needs of individuals and lack of knowledge as a hindrance to most leisure pursuits. Educating individuals with various disabilities about their leisure skills, needs and interests, can make their transition to community life much smoother (Bedini, 1993).

Leisure education can be an important component when integrating individuals out of TR services and programs. Some of the outcomes of a good leisure education program can include: an individual who is aware of the importance and value of leisure in their life, both in the current and in the future, have a variety of leisure skills, abilities, and interests, have many available

opportunities to participate in leisure activities, and to be able to express their interests and their choices on what leisure activities they would like to participate in. They should also be able to use the resources, and the support of family, friends, and others in the community (“Finding leisure,” n.d.). Leisure education is a beneficial strategy to assist participants in eliminating and reducing barriers to enjoyable participation.

Referral Criteria

Referrals for participation can be provided by medical and therapeutic professionals including one’s primary doctor, physical therapist, recreational therapist, psychologist, and so on. A referral for participation can also come from within the parks and recreation department including individuals who hold roles as; the Community Center and Recreation Services Manager, Preschool/Youth Programs and Community Outreach Services head, Recreation Specialist-Preschool/Youth head, Recreation Specialist Adult Programs and Volunteers head, Program/Facility Coordinator Adult Programs and Volunteers head, Program/Facility Coordinator Adult Programs & Classes head.

Goals

Overall Goal

- Participants will complete the intervention on as an intro into TR services, and again upon completion of the service, in which comparisons in the accomplishment of goals can be generated between the intro and outro intervention.

Intro Goal

- Participants will be able to identify at least half of the locations within the community where recreation and leisure experiences can be conducted.

Outro Goal

- Participants will be able to identify all of the locations within the community where recreation and leisure experiences can be conducted.

Measurable Objectives

Intro Objectives

- Participants will be able to identify at least 3 resources within the city’s Parks and Recreation Department that would aid in their recreational pursuits as prompted by the leader.

- Participants will be able to identify at least 3 recreation or leisure interests that they would enjoy participating in as prompted by the leader.

Outro Objectives

- Participants will be able to identify at least 6 resources within the city's Parks and Recreation Department that would aid in their recreational pursuits as prompted by the leader.
- Participants will be able to identify at least 6 recreation or leisure interest that they would enjoy participating in as prompted by the leader.

Time Required

The intervention is conducted over a 60 minute period. This intervention will be conducted twice, once before a participant enters a Community Center Program, and once when a participant exits a program. The program length depends on how long the individual chooses to participate.

Materials, Equipment, and Resources Needed

- Large room that allows for participants to spread out as well as a large round table that seats all participants and staff.
- Enough chairs to seat all of the participants and staff
- Large maps of each of the local park and recreation locations within a community, as well as a means of displaying the map vertically such as on a wall or stand.
- Icons of predetermined recreation activities that are available in the community as identified by the program staff, icon key that labels each icon with its associated recreational activity. Spread out all of the icons throughout the middle of the table.
- For example: if the resource/activity is a park, a pine tree could be used, a recreation center, a building could be used, a shopping mall, a shirt could be used, hiking trails, sneakers could be used, and so on.
- Tape
- Prepared resource pamphlet to be provided to all participants at the completion of the outro intervention that would summarize all services, programs, and facility location provided for individuals within the population age range appropriate for the attending participants.

Activities (Content)

Community Mapping: Discover the Unknown! is a group activity that involves the use of local park and recreation locations and recreational activity icons that are then matched to the locations on the map (similar to the game Pin-the-tail-on-the-Donkey.) Individuals will be able to discover new opportunities in their communities and neighborhoods for leisure pursuits, and will create a new sense of excitement for their community! There will be printed out icons/symbols of various leisure activities that could be done in the community, with the participants having the opportunity to choose pursuits that they are interested in, to allow them to have a better transition into the community from the community program that they chose. Each icon will be put on the map where the activity takes place in the community, so the individuals know where to go.

Methods (Process)

Participants will be provided information on the TR service that they have entered, as well as the importance and benefits of being aware of resources in the community, of recreational opportunities, their own leisure interest and preferences, and the development of necessary skills to be successful in their recreational pursuits. Once this information is provided the intervention leader will go over the goals and purpose of the activity, as well as how the activity will be conducted. The leader will explain that the maps displayed in the room are those of community based locations such as those of parks and recreational facilities.

- The leader will explain that the goal of the activity is to guess where each recreational activity can be conducted in their community.
- All of the symbols will have already been placed out in the middle of the table.
- The leader will then explain that the symbols represent all the recreational activities available within the community.
- The participants will then take turns guessing where a recreational activity takes place and will put the icons on the map until each icon had been placed. For example, if a participant picks up a “pair of running shoes” icon from the table, the participant will guess where a hiking trail is in their community.
- The participants will also be able to pick the icons that they are interested in afterwards, and the leader will explain each activity in detail.
- The leader will then go over the maps, and lead a debriefing discussion on the activity that emphasizes the goals set, as well as prepare the participants for their future involvement.

Leadership Variations (based on age, ability, etc.)

Make sure that the leaders set up the tables, chairs, and materials in a manner that allows for optimal group communication and connection. This activity could be used with teenagers, adults, and seniors. Leadership should be conducted by the individual running the intervention but should provide ample opportunity and encouragement for the participants to share their thoughts and

feelings, as well as being willing to step aside in discussions when conversation appears to flow naturally.

Expected Outcomes and Contraindications (benefits and harms)

Expected outcomes for the participants include:

- An increase in knowledge of the recreational opportunities in their communities
- An increased sense of independence
- An increase in knowledge of their own leisure interests and skills
- Development of social skills
- Creating a greater sense of social support and networks

Because the individual is transitioning out of the Community Center programs, along with this activity, it is important to keep in mind that one of the main goals is an increased sense of independence.

Individuals should be realistic in the activities that they would like to participate in, based on their interests and talents. Encourage individuals to choose activities that fit their interests and their own talents, not activities and programs that everyone else in the group may be choosing. Parents, family members and friends could also be involved in helping individuals choose what programs they would like to participate in.

Documentation (forms, frequency, etc.)

The leader of the intervention will fill out a form that exhibits a comparison between the intro and outro goal accomplishment.

Evaluation Plan

Progress will be assessed by comparing the initial service and the post service. One expected outcome for the initial service is for individuals to gain an insight as to what their current leisure experiences are. Another expected outcome is for the participants to learn about some of the recreation/leisure programs in their neighborhoods and communities.

The expected outcome for the post service is for the participants to discover double the amount of resources found within the community, along with a greater sense of independence in attending the recreation/leisure activities/programs that are found within the community. Another expected

outcome is for the individual to gain more insights into their own leisure interests and future pursuits.

Staff Qualified to Deliver Service (training or certification requirements)

The staff implementing this service should be adequately trained in the program that they are running at the Community Center. As for this activity, specific training in the population that will implement this activity would be helpful. Preferably a Certified Therapeutic Recreation Specialist (CTRS) would be ideal to run this service, but it is not necessary. Training in group programming is essential.

Safety/Risk Management/Precautions

Ensure that participants are aware that they only need to share with the group what they are comfortable with in front of the group to assure emotional safety. Participants should be encouraged to share their thoughts and emotions during discussions, and inclusion of all participants should be a priority to ensure social safety. Provide one-on-one assistance for individuals who require aid in reading, writing, and communication to assure cognitive safety. Provide assistance, if required, in mobility or adjustment in room set up to ensure physical safety. Provide an appropriate time between turns to allow participants to safely move from their seat and the table to the map.

Attachments (handouts, forms, etc. needed to implement program/service)

Handouts generated should be formatted towards the specific population attending the intervention and should be provided during the end of the outro intervention. The handout should include the locations and facilities associated with the City of Fort Wayne Park and Recreation and the services/programs provided, as well as the available recreational opportunities. The most recent brochure for the department should also be provided, which can be located at the following link.

[Current Brochures - Fort Wayne Parks and Recreation](#)

Reference List

Bedini, L. A. (1993). Transition and integration in leisure for people with disabilities. Parks and Recreation, 28 (11), 20-24.

Dattilo, J. & St. Peter, S. (1991). A model for including leisure education in transition services for young adults with mental retardation. *Education and Training in Mental Retardation*, 26 (4), 420-432.

Finding leisure: Benefits. (n.d.). Retrieved April 29, 2019, from <https://www.nchpad.org/discoverleisure/find5.html>

McAvoy, L. H., Schatz, E. C., Stutz, M. E., Schleien, S. J, & Lais, G. (1989). Integrated wilderness adventure: Effects on personal and lifestyle traits of persons with and without disabilities. *Therapeutic Recreation Journal*, 23 (3), 50-64.

McGrew, K. S., Bruininks, R. H., Thudow, M. L. & Lewis, D. R. (1992). Empirical analysis of multidimensional measures of community adjustment for young adults with mental retardation. *American Journal on Mental Retardation*, 96 (5), 475-487.

Walker, P. (1999). Promoting inclusion in recreation and leisure activities: An information package.

Retrieved April 29, 2019, from <http://thechp.syr.edu/>

[promoting-inclusion-in-recreation-and-leisure-activities-an-information-package/](http://thechp.syr.edu/promoting-inclusion-in-recreation-and-leisure-activities-an-information-package/)

What we mean when we talk about inclusion. (n.d.). Retrieved April 27, 2019, from https://www.communityinclusion.org/article.php?article_id=213

Protocol Authors

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Comprehensive Evaluation Plan

Peter Barrett, Rebecca Bernys, and Tracee Chiodo

Brief Description

According to Stumbo and Peterson (2009), evaluation is the systematic and logical process of gathering and analyzing selected information in order to make decisions about the quality, effectiveness, and/or outcomes of a program, function, or service. We will be using the Systems Approach to effectively evaluate the Fort Wayne Parks and Recreation Activity Programs. The Systems Approach allows one to measure and determine the quality of an entire system. Using Inputs, Processes, and Outcomes, Ft. Wayne Parks and Recreation may monitor the overall effectiveness of the program on a continual basis, beginning at the cessation of the activity offered, again at the end of each season, and finally with an annual report. These are largely summative evaluations, but in the case of those receiving TR services, there will be the addition of a formative evaluation.

Logic Model

Inputs	Process	Outcomes
Staff	Marketing (Brochure, PDF, and print)	Participant Survey Results (Form A)
Volunteers	Website (Sign-in, account creation)	Staff Survey Results (Form B)
Fees	Payment (credit card, insurance)	Negative Outcome Interview Results (Form C)
State/City Funding	Paper signup option	
Donations	TR service Assessment Interview	Key Data from Reports:
Facilities	Classes, staff observation	Attendance (Form A, Form B)
Equipment	Surveys (Forms A, B, and C)	Satisfaction (Form A, Form B)
		Participant Retention

Evaluation

Final Evaluation

Seasonal Report

Annual Report

Preparation for CAPRA Accreditation

Goals

1. To determine the overall satisfaction of participants and staff.
2. To gather information on current levels of satisfaction with and effectiveness of Ft. Wayne activities and administrative processes.
3. To gather information about success of outreach and marketing efforts.
4. To ensure program is in compliance with the goals of inclusion and community-wide access.
5. To gain CAPRA accreditation through improved performance and evaluation standards.

Objectives

1. Each participant will complete an evaluation form upon the completion of an activity, rating various aspects of the individual activity, as well as the overall process of Ft. Wayne Parks and Recreation from initial sign-up through to cessation of activity, and possibly resign-up (Form A).
2. Each staff member administering an activity, upon its cessation, will complete an evaluation of the activity and the participant involvement, as well as short individual assessments of participants, addressing attendance and participation (Form B).
3. For Participants who rated their experience below a baseline threshold (satisfaction score less than or equal to 25), a follow-up interview will be attempted to address their specific concerns (Form C).
4. All surveys will contribute to season reports, which in turn contribute to the annual report.
5. Ongoing reports of dissatisfaction will be used in determining staffing choices, funding, and equipment needs, as well as all aspect of future planning: staff training, time, location, number of activities, age restrictions, etc.

Methods and Activities

Program Level

- Survey of participant - Form A
- Survey for Staff/staff evaluation of activity and participants, observation - Form B
- Interview - Form C
- Final Evaluation
- Seasonal Report
- Annual Report

Once each activity has ended (if a series of classes, this is considered the end of the series), the participant will be asked to fill out Form A, returning it to Ft. Wayne Parks and Recreation. The staff member administering that

activity will also fill out Form B. Form C is contingent upon not meeting a basic threshold of satisfaction score on Form A.

The satisfaction survey contained within Form A has a range of 50, signaling a very satisfied participant, and 10, denoting an extremely unsatisfied participant. Any time a survey is returned that does not meet a satisfaction threshold of less than or equal to 25, a Form C interview process will be triggered.

Once all A and B forms have been received, entered into the system, and analyzed, a Form C interview will be administered by a staff member (different from the activity staff member). The related Form B is given to the staff member administering the phone interview in which Form C is completed, and will be utilized as background information to further illicit a substantive response from the participant. For participants that have opted to receive TR services their initial assessment should be utilized, along with Form B, for the purposes of completing Form C.

Of note, only those opting-in to have received TR services will have both formative and summative evaluations, having taken part in an initial assessment. All participants that have not elected to receive TR services will only partake in the summative evaluation, relying on a self-reported question about attainment of goals, rather than a full assessment.

All three forms (A, B, and C) will contribute to a Final Evaluation report for each activity. At the end of each season of programming, that data will be compiled and analyzed forming a Seasonal Report, which in turn will then feed into an end-of-year Annual Report. The Annual Report will examine trends in participation across activities and season, highlight changes, improvements or declines in outcomes and satisfaction between seasons as well as previous annual reports. The goal of the annual report, and all reporting and evaluation in general, is to offer improved services through Ft. Wayne Parks and Recreation. In so doing, the organization will be well prepared for the CAPRA Survey for future accreditation.

References

- Anderson, L., & Heyne, L. (2012). *Therapeutic recreation practice: A Strengths approach*. State College, PA: Venture Publishing, Inc.
- Anderson, L., & Kress, C. (2003). *Inclusion: Including people with disabilities in parks and recreation opportunities*. State College, PA: Venture Publishing, Inc.
- Carter, M.J., Smith, C.G., & O'Morrow, G.S. (2014). *Effective management in therapeutic recreation service* (3rd ed.). State College, PA: Venture Publishing, Inc.
- Carter, M.J., & VanAndel, G.E. (2011). *Therapeutic recreation a practical approach* (4th ed.). Long Grove, IL: Waveland Press, Inc.
- Connolly, P. (1984). Analyzing program cause as well as effect: a method for program analysis. *Therapeutic Recreation Journal*, 18 (1) 31-39.

Kennedy, D.W. (1986). Importance-performance analysis marketing and evaluating therapeutic recreation services. *Therapeutic recreation journal*, 20 (3) 30-36.

Kunstler, R., & Daly, F.S. (2010). *Therapeutic recreation leadership and programming*. Champaign, IL: Human Kinetics.

Stumbo, N.J., & Wardlaw, B. (2011). *An Evidence-Based and Best Practice Approach to Techniques and Processes*. Venture Publishing INC.

Stumbo, N.J., & Pegg, S. (2010). Outcomes and evidence-based practices: Moving forward. *Annual in therapeutic recreation*, 18, 12-23

Stumbo, N.J., Peterson, C.A. (2009). *Therapeutic recreation program design: Principles and procedures*(5th ed.). San Francisco, CA: Pearson Benjamin Cummings.

Touchstone, W.A. (1984). Fiscal accountability through effective risk management. *Therapeutic recreation journal*, 18 (4) 20-26.



Participant Survey (Form A)

This page is for participants to fill out

How did you hear about Ft. Wayne Parks and Recreation activity offerings?

(Circle all that apply)

Newspaper Ad
 Online Ad
 Radio Ad
 Print Brochure
 Email Brochure
 Word of mouth
 Participated in previous years
 Other

Were you able to choose the activities you wanted through our website? Yes / No

If NO, what were the reasons you were not able?

(Circle all that apply)

Website difficult to navigate
 Fee was too high
 Class was full
 Age restriction
 Other _____

For the activities you did participate in, please rate each of the below statements:

Strongly Agree=5

Somewhat Agree = 4

Neutral or Unsure = 3

Somewhat disagree = 2

Strongly disagree = 1

The fees were appropriate for the activities I participated in. 1	5 4 3 2
The description of the activity was reflective of what I experienced. 1	5 4 3 2
The staff who administered my activity were knowledgeable of all facets of that activity. 1	5 4 3 2
I received proper training and instruction to succeed in my activity. 1	5 4 3 2
I felt safe at all time during my activities with Ft. Wayne Parks and Recreation. 1	5 4 3 2
I would recommend Ft Wayne Parks and Recreation activities to my friends and family. 1	5 4 3 2
I enjoyed my experience with Ft Wayne Parks and Recreation. 1	5 4 3 2
I attended all sessions of my activity. 1	5 4 3 2
I attained the goals I set for myself at the beginning of this activity. 1	5 4 3 2
Accommodations and/or adaptations were made to allow me to fully participate as needed 1	5 4 3 2

Please share any additional comments or suggestions for improving services offered by Ft. Wayne Parks and Recreation.



Staff Survey (Form B)

Strongly Agree=5

Somewhat Agree = 4

Neutral or Unsure = 3

Somewhat disagree = 2

Strongly disagree = 1

I felt fully capable administering this activity. 5 4 3 2
1

My level of training meet the needs of the participants and the activity. 5 4 3 2
1

The administration provided me with the information and equipment required for success. 5 4 3 2
1

Participants were engaged during each session. 5 4 3 2
1

Participants were frequently in attendance. 5 4 3 2
1

Participants followed instructions and took directions well. 5 4 3 2
1

Participants behaved appropriately toward other participants. 5 4 3 2
1

Participants were on time for each session. 5 4 3 2
1

Participants were dressed appropriately for activity. 5 4 3 2
1

Participants receiving TR services were able to fully take part in activities. 5 4 3 2
1

Individual Participants

Name	Regular Attendance Y / N	Positive Attributes / Strengths	Incidents	Comments



Negative Outcome Interview (Form C)

Via phone, though a "Suggestion Box" email may be attempted in the absence of a phone interview.

Interviewer may refer to specific concerns outlined in their initial response in Form A to elicit a response.

You indicated in a recent survey of Ft. Wayne Parks and Recreation that you were unhappy with the experience. Could you detail some of your concerns?

Do you have any suggestions of changes that could be made to help alleviate these concerns?

- Strongly Agree=5
- Somewhat Agree = 4
- Neutral or Unsure = 3
- Somewhat disagree = 2
- Strongly disagree = 1

I plan to sign up again for Ft. Wayne Parks and Recreation Services again.	5 4 3 2 1
I will recommend Ft. Wayne Parks and Recreation Services to friends and family	5 4 3 2 1

If the participant utilized TR services through Ft. Wayne Parks and Recreation, answer below:

I was satisfied with the TR services offered through Ft. Wayne Parks and Recreation	5 4 3 2 1
I will recommend Ft. Wayne Parks and Recreation TR Services to friends and family	5 4 3 2 1

Specific to TR services offered through Ft. Wayne Parks and Recreation Department, do you have any additional comments or suggestions with regard to improving these services?

Human Resources/ Personnel

Staffing Requirements

- Three Recreation Specialists
- One Recreation Manager
- Volunteers as needed

Qualifications, Education, and Experience

Applicants for the position of Recreation Specialist must meet one of the following educational requirements:

- Bachelor's or graduate/higher level degree in therapeutic recreation, or related field such as art therapy, drama therapy, dance therapy, or music therapy

OR

- Bachelor's or graduate/higher level degree in a related field involving therapeutic emphasis or concentration that included at least 36 semester hours in therapeutic courses as described below:
 - 18 semester hours of therapeutic recreation courses
 - 18 semester hours which include a combination of abnormal psychology, physiology, human anatomy and development, disabilities and general recreation.

Applicants for the position of Recreation Manager/Supervisor must meet the following educational requirements:

Management level positions require a bachelor's degree in Recreation, Therapeutic Recreation or equivalent, in addition to five (5) years of related experience.

- At least 1 year of work experience desired in the field of recreation with individuals with physical and/or developmental disabilities
- Certified Therapeutic Recreation Specialist (CTRS) strongly preferred; or be willing to obtain certification
- Basic computer skills (Windows, Microsoft Office applications, Outlook, internet & e-mail; ability to utilize department software programs)
- Some evening and weekend work is required
- Must possess the ability to make independent decisions when necessary
- Be able to multitask as well as take initiative and be a self-starter
- Excellent writing, communication and organizational skills
- Ability to work in a team environment as well as independently

Conditions of Employment

- You must be a U.S. Citizen, 18 years or older to apply for this job
- You may be required to serve a probationary period
- Subject to background investigation
- Selected applicants will be required to complete an orientation process
- Certified in First Aid and CPR by the American Heart Association within two weeks of employment (provided by the City's Risk Management Department)

Work Environments/ Hazards

- Staff will work assume inherent risk associated with various sport and recreational activities.

- While performing the duties of this job, the staff is frequently exposed to outside weather conditions. The noise level in the work environment is usually loud.
- Staff members must identify and analyze potential risks and plan in advance methods for removing hazards and addressing risks. Elements that could contribute to dangerous situations must be eliminated or mitigated.
- Staff members should receive ongoing training on the procedures developed to manage risk. An annual training session supported by regular in-service training on specific topics reflects a proactive approach to managing risk. Training topics include procedures for inspection of supplies, equipment, and facilities prior to and after use, routine maintenance and repair, use of informed consent and waiver forms for participants, and notice of hazards.
- The risk management plan should be monitored for effectiveness continually, and changes made as necessary.
- Staff will adhere to plans for instruction, supervision and progression when providing treatment interventions based on age, cultural background, stage of development, limitations of disabling conditions, and skill level.
- All staff members will undergo training in evacuation and emergency procedures.
- Staff members will comply with policy, procedure, and plans for infection control, environment of care, fire, disaster or emergency.

Physical Demands

In some assignments, the work involves regular and recurring physical exertion such as prolonged walking or standing, bending, moderately heavy lifting or moving of equipment, positioning and assisting participants in ambulating. The work requires specific, common physical characteristics and abilities, such as above average agility and dexterity.

Work Contact Group

Staff will uphold communication, support and professional mannerisms among all other staff and departments, volunteers, visitors, family members, vendors, as well as any various personnel in partnering professions/agencies.

Supervision

- Recreation Specialists will report to their assigned Recreation Manager/Supervisor and will meet weekly or as needed to discuss the needs of programming or issues that may arise.
- Volunteers and interns will be supervised by a Recreation Specialist or Recreation Manager.

Job Descriptions:

Recreation Specialist

Purpose: The Recreation Specialist is responsible for developing, organizing, and facilitating therapeutic programs of interest and meaning to the participant in order to enhance their wellbeing, foster independence and promote socialization. The Recreation Specialist provides first-level supervision to volunteers and/or interns providing recreation therapy assistance, and assists the Recreation Manager/Supervisor in the implementation and evaluation of activity programs.

Duties and Responsibilities:

- Assembles pre-participation data, reviews therapy prescription if applicable, and conducts assessment to develop and implement a treatment plan

- Devises specific activities and routines to maintain or improve the participant's general state of physical or mental health
- Educates participants in community resources to explore and expand leisure interests and participation
- Employs standard therapeutic objectives for a variety of disabilities regularly encountered. Good communication and skill is necessary for therapeutic success
- The therapist handles cases involving participants who have multiple diagnoses and/or other severe medical complications which require conventional approaches to treatment and resourcefulness in devising effective methods and procedures
- Interprets and administers physician's recreation therapy prescription if applicable, coordinates scheduling for participants and integrates Recreation/Creative Arts activities with other treatments to achieve the goals established for the participant
- Administers therapeutic recreation activity that strengthens debilitated muscles resulting from advanced age, prolonged bed rest, amputation, stroke fractures, wound care and joint replacement
- Develops psycho-social activities for coping with frustration, stress, anger, hostility; the appropriate use of leisure time; and improving social interaction skills
- Functions as a core team member for the purpose of providing total recreation/leisure delivery to the participant and continuity of care by sharing ideas and exchanging pertinent information
- Coordinates the overall treatment plan with the staff and participant's family/caregiver to provide a program which focuses on recreation and leisure goals

Professional Conduct and Expectations:

- Establish and maintain effective working relationships with person(s) served, co-workers, allied departments, and external customers
- Create and maintain a safe and therapeutic environment
- Maintain knowledge of current TR/RT trends, techniques, methods, issues, and professional and legal standards
- Identify cost saving measures for the department.
- Adhere to professional standards and code of ethics

Disclaimer

The information contained herein is not intended to be an all-inclusive list of the duties and responsibilities of the job. Management may, at its discretion, assign or reassign duties and responsibilities to this job at any time.

Recreation Manager/ Supervisor

Purpose: The Recreation Manager/Supervisor develops and implements therapeutic programs of interest and meaning to participants in order to enhance their wellbeing, foster independence and promote socialization. The Recreation Manager/ Supervisor provides first-level supervision to recreation therapists and volunteers performing recreation therapy services that contribute to the treatment of participants with physical and mental disabilities; by providing recreation therapy programs designed to restore or maintain physical, social, and mental functioning and assist participants to adjust to their disabilities.

Duties and Responsibilities:

- Researches, evaluates, approves, develops and modifies community events and programs, according to participant interests
- Serves as a resource person to the therapy staff regarding unusual or difficult therapy problems by consulting with or demonstrating evaluation and treatment procedures
- Prepares reports to summarize work activities, including descriptions of goals, planning, scheduling, execution, results, analysis, conclusions, and recommendations according to management and state/federal reporting requirements
- Plans and recommends staff, equipment and supply requirements to support therapy services in assigned area
- Manages all aspects of the recreation program
- Identifies current trends, develops new, goal-oriented programs for participants, and implement evidence-based practice in all programs
- Engages and motivates participants, resulting in program participation
- Manages departmental needs and goals within the department budgets. Assesses cost per unit of service levels (cost/hour, cost/day, cost/program, etc.)
- Recruits, researches, and approves schedules and supervises recreation specialists, general contractor volunteers, professionals and vendors
- Responsibly manages and supervises all personnel including scheduling, assignment, direction, performance review (including input on pay adjustments), hiring and corrective action consistent with company policy
- Schedule and meet with staff members regularly to maintain effective communication among team members.
- Recruits, approves, trains and manages volunteers and interns where applicable
- Participates in the determination of participant's treatment status and individualized treatment plans; including initiation, continuation, revision and discontinuation of recreational therapy treatment and care plans.

Professional Conduct and Expectations:

- Lead by example. Demonstrate professionalism in taking a proactive role in dealing with participants, family, and staff's needs/concerns.
- Acts promptly and pleasantly to correct problems.
- Welcomes suggestions and ideas as an opportunity to learn and grow.
- Establish and maintain effective working relationships with person(s) served, co-workers, allied departments, and external customers
- Create and maintain a safe and therapeutic environment
- Maintain knowledge of current TR/RT trends, techniques, methods, issues, and professional and legal standards
- Adhere to professional standards and code of ethics

Disclaimer

The information contained herein is not intended to be an all-inclusive list of the duties and responsibilities of the job. Management may, at its discretion, assign or reassign duties and responsibilities to this job at any time.

Volunteers/Interns

Requirements:

- At least 18 years old
- Completed volunteers application

- HIPAA and Confidentiality training session
- Attend an on-site orientation with supervisor
- Some volunteer roles require very specific skills and abilities
- Minimum time requirement of four hours per week
- Must be able to work with a team, and able to interact with individuals of varying abilities
- Volunteers adhere to all applicable City of Fort Wayne policies and procedures, including those set forth in the volunteer manual

Expectations and Responsibilities:

- Respect the rights of each participant and adhere to professional standards and code of ethics. Volunteers and interns will be provided with a copy of the ATRA Code of Ethics.
- Respect the confidential aspects of your assignment, and the dignity and privacy of the participants with whom you work with.
- Being a volunteer requires a positive attitude, a sincere focus on delivering excellent customer service and a willingness to help others
- Be optimistic about life in general and the participant's outlook in particular. Be friendly, honest and genuine at all times, and have fun yourself.
- Do not show partiality to one participant over another.
- Ask a staff member if there is something you are unsure of or do not understand. Be willing to accept supervision from the professional staff.

References for Human Resources

American Therapeutic Recreation Association. (2013). *Standards for the Practice of Recreational Therapy & Assessment Guide*. Reston, VA.

Anderson, L., & Heyne, L. (2012). *Therapeutic recreation practice: A strengths approach*. State College, PA: Venture Publishing.

Carter, M., Smith, C., & O'Morrow, G. (2013). *Effective management in therapeutic recreation services, 3rd Edition*. State College, PA: Venture Publishing.

Fort Wayne Parks and Recreation Volunteer Handbook. (2014). Retrieved May 3, 2019 from http://www.fortwayneparks.org/images/stories/AdministrativeQuestions/Volunteer_Handbook.pdf

Hawkins, Brent L., Craig, Patricia J., Anderson, Lynn S., (2018). Examining the Educational Requirements for Entry-Level RT/TR Practice: The Process and Recommendations of the ATRA Higher Education Task Force. *Therapeutic Recreation Journal*, Vol. 52(4), p. 410-418.

NCTRC Job Analysis. (n.d.). Retrieved April 30, 2019, from <https://www.nctrc.org/about-certification/national-job-analysis/>

Recreation Center Leader Job Description. (2018). Retrieved May 3, 2019 from <https://www.cityoffortwayne.org/jobs-with-the-city/posting/858/recreation-center-leader-seasonal-mcmillen-center.html>

Recreation Therapist Job Description. (n.d.). Retrieved May 3, 2019 from <https://www.usajobs.gov/Search?jt=Recreation%20Therapist>

Schneegas, K. *Therapeutic Recreation Practicum Manual*. Moraine Valley Community Coll., Palos Hills, IL., 1983, eric.ed.gov/?id=ED242369.

Stumbo, N., & Peterson, C. (2009). *Therapeutic recreation program design: Principles and procedures, 5th Edition*. New York: Pearson Education Publisher.

Therapeutic Recreation Specialist Job Description. (n.d.). Retrieved April 30, 2019, from <https://www.jobhero.com/therapeutic-recreation-specialist-job-description/>

White, N. (n.d.) Managing risk in recreation programs, facilities, and services. Retrieved May 3, 2019 from [http://www.play-safe.com/Documents/Magazines/Managing%20Risk%20in%20Recreation%20Programs%201 .pdf](http://www.play-safe.com/Documents/Magazines/Managing%20Risk%20in%20Recreation%20Programs%201.pdf)

Written by Stephanie Hart, Jaclyn Hinderliter, and Erin Popcun

Budget/Resources with Justification

BUDGET CATEGORY	TOTAL COST
Direct Costs	
Staff <u>Clinical Director</u> <i>Patti Davis</i>	\$62,500/year
Recreation Managers/Supervisors (2 on staff)	\$50,000/year
Certified Therapeutic Recreation Specialists (2-3 on staff)	\$44,200/year
Volunteers/Interns	\$0
Transportation Ford Transit XLT 12 Passenger Van	\$37,690
Equipment A. Medical Supplies B. See specific program supplies in the detailed list	A. \$1,900 B. \$3,000 (2 laptops, a digital camera, polaroid camera, and a sound system)
Supplies A. Office Supplies: B. Program Supplies: C. Adaptive Equipment:	A. \$4,000 (4 desktop computers) B. \$1,000 C. \$200-\$300
Indirect Costs	
Rent A. \$3,000 (\$17/sq. ft.)	A. \$4,250/month
Utilities	\$525/month
Vehicle Maintenance	\$6,453/year

Website Launch/Social Media/Maintenance	\$5,000
TOTAL/year	\$268,843/year

Budget Justification

Direct Costs:

Staffing and Clinical Director

The program functions on numerous appropriately trained staff that aid in the accomplishment of program goals and its effectiveness in implementation. Staff members not only ensure that goals are met and that implementation occurs, but they ensure the safety and enjoyment of the participants that attend these programs. The budget is based on the needs of the program in a yearly time frame, in which adjustments will be made at the end of the year to fit the changing needs of the program. After one year, staffing will be re-evaluated to ensure that appropriate adjustments are made in regards to the programs staff. Adjustments include pay for staff, as well as the population of staff members in the program which may be altered to fit the rise and fall of the program based on participation and funding. The program will have four commissioners including a president and vice president, a Park Foundation Representative, and an executive director.

The program requires the presence of a director who will oversee the program, as well as make executive decisions. Staffing also includes a center staff, a number of volunteers and interns, department managers, and support staff. Center staff will be responsible for the management of specific programs designated towards a wide range of populations and outreach, as well as clerical, custodial, and rental. Managers will be responsible for group development, training, overseeing of volunteers/interns, planning, supervision of staff, as well as the supervision, coordination, and organization of recreational activities and programs that align with the needs, interests, and goals of the participants within a program.

The program will staff will include three full-time Certified Therapeutic Recreation Specialist (CTRS), several support staff, interns, and volunteers. The CTRS is responsible for continual evaluation and research related to the program, that may be implemented into the program as a means of improving its success and the experience of the participants. The CTRS will also assist in numerous activities of the program, ensuring that the activities fall within the domains of therapeutic recreation,

and best practice. They may also assess new activities to be implemented into the program dependent on participant population and interest. Support staff will preferably be individuals who have experience within the therapeutic recreation field, but individuals who have alternative backgrounds are also considered. Volunteers will preferably be members of the community or, like the interns considered, will be college students who are pursuing a degree in recreation, recreational therapy, or a related field (including physical therapy, occupational therapy, and nursing to name a few).

Transportation:

The program will supply transportation to and from activity locations via a Ford Transit XLT 12 Passenger Van (which includes the driver). Transportation to and from the activity locations allows for more participation to occur, because it gives the participants an opportunity to participate if they otherwise didn't have a way to get to the participating site. This could add on more time and work for the staff members, but the benefits that are gained from providing transportation outweigh the extra time and work. Having the participants ride to and from the participating site can also create a greater sense of group unity, allowing the participants to bond, communicate effectively, and build strong, positive relationships.

Equipment:

One of the largest components of this program is its use and need of equipment. Each program requires a specific set of equipment designed around its recreational experience and goals that are necessary for the successful outcome and participation of the individuals attending. Equipment includes both established items such as tape, internet access, and poker chips.

The equipment used throughout this program is necessary for participants to meet their goals, satisfy their interests, and utilize their strengths. The equipment cost for this program is an estimate for expected cost but may be lower based on donations, and existing equipment in the programs possession. The medical supplies that are needed include an AED defibrillator (make sure the staff is certified in CPR and First-Aid) and a First-Aid kit.

Supplies:

The program will need office supplies, that will consist of printer paper, pens, pencils, erasers, tape, sticky notes, glue sticks, markers, printer ink, etc. There will also be a need for envelopes, stamps, and to take into account what mailing may cost. The supplies budget will also include all of the equipment needed for the assessment, and the transition from the community program to the general public. Some of these tools include clipboards and tape measures. Adaptive equipment may also be needed, and there are many homemade adaptations that would be ideal to this budget, and that are simple and easy to make.

Indirect Costs:

Rent, Utilities, Vehicle Maintenance:

A large section of the budget goes to maintaining the indirect costs for the program including rent of a facility, utilities, and vehicle maintenance. The program requires the use of a large facility, featuring a gymnasium, office spaces, designated rooms for meetings and intervention/activity implementation, greeting/lobby space, an art room with appropriate ventilation for activities associated with visual arts, as well as a space for assessment and therapeutic service. The facility should also feature ample outdoor space to accommodate the program's outdoor services. Utilities including gas, water, electric, and trash removal are necessary to maintain the operation of the facility.

The program's transportation vehicle, a Ford Transit XLT 12 Passenger Van, requires regular inspections and maintenance. Inspection of the vehicle should be conducted before and after every trip and should be documented in a vehicle checklist by the driver which indicated any change in the vehicle's functioning or condition. A yearly inspection, as required by state law, will be conducted, as well as monthly service inspections by a professional mechanic to indicate the appropriate functioning and safety of the vehicle which will be documented in a vehicle maintenance form.

Maintenance for the vehicle should be conducted as required, and immediately to ensure that the vehicle is in top condition for the safety of those using its service. The program also requires a well-designed and easy-to-operate website that allows for the promotion of the business and its services, as well as information on programs, staff, the facility, and participation. The existence of a functioning website allows for easy accessibility of healthcare providers, the general public, and potential staff and an increase in a knowledge base.

Detailed List of Items Needed:

Website:

- The planning, design, testing, and launch of program website
- Maintenance and update of the website

Office/Space:

- Office space for all of the staff
- Field/open space for the Senior Games
- Closed off spaces for meetings with staff, parents, community members, etc.
- A studio specifically for the visual arts would be ideal, but isn't necessary, a room with appropriate ventilation will suffice as an alternative
- Large open space for these therapeutic recreation services: UnWind Your Mind, See the World through your Lens-Digital Photography for All, Leisure Education-Explore your own Leisure Identity, Memories-A Book Making Workshop and Community Mapping

Supplies:

- Traditional referral forms, and referral forms for healthcare providers
- Registration forms for specific programs and activities
- Documentation forms for vehicle maintenance, program evaluation, record review, and outcome assessment
- Waivers/release forms associated with liability for travel and the participation in program activities, as well as signifying of informed consent

- Tools necessary for assessment
- Pamphlets, brochures, posters, and infographics used to advertise community resources, company programs, and information on the benefits of recreational experiences
- Handouts associated with specific programs
- A handout of recreational activities schedule associated with the specific participant, as well as a publicly displayed schedule of all recreational activities available on a monthly basis
- List of available community resources and contact information
- Office Supplies (envelopes, stamps, clipboards, printer paper, pens, pencils, erasers, tape, tape measure, sticky notes, glue sticks, markers, printer ink, etc.)
- Chairs, desks, and tables
- Local trail and river guides and maps
- Access to local parks, trails, and walking paths
- Access to local community and recreation centers for all populations

Technology:

- Desktop computers, polaroid camera, digital camera, laptops, printer, and sound system

PROGRAM/THERAPY EQUIPMENT:

Unwind Your Mind:

- 30 bunches of assorted artificial flowers
- 12 pairs of scissors
- 12 vases
- Ribbon bundles for vase decoration
- 24 sheets of copper (5"x7" or 8"x10") **edges taped for safety
- 12 etching tools
- A device to take and print digital photos (polaroid or similar)
- 12 pre-cut wood plaques (8"x10")
- Package of tack nails
- 12 tack hammers
- Painter's tape
- UnWind Your Mind's Craft and Connect Participant Survey (See Appendix A)
- UnWind Your Mind Progress Note

Senior Games:

- Materials, equipment, resources and awards will vary based on the activity being offered
- Rule books/instructions

STAR:

- Online registration form
- Internet access

See the World through your Lens-Digital Photography for All:

- Digital camera or smartphone
- Any accessories participants may have
- Camera manual
- Laptops
- Printers
- Printer paper
- Hat/bag

Leisure Education:-Explore your own Leisure Identity!:

- Handout for Leisure skills activity
- Poker chips/small tokens

Memories-A Book Making Workshop:

- 3-10 personal photos or images (printed, scanned, or originals)
- Handout
- One-inch white binders (with sleeve for cover)
- Sheet protectors
- 8.5 x 11 computer paper
- Post It Notes
- 12-inch ruler
- Pencils with Erasers
- Sharpie Markers
- Pens
- Scotch tape, double-sided tape, or photo tape or corners
- Optional (Stickers, colored tape or stickers, fabric, colored construction paper)
- USB stick

Community Mapping:

- Large maps of the community
- Prepared resource pamphlet
- Tape
- Prepared icons

References for Budget with Justification

Accounting Tools.com. (2016). Utilities expense. Retrieved from <http://www.accountingtools.com/utilities-expense>

Best budget pcs for less than \$500 in 2019. (n.d.). Retrieved May 6, 2019, from <https://www.windowcentral.com/best-budget-pc-less-than-500>

Best cheap camera 2019: 12 budget cameras to suit all abilities. (n.d.). Retrieved May 6, 2019, from <https://www.techradar.com/news/best-cheap-camera>

Executionists.com. (n.d.). How much does a website cost in 2016? Retrieved from <http://executionists.com/much-website-cost-2016/>

Retail.about.com (n.d.). What it costs to rent a building space. Retrieved from <http://retail.about.com/od/startupcosts/f/startupcosts2.htm>.

Salary for recreational therapist in Indiana. (n.d.). Retrieved May 6, 2019, from <https://www1.salary.com/IN/Recreational-Therapist-salary.html>

The best cheap laptop deals of 2019. (n.d.). Retrieved May 6, 2019, from <https://www.techradar.com/news/the-best-laptop-deals>

Your all-in-one aed shop. (n.d.). Retrieved May 6, 2019, from <https://www.aed.com/>

2019 ford transit passenger wagon. (n.d.). Retrieved May 6, 2019, from <https://www.ford.com/trucks/transit-passenger-van-wagon/>

Written by: Amber LaPlante-Dear and Nicole Youngerman

By: Ewa Czauz and Steven Aragon

Finance/Revenue

Senior Games

36 types of events available - \$1/event if registered prior to May 18th.

- \$2/event if registered after May 18th.

Participants receive a free Senior Games t-shirt when registered for 5 or more events. Otherwise, they are available for \$6.

An awards banquet will follow the Senior Games.

\$3 for participants.

\$8 for guests.

In order to qualify for the Senior Games, participants must be age 50 or older on or before June 1st.

To request a Senior Games brochure and entry form, and to register, call: 427-6460.

A copy of the brochure can also be downloaded at: www.fortwayneparks.org

STAR: Strength Targeted Assessment and Referral Protocol

Ft. Wayne offers reduced fees for those in need of TR services. Cost for activities and events can be found online at <http://www.fortwayneparks.org/>.

Technology Table & Board Games

Recommended price for the participant

4 classes 1.5 hour each - \$65 total price

The cost covers supplies and staffing. The equipment and staff training can be paid off in 9 workshops.

Community Mapping

Recommended price per session for the participant

1Hour workshop - \$15 person

At \$15 per person it covers the cost of supplies and staffing per session. The equipment would be paid off in 10 sessions if they have 8 participants per session.

Leisure Education

Free

The Leisure Education and Social Skills training is part of the free seminars offered by Ft Wayne's Parks and Recreation.

Memories: A Book Making Workshop

2 day workshop - \$340 person (non-member). \$300 person member

6 sessions - \$234

Unwind Your Mind

Acrylic Painting - # sessions/fee – 1/\$25

Hand building-clay pottery - #sessions/fee – 1/\$12

Carefree crafts – Fee - \$3/\$1 with Monday luncheon reservation

Bingo Fee – 3 cards/.50

Unwind Relaxation station: Adult coloring - \$1

Mind, music & movement - # sessions/ fee – 4/\$10

Walking group – No fee

Funding

Medicare – Provides limited assistance for the costs incurred by families for Alzheimer's and dementia care. Medicare's benefits are strictly for medical needs and so much of providing care to individuals with Alzheimer's or dementia is non-medical in nature. Supervision, assistance with dressing, bathing or eating, and transportation are all time-consuming activities but are non-medical in nature and therefore Medicare does not provide coverage or financial assistance. In-home care and memory care (assisted living) are not paid for by Medicare. Medicare does provide help with diagnostic procedures, prescriptions and some assistance as these conditions progress and needs become more severe.

Medicaid – Medicaid is a state-specific program for people with limited income as well as limited financial resources or assets. Having a diagnosis of Alzheimer's disease or other dementia does not automatically make an individual eligible for Medicaid assistance. Given that most individuals with Alzheimer's/dementia have very limited or no ability to work and therefore have limited income, many will qualify for benefits.

Veterans' Programs – The VA has multiple programs that provide financial assistance for persons with Alzheimer's or other dementia. Their disease does not need to be related to their military service. Veterans and their spouses who develop Alzheimer's or dementia for any reason will very likely find some type of financial assistance for their care from the Veteran's Administration. VA pensions, such as Aid & Attendance provide a cash allowance that can be used for any type of care included simple assistance or supervision. Veterans-directed home and community-based services is another option that gives that veteran great control over what type of care they receive and by whom it is provided. HISA grants provides financial assistance for home modifications that can help an individual with dementia to continue to live at home.

Sponsors

These sponsors help support the Therapeutic Recreation services proved by Ft. Wayne Parks and Recreation.

Adaptive Nursing – Senior Games

CC Foundation – Motivational Training for Staff

Hearing Aids Plus+ – Senior Games

Foster Grandparents – Maintenance

Heritage Park – Wifi, Bingo

Life Care Center – Senior Games

Majestic Care – Senior Games

Miller's Merry Manor-Huntington - Bingo

Oak Street Health – Senior Games

Parkview Physicians Group – Senior Games

Park View Heart institute – Senior Games

Senior Helpers – Senior Games

StoryPoint – Senior Games

TLC Englewood – Senior Games

Townhouse – Senior Games

Trails Edge Apartments – Advertising Brochure

UnitedHealthcare – Senior Games

Grants

At this point Ft. Wayne Parks and Recreation does not have grants funding the Therapeutic Recreation Program. There are various grant and funding opportunities that can assist in services and equipment for the programs. Some of the grant and funding opportunities include:

Artist's Book Residency Grant – A stipend for materials, travel, housing, and studio access.
<https://wsworkshop.org/residencies/artists-book-residency-grant/>

Best Buy Community Grant – Assist in funding for technology-based projects outside of school curriculum for children ages 13-18. <https://www.nrpa.org/our-work/Grant-Fundraising-Resources/>

Robert Wood Johnson Foundation – Provides multiple targeted grants to a wide population for new and creative approaches that assist in building a culture of health.
<https://www.rwjf.org/en/how-we-work/grants-explorer/funding-opportunities.html>

Risk Management

Risk Management Policy for Fort Wayne Parks and Recreation

Subject: Safety

Effective Date: May 6, 2019

Primary Responsibility: Director, Administrator, Managers, and Risk Manager

Review Cycle: Annual unless needed sooner

Literature Review:

Risk management plans are essential in parks as the recreation provided have risks that could involve financial loss not only to the person providing the service but the organization as a whole. Civic programs, festival, special events, and other activities are the livelihood of many parks. Risk management reduces the threat of financial loss that may arise from participation. (Flood, 2007). Flood said three essential sections of a risk management plan addresses issues associated with personnel, program delivery, and facilities management. This includes policies, procedures, and waiver forms. The plan should involve the process of identifying all known risk, and evaluation of those risks, and implementation of the action plan to manage identified risks for three primary entities: the clients, the employee and the agency. (Flood, 2007)

Flood, J.P. (2007). Limiting liability: prepare your agency with a risk management plan. Parks and recreation. (9), 28

Peterson & Hronek believe if as a general rule, employees of agencies, volunteers, members of boards and commissions, and officers of private agencies, whether elected or appointed, are not personally liable for their actions as long as they are working within the scope of their duty. Supervisors and administrators could well be held personally liable in the following three circumstances: 1. If the administrator or supervisor participated in or in any way knowingly directed, ratified, or condoned the negligent act of an employee. 2. Administrators and supervisors may be personally liable for: incompetent hiring practices, failure to fire a person when circumstances warrant the dismissal, inadequate documentation of firing, inaccurate or incomplete job descriptions, insufficient training of staff, unclear establishment or enforcement of safety rules and regulations g. Failure to study and comply with statutory or corporation requirements, failure to remedy dangerous conditions, and failure to give notice to others of known unsafe conditions. Lastly 3. Violations of a person's civil (constitutional) rights. Religion, race, creed, color, gender, or age, rights of privacy, rights against illegal search and seizure, free speech, rights of assembly, and freedom of association (Peterson & Hronek, 2001).

It is essential that every individual in an organization recognizes personal responsibility to reduce the organization's exposure to negligence suits. If persons are named in a lawsuit where they are indemnified (held harmless) by policy or statute, the legal counsel for that organization will represent them if necessary, and the organization or public agency will pay the damages. There are prescribed limits in most jurisdictions, usually statutory, as to what an organization is required to pay for recreation-related tort claims. Special attention is paid to volunteers because recreation service agencies make extensive

use of volunteers in a variety of roles. While their time and effort are not recognized with monetary rewards, each supervisor should consider them employees from a legal standpoint. Each volunteer is working within the scope of his or her volunteer assignment subjects the organization to the same type of liability as doing regular full-time employees. An injured volunteer can also sue the organization for any damages sustained due to a negligent act of another. It is important that all recreation administrators be cautious in recruiting, selecting, training, and supervising volunteers. (Peterson & Hronek, 2001).

Peterson, J.A. and Hronek, B.B. (2003). Risk management for park, recreation, and leisure services. Champaign, I.L.: Sagamore Publishing.

Capps' article on Risk Management from a 2012 article in Parks and Recreation Journal represents a variety of resources for risk management for parks and recreation in the United States. It details the data gained from a survey conducted of recreation professionals of their awareness of the risk exposure conditions in their agencies' programs, facilities, and parks. Risk management, like many other core competencies needed by the parks and recreation professional, is a discipline in itself and a host of resources is available to help develop this competency. (Capps, 2012)

Capps, K. (2012). Risk Management. Parks and recreation, 35-36.

Policy:

Fort Wayne Parks and Recreation will maintain a safe and clean environment while offering services that are aligned with the needs of the: citizens it serves. These needs include physical, emotional, cognitive, perceptual, and sensory.

Purpose:

To promote safety as the program participants at Fort Wayne Parks and Recreation develop their interests and engage in the leisure of choice.

Practice:

All staff and volunteers will be provided mandatory safety in-services on all safety matters (policies and procedures) at Fort Wayne Parks and Recreation.

Responsibility:

All staff has a duty to be familiar with their role as a service provider, to report unsafe work areas, working conditions, injuries, infections, and/or working practices to the first line manager. Breach of responsibility will result in punitive action being taken.

Procedure:

Participating individuals at Fort Wayne Parks and Recreation programs will complete all waivers required for service prior to the start of the program. Waivers must include all warnings, assumption of risk, and release agreements. All waivers signed by participating individuals must be:

- Clearly written and easily understood
- Signed by the participant. If the participant is a minor, it must be signed by an adult, parent/guardian, or caregiver of majority age.

- Signed voluntarily, not under any duress.
- Participant must be in good alignment with policy and moral standings of the Fort Wayne Parks and Recreation.

Any individual, employee, or volunteer at Fort Wayne Parks and Recreation will follow a non-discrimination policy where every person, regardless of race, age, gender/gender identification, religion, disability (physical or mental), or national origin are welcome in a “person-first” environment.

Safety inspections will be conducted on the first of the month, or the first Monday following the first of the month. All possible risks will be evaluated and corrected if needed under the direction of the Director, Administrator, Managers, and Risk Manager.

Safety inspections to include but not be limited to:

- Equipment risks
- Facility risks
- Personnel risks
- External entities
- Evaluation of employees and volunteers for their personal level of risk
- Review of any participant’s level of risk

Fort Wayne Parks and Recreation Therapeutic Recreation Services must obtain insurance for the following:

- Accident- property damage or losses caused by injuries to persons be it participants, staff or volunteers
- Malpractice Insurance
- Professional liability- needed for employees and volunteers advising, treating or guiding participants
- Property Loss- losses due to fire, tornado, earthquake, lightning or other instances of loss or damage occurring on the property of (and belonging to) Fort Wayne Parks and Recreation Therapeutic Recreation Services.

Reporting:

All incidents, accidents, emergencies or other situations out of the ordinary will be reported and documented promptly with personnel. These documents will be reviewed on a weekly basis in an effort to determine needs within the organization in the form of training, procedures and more.

References for Risk Management:

Activity Area Safety Policy (sample). (n.d.). Retrieved from <https://www.recreationtherapy.com/f-safe1.htm>

Capps, K. (2012). Risk Management. Parks and Recreation, 35-36. Retrieved from <http://libproxy.cortland.edu:2056/login.aspx?direct=true&db=s3h&AN=76147564&site=eds-live>

CODE OF CONDUCT FOR CUSTODIANS OF PEOPLE WITH SPECIAL NEEDS. (n.d.). Retrieved from <https://training.justicecenter.ny.gov/codeofconduct/>

Code of Conduct for Volunteers. (n.d.) Retrieved May 3, 2019, from <http://www.greatopportunities.org.uk/wp-content/uploads/2015/05/Volunteer-Code-of-Conduct.pdf>

Contracts. (n.d.). Retrieved from <https://riskservices.berkeley.edu/resources/contract-review>

Flood, J.P. (2007). Limiting liability: prepare your agency with a risk management plan. Parks and Recreation. (9), 28. Retrieved from <http://libproxy.cortland.edu:2056/login.aspx?direct=true&db=edsgao&AN=edsgcl.224777715&site=eds-live>

Forms and Waivers. (2014, September 24). Retrieved May 2, 2019, from <https://riskservices.berkeley.edu/forms-waivers>

HIPAA privacy and authorization-release form. (n.d.). Retrieved from <https://www.athenaeum.edu/pdf/free-hipaa-release-form.pdf> HIPAA

Indiana Rules of Professional Conduct (n.d.). Retrieved May 3, 2019, from https://www.law.cornell.edu/ethics/in/code/IN_CODE.HTM

Peterson, J.A. and Hronek, B.B. (2003). Risk management for park, recreation, and leisure services. Champaign, IL: Sagamore Publishing.

Recreational Therapist Insurance. (n.d.). Retrieved May 3, 2019, from <https://alliedhealth.insureon.com/professions/recreational-therapists/132>

Recreational Therapist Insurance. (n.d.). Retrieved May 03, 2016 from <https://alliedhealth.insureon.com/professions/recreational-therapists/132>

Non-Discrimination Policy. (n.d.) Retrieved May 2, 2019.

<https://ncdoa.s3.amazonaws.com/s3fs-public/documents/files/NONDISCRIMINATIONPOLICYExample.pdf>

Volunteer Release and Waiver of Liability Form. (n.d.). Retrieved May 3, 2019. <https://sehub.stanford.edu/sites/default/files/VolunteerRelease.pdf>

Forms

Appendix A- Medical Consent for Participation

Appendix B- HIPAA Privacy Authorization form

Appendix C- Photo Consent form

Appendix D- Accidental Injury Report form

Appendix E- Volunteer Release and Waiver of Liability form

Appendix F- Fort Wayne Parks and Recreation Insurance Waiver Review form

Appendix G-: Revised Code of Conduct for Custodians of People with Special Needs

Appendix H- Activity Area Safety Policy

Appendix A
MEDICAL CONSENT FOR PARTICIPATION

Name: _____ Date of Birth: ____/____/____

I, _____, as the Primary Care Physician of the above name individual, consent that my patient is medical fit to participate in the Senior Games at Fort Wayne Parks and Recreation Community Center.

Medical Conditions: _____

Medications: _____

Physical Restrictions: _____

Name of Physician

Date signed

Appendix B

HIPAA Privacy Authorization Form

****Authorization for Use or Disclosure of Protected Health Information (Required by the Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160 and 164)**

**** **1. Authorization****

I authorize _____ (health care provider) to use and disclose the protected health information described below to _____ (individual seeking the information).

****2. Effective Period**** This authorization for release of information covers the period of healthcare from:

a. _____ to _____. ****OR**** b. all past, present, and future periods.

****3. Extent of Authorization****

A. I authorize the release of my complete health record (including records relating to mental healthcare, communicable diseases, HIV or AIDS, and treatment of alcohol or drug abuse). ****OR****

B. I authorize the release of my complete health record with the exception of the following information:

- Mental health records
- Communicable diseases (including HIV and AIDS)
- Alcohol/drug abuse treatment Other (please specify):

4. This medical information may be used by the person I authorize to receive this information for medical treatment or consultation, billing or claims payment, or other purposes as I may direct.

5. This authorization shall be in force and effect until _____ (date or event), at which time this authorization expires.

6. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already

acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

7. I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization.

8. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Signature of patient or personal representative

Printed name of patient or personal representative and his or her relationship to patient

Date

Appendix C
PHOTO CONSENT FORM

I, _____ with a mailing address of _____ City of _____, State of _____ (the "Releasor") grant permission and give my consent to _____ (the "Releasee") for the use of the following photograph(s) or electronic media images as identified below for presentation under any legal use:

Describe Photo(s)

Revocation (check one)

- I understand that with my authorization below the photograph(s) may never be revoked.
- I understand that I may revoke this authorization at any time by notifying _____ in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location and only authorized staff will have access to them. They will be kept as long as they are relevant and after that time destroyed or archived.

Releasor Signature _____ Date _____

Releasee's Signature _____ Date _____

Appendix D
ACCIDENTAL INJURY REPORT

Name of Injured: _____ Age: _____

Address: _____

Telephone: ____/____/____ Gender Identity: _____ Marital Status: _____

Date of Accident: ____/____/____ Time of Day: _____ AM/PM

Person in Charge of Activity or Area: _____

Police Called? Yes _____ No _____ Person refused Call to Police _____

Injured person taken to hospital? Yes _____ No _____ If Yes, Name of Hospital _____

Form completed by: _____

Date of Completion: _____ Signature: _____

Witness Name: _____ Signature: _____

Appendix E

Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability (the "release") executed on _____ (date) by _____ ("Volunteer") releases _____, ("Nonprofit"), a nonprofit corporation organized and existing under the laws of the State of _____ and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for Nonprofit and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer's relationship with Nonprofit is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Nonprofit will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer services to Nonprofit.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless Nonprofit and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arises or may hereafter arise from the services I provide to Nonprofit. I understand and acknowledge that this Release discharges Nonprofit from any liability or claim that I may have against Nonprofit with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Nonprofit or occurring while I am providing volunteer services. 2. Insurance: Further I understand that Nonprofit does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Nonprofit beyond what may be offered freely by Nonprofit in the event of injury or medical expenses incurred by me. 3. Medical Treatment: I hereby Release and forever discharge Nonprofit from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Nonprofit. 4. Assumption of Risk: I understand that the services I provide to Nonprofit may include activities that may be hazardous to me including, but not limited to _____ involving inherently dangerous activities. As a volunteer, I hereby expressly assume the risk of injury or harm from these activities and Release Nonprofit from all liability. 5. Photographic Release: I grant and convey to Nonprofit all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Nonprofit in connection with my providing volunteer services to Nonprofit. 6. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of _____ and that this Release shall be governed by and interpreted in accordance with the laws of the State of _____. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature (Or parent/guardian if under 18)

Date

Appendix F

FORT WAYNE PARKS AND RECREATION INSURANCE WAIVER REVIEW FORM

Regents' Business & Finance Bulletin BUS-63 states that "Under the terms and conditions of any contract, purchase order, or other agreement, the non-University entity is required to show evidence of adequate insurance coverage by furnishing Certificate(s) of Insurance indicating compliance with all requirements." Only Risk Services has the authority to reduce or waive these insurance requirements.

To streamline the processing of low-value, low-risk contracts, Risk Services is delegating to campus purchasing officers the authority to reduce or waive insurance requirements PROVIDED THE CONTRACT WITH THE SERVICE PROVIDER MEETS ALL OF THE FOLLOWING CONDITIONS:

1. The service has not yet been provided.
2. The contract is between an academic/research/administrative unit/department and the service provider.
3. The service provider is EITHER speaking at a campus event where the department is providing direct on-site supervision by an employee acting within the course and scope of employment OR is providing one or more of the following services under the direct supervision of an employee acting within the course and scope of employment: copy editing, assistance to a disabled individual, or translating presentations in real time.
4. The service provided does not include a demonstration, physical activity, transportation, interaction with minors, or other elements that may create liability.
5. The services provided cost less than \$4,999.
6. The service provider has not contracted with the campus for a total of \$4,999 or more during the current calendar year.
7. All other standard University requirements for executing a contract of this type are met.
8. The following indemnification clause is included in the contract and accepted by the service provider without modification:

[NAME OF SERVICE PROVIDER] shall defend, indemnify and hold Fort Wayne Parks and Recreation services, its officers, employees and agents harmless from and against any and all liability, loss, expense, including reasonable attorneys' fees, or claims for injury or damages arising out of the performance of this Agreement, but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of [NAME OF SERVICE PROVIDER], its officers, agents or employees.

NOTE: Insurance waivers granted by purchasing officers are subject to audit. Violation of the above conditions may result in the suspension of this delegation and may subject the violator to disciplinary action.

Appendix G

CODE OF CONDUCT FOR CUSTODIANS OF PEOPLE WITH SPECIAL NEEDS

Revised January 21, 2016

Introduction The Code of Conduct, as set forth in the Code of Conduct itself, sets forth a framework intended to assist impacted employees to help people with special needs “live self-directed, meaningful lives in their communities, free from abuse and neglect, and protected from harm,” in addition to the specific guidance provided by the agency’s policies and training.

Similarly, the Notice to Mandated Reporters contains guidance designed to assist mandated reporters and is intended to provide a summary of reporting obligations for mandated reporters. It is not intended to supplement or in any way add to the reporting obligations provided by law, rule, or regulation.

As provided by law, rule, or regulation, only custodians who have or will have regular and direct contact with vulnerable persons receiving services or support from facilities or providers covered by the Justice Center Act must sign that they have read and understood the Code of Conduct.

The framework provides:

1. Person-Centered Approach My primary duty is to the people who receive supports and services from this organization. I acknowledge that each person of suitable age must have the opportunity to direct his or her own life, honoring, where consistent with agency policy, their right to assume risk in a safe manner, and recognizing each person’s potential for lifelong learning and growth. I understand that my job will require flexibility, creativity, and commitment. Whenever consistent with agency policy, I will work to support the individual’s preferences and interests.
2. Physical, Emotional and Personal Well-being I will promote the physical, emotional and personal well-being of any person who receives services and supports from this organization, including their protection from abuse and neglect and reducing their risk of harm to others and themselves.
3. Respect, Dignity, and Choice I will respect the dignity and individuality of any person who receives services and supports from this organization and honors their choices and preferences whenever possible and consistent with agency policy. I will help people receiving supports and services use the opportunities and resources available to all in the community, whenever possible and consistent with agency policy.

4. Self-Determination I will help people receiving supports and services realize their rights and responsibilities, and, as consistent with agency policy, make informed decisions and understand their options related to their physical health and emotional well-being.

5. Relationships I will help people who receive services and supports from this organization maintain or develop healthy relationships with family and friends. I will support them in making informed choices about safely expressing their sexuality and other preferences, whenever possible and consistent with agency policy.

6. Advocacy I will advocate for justice, inclusion and community participation with, or on behalf of, any person who receives services and supports from this organization, as consistent with agency policy. I will promote justice, fairness, and equality, and respect their human, civil and legal rights.

7. Personal Health Information and Confidentiality I understand that persons served by my organization have the right to privacy and confidentiality with respect to their personal health information and I will protect this information from unauthorized use or disclosure, except as required or permitted by law, rule, or regulation.

8. Non-Discrimination I will not discriminate against people receiving services and supports or colleagues based on race, religion, national origin, sex, age, sexual orientation, economic condition or disability.

9. Integrity, Responsibility and Professional Competency I will reinforce the values of this organization when it does not compromise the well-being of any person who receives services and supports. I will maintain my skills and competency through continued learning, including all training provided by this organization. I will actively seek advice and guidance of others whenever I am uncertain about an appropriate course of action. I will not misrepresent my professional qualifications or affiliations. I will demonstrate model behavior to all, including persons receiving services and supports.

10. Reporting Requirement As a mandated reporter, I acknowledge my legal obligation under Social Services Law § 491, as may be amended from time to time or superseded, to report all allegations of reportable incidents immediately upon discovery to the Justice Center Vulnerable Persons' Central Register by calling 1-855-373-2122.

CODE OF CONDUCT ACKNOWLEDGMENT FOR CUSTODIANS OF PEOPLE WITH SPECIAL NEEDS

I pledge to prevent abuse, neglect, or harm toward any person with special needs, consistent with agency policy. In addition, to the extent I am required to report abuse, neglect, or harm of any person with special needs by law, rule, or regulation, I agree to abide by the law, rule, or regulation. If I learn of, or witness, any incident of abuse, neglect or harm toward any person with special needs, I will offer immediate assistance, notify emergency personnel, including 9-1-1, and inform the management of this organization, consistent with agency policy.

I acknowledge that I have read and that I understand the Code of Conduct.

Signature _____

Print Name _____

Date Program: _____

Department: _____

Facility/Provider: _____

Organization: _____

1 No aspect of this Code of Conduct is in any way intended to interfere, abridge, or infringe upon the rights provided by the Taylor Law.

Appendix H

ACTIVITY AREA SAFETY POLICY (SAMPLE)

ORGANIZATION: Recreation Therapy

SUBJECT: Activity Area Safety Policy for Fort Wayne Parks and Recreation

Policy

In compliance with the Safety Program and Risk Management Policy, it is Fort Wayne Parks and Recreation responsibility to provide a safe environment for all patients, visitors, and staff. Recreational facilities and equipment will be monitored and/or supervised by the Recreation Therapy, nursing, or security staff. All gym and activity area safety procedures must be followed.

Definition

Recreational or activity areas that are maintained and scheduled by members of the Recreation Therapy staff include the Recreation Therapy Kitchen, Arts and Crafts Rooms, Gymnasium, Weight Room, and the Picnic Shelter.

Procedure

I. A safe environment shall be maintained within the activity facilities.

1. Activity areas (including the gym and the weight room) must be locked at all times with entry only attainable by key. Patients in activity areas must be supervised by staff at all times.
2. Gym shoes (basketball shoes, tennis shoes, etc.) must be worn at all times when using the gym. Bare feet, sandals, boots, and street shoes are not safe nor acceptable.
3. All equipment breakage and need for repairs are to be immediately reported to a member of the Recreation Therapy staff or maintenance staff.
4. Limit the number of multiple activities within the gym area.
5. Announce to participants of any activity the inherent risks of each activity and of the various safety concerns within an activity area.
6. Maintain strict control over sharp and toxic use by patients. Gloves, goggles, smocks, etc. must be worn as per activity requirements.
7. Hand washing and cleanliness must be strictly adhered to when engaged in cooking activities. Dietary standards as outlined by the hospital dietary policy & procedures must be adhered to at all times.

II. Equipment and Supplies use.

1. Upon use of equipment and supplies (basketball, rackets, kitchen utensils, etc.), return all items to its storage space. Users of the kitchen and picnic area must clean-up the area upon completion of their activity. The popcorn machine must also be cleaned up after each use.
2. Additional gym equipment are stored in the cage in the men's locker room. To use these equipment, contact a member of the Recreation Therapy staff.
3. The Recreation Therapy staff will conduct monthly safety check on all equipment and supplies in Recreation Therapy facilities.
4. Foods kept in the kitchen must be labeled, dated and kept in closed containers. Foods not labeled, dated, nor kept in closed containers will be thrown out.
5. The kitchen refrigerator temperature will be monitored daily by an Recreation Therapy staff member.

III. Facility use:

1. Gym, weight room, Recreation Therapy kitchen and picnic shelter can be scheduled by patient groups, units, outpatient & inpatient programs, and staff groups. Priority is given to patient groups.
2. Additional scheduling of patient or staff group activities not listed as part of the master schedule must be cleared through the Recreation Therapy staff designated for scheduling.
3. All outside organization not directly connected with Fort Wayne Parks and Recreation must obtain permission for use of any activity facilities and equipment from Hospital Administration. All individuals associated with the outside organization utilizing the activity facility must complete and sign the "Visitor Agreement" form prior to using the space provided by Chestnut Ridge Hospital.
4. All individuals from outside organizations who utilize Fort Wayne Parks and Recreation facilities must sign in with the Security/Receptionist desk prior to using the facilities. This sign-in must take place each time the individual enters the building.
5. Individuals from outside organizations who do not sign-in at the Security/Receptionist desk or do not behave appropriately while using Fort Wayne Parks and Recreation facilities will not be permitted on Fort Wayne Parks and Recreation property.
6. Outside groups utilizing Fort Wayne Parks and Recreation facilities are encouraged to enter the facility as a group and leave as a group to maintain security and confidentiality of patients.

Recreation Therapy Area Safety Policy attachment

Gymnasium area safety concerns.

Users of the gym must be alerted to the risks inherent to each activity and to the facility itself.

GYM AREA RISK FACTORS

- 1) Participants should be strongly discouraged from sliding or diving after a ball... rug burns on knees and elbows can result from sliding onto the carpeted floor. Activities that require participants to move on their knees must also be discouraged as such movement also causes rug burns and strawberries.

- 2) Participants must also be alerted to the concrete under the rug of the gym floor. The flooring does not provide "give" and when users tumbles, flips, or dives after balls, the hard flooring may cause injuries. Wall padding can be removed and used as mats for tumbling activities.
- 3) Due to lack of sound absorbing tiles and materials, the noise level in the gym can become extremely loud. Participants who have attention-deficit disorders, concentration problems, anger control problems, and hyperactivity can expect their problems to exacerbate. Therefore, prior to beginning gym activities, participants should be encouraged to monitor their feelings and reactions and practice maintaining self-control.
- 4) Participants must be warned of the close proximity of the gym walls to the play area.
- 5) The volleyball net and crank have inherent risks that must be addressed. Participants have cut their hands and fingers when swatting at a ball, missing and hitting the net. Individuals have severely injured their hands when cranking the crank without the safety latch in place and having the crank unwind quickly. Staff must instruct the participants as to the proper use of the volleyball standard crank before they can use the crank.
- 6) Participants using the weight room must be alerted to the various risk of not only using the equipment correctly, but equipment safety hazards. These hazards include:
 - a) pins not completely put in place on the weights
 - b) others standing too close when the lateral bar is in use
 - c) others standing too close when free weights are in use

PREVENTIVE MEASURES TO REDUCE INJURIES IN THE GYM

- 1) Engage patients in warm-up activities prior to an intense game or activity. Warm-ups may include stretching, jogging, or playing warm-up games related to the primary activity (e.g., playing HORSE prior to playing a 3 on 3 game of basketball).
- 2) Conduct training sessions prior to each activity. Teach volleyball skills prior to playing a game of volleyball so that each individual has developed a measure of competence in bumping, setting, and serving without causing pain to their hands and wrists.
- 3) Alert patients of risks inherent to each activity and encourage participants to accept responsibility for safety of self and others. Promote alertness in the gym. Group leaders should spend time before each activity outlining safe behaviors and going over activity/gym hazards.
- 4) Spectators of gym activities must be strongly promoted to maintain alertness to keep from being hit by stray balls.
- 5) Equipment, clothing and other items not in use must be stored or put aside so that participants will not trip over the object.
- 6) Activity leaders must promote appropriate attire and shoes for the activity. Gym shoes must be worn at all times. Boots, street shoes, sandals, socks only, or bare feet are not permitted. Watches, rings and

bracelets must be removed when engaged in activities such as basketball in which physical contact is a part of the game.

7) Because there is often a mix of skill levels, staff must be alert to over-aggressive play by highly skilled & physically stronger players and encourage such players to "take it easy" with players of highly under-matched players. In addition, all participants must be redirected to play less aggressively if aggressive play of any kind is observed.

8) Limits must be set upon multiple activities in the gym. As an example, patients should not be playing a game of basketball, kicking a soccer ball, playing badminton, and doing tumbling within the gym area at the same time.

9) Patients groups using the gym area must be staffed adequately as per unit protocol. Assaults, major injuries, and elopement from the gym have occurred in the past. If patients are using the weight room and the gym area, both areas must be supervised. If only one staff is present, and the staff member chooses to have both areas open, he should position himself so that he can observe activities in both the gym and weight room.

10) Use alternative safe balls or equipment. Since the use of a soft-safe volleyball in 1991, hand injuries have been reduced significantly. Prior to 1991, 15 to 20 hand injuries were occurring from using regular volleyballs. When playing softball in the gym, use of a soft rubber ball and foam bats help reduce risks.

11) The use of common sense and good judgment by staff is required at all times to minimize injuries and incidents in the gym.

Risk Management Section completed by Christina Duran, Regina Erwin, and Kaitlin Harvey

Marketing and Public Relations

Unity in the Community

The City of Fort Wayne Parks and Recreation Department maintains and operates over 75 parks, including multi-use trails, playgrounds, tennis courts, golf courses, community and aquatic centers, venues for sports activities, ponds, lakes, and more! We also offer a wide variety of on-site programs for individuals of all ages. Programs and activities are designed to match diverse interests, strengths, talents, and desires, with one common theme: to include and unite all members of the community in fun and enriching activities, games, and events. Programs designed based on Therapeutic Recreation goals and outcomes include:

- Leisure Education: Exploring Leisure Identity
- Digital Photography
- Memories: A Book Making Workshop
- Senior Games
- Unwind Your Mind

Bedini (2017) emphasizes the principles in Social Marketing Theory (SMT) are to “address the importance of changing knowledge and attitudes to our target markets in order to achieve actual behavioral changes” and that it is “essential to understand the motivation underlying customer choices” (p3).

Based on Social Marketing Theory, we must be clear in distinguishing between *Recreation* and *Therapeutic Recreation* in all marketing efforts to ensure our audience comprehends the concept of our services. Currently, Fort Wayne Parks and Recreation offers numerous recreational programs and services, and many community members benefit from participating in the activities of their choice. In an effort to expand services to include individuals who desire to participate and have valuable skills and talents but may not have access to program settings, Therapeutic Recreation supports will be implemented to bridge that gap. Therapeutic Recreation is a service “designed to restore, remediate and rehabilitate a person’s level of functioning and independence in life activities, to promote health and wellness as well as reduce or eliminate the activity limitations and restrictions to participation in life situations” (About Recreational Therapy, n.d.). Further, Therapeutic Recreation boosts participant outcomes through skill enhancement and resource awareness and access, and focuses on a person’s abilities and potential (Schenck, 2018). Finally, Therapeutic Recreation Services assist individuals in setting goals, creating a plan to meet those goals, and evaluating the success of their program. Fort Wayne Parks and Recreation provides these services through improving accessibility, coordinating accommodations, and offering creative adaptations that will empower the broader community to join in on the fun!

Marketing Goals

Goal 1: To increase awareness of Fort Wayne Parks and Recreation: Fun Times Therapeutic Recreation programs.

- Objective: Recreational Therapist Instructors will post at least one photo and success story to one or more social media outlets within 3 days after the completion of each scheduled class.
- Objective: Recreational Therapist Instructors will increase awareness and advocacy by participating in and/or sponsoring the annual Alzheimer's Association Walk with participants, staff, and volunteers of the TR programs.
- Objective: Recreational Therapist Instructors and Fort Wayne marketing staff will collaborate to increase traffic by at least 10% on social media platforms and/or website visits each quarter through Internet-based promotions

Goal 2: To increase enrollment and maximize participant retention

- Objective: Recreational Therapist Instructors and Fort Wayne Outreach staff and volunteers will participate quarterly in at least one community outreach initiatives that are attended by target populations as identified by Marketing.
- Objective: Participants in "See the World Through Your Lens - Digital Photography for All" will collaborate with the marketing department and select 5 pictures each month to be used for promotion, targeted advertising, and quarterly success stories.

We will evaluate the marketing goals by documenting number of inquiries that occur after organizing a campaign, calculate number of participants who begin and remain in our TR programs, observe an increase in traffic on our website and social media platforms, and see an increase in participation in current programming based on word of mouth from our new participants.

We are advocates for inclusion and active participation

Schenk (2018) recommends that recreation leaders “advocate for the implementation of inclusion services and therapeutic programming in their community and for program promotion and citizenship outreach and participation” (p7). Based on our commitment to extend programs to include all community members, our marketing efforts will first reach populations who will benefit from our Therapeutic Recreation programs, and second identify potential partners and supporters who share our values.

Gathering an extensive list of individuals and groups for marketing can be streamlined by following strategies such as: 1) Identifying demographics of potential participants; 2) Visit locations that potential participants visit or utilize, and observe what they do and what their interests are; 3) Petition current participants, employees, and volunteers for their input; and 4) Utilize diverse perspectives to broaden prospective marketing options (Cohn, 2015).

According to Carter, et al. (2014), there are two target audiences for marketing therapeutic recreation programs: Internal and External.

- **Internal audiences** include participants eligible for Therapeutic Recreation services, as well professionals who provide support and treatment (therapists, care coordinators, support personnel, medical professionals).
- **External audiences** are those we can partner with and rely on to promote and support the programs. They include caregivers, service providers, public entities, policy makers, and the general public.

Through all our marketing platforms, our primary focus will be advocacy for full inclusion, participation, and positive outcomes. All advertising will include the international symbol of accessibility and will offer alternate forms of communication, such as large print, pictures / images, and auditory components to reach a wider audience. Other forms of alternate communication that will be offered include: assisted listening devices, Braille, Close-captioned videos, computer screen with reader, multiple language options, pictorial, and sign language.

Public Relations

It must be a priority when starting new programs to involve the community from the beginning. We will do this through offering transparency by sharing ideas and asking for public input. Global Communities (2018) suggests organizing focus groups who will receive information about program expansion and brainstorm ideas for funding, marketing, and sustaining.

Fort Wayne Parks and Recreation has multiple options of locations for focus groups, as well as a large number of individuals familiar with our current programs who will be invited to sessions and share their thoughts and knowledge. Focus groups are a great avenue to identify additional potential community partners as well.

Once we identify what we want to accomplish and who we want as our partners, how do we reach them? Baxi, et al., (2016) concludes the most effective way currently to reach a wide-spread audience is through online communication. With the ease of access to the Internet, via computers, smart phones, tablets, etc., and extensive WIFI access, online marketing strategies offer a large audience and quick return on investment. The key, however, is to be consistent with communication and avoid “situation need based utilization”, which leads to loss of interest and a decline in commitment (p10).

We will reach those potential partners through informal questionnaires that provide program information and seek feedback on program objectives and implementation. Global Communities (2018) found that anonymous feedback from the community is more honest and open with opinions, as well as in identifying the ‘go-to’ people who would be ideal leaders and contributors to program expansion.

Beginning with focus groups will provide us with a foundation of individuals who will support and promote our cause. From there, we will form advisory committees with a narrower focus, such as

program sustainability, financial administration, policy making, and program expansion. Establishing consistent and wide-spread community support takes time, and also requires more than just asking. We want our partners to feel as though their contribution is meaningful. Bedini and White (2018) found that many individuals who practice or have experience in Therapeutic Recreation desire to teach “other related treatment service providers, medical professionals, and administrators about TR” (p386). Our goal for our focus groups is to provide them with the tools they need that will inspire them to teach others about the importance of our programs.

Additionally, we will encourage our Therapeutic Recreation participants to be involved in promoting and educating the community about our programs. For example, participants in Digital Photography class will collaborate with the marketing department in selecting pictures for various marketing materials. Another example involves participants active in the Community Mapping program. Upon completion of the program, they will ask permission to present a short information session on Therapeutic Recreation at some of the places that they discovered through the Fort Wayne program.

Whether our sources are employees, volunteers, community partners, area professionals, or program participants, we want to empower them with information and passion. And we want them to extend their knowledge and enthusiasm to the greater community and beyond!

Marketing Techniques

Materials

- Brochures describing kickoff event, Unity in the Community, as well as each new Therapeutic Recreation Program (see attachments)
- Fort Wayne Parks and Recreation Website: <http://www.fortwayneparks.org/>
- Fun Times pamphlet: https://issuu.com/fwparcs/docs/summer_2019_ft_web
- National Parks and Recreation Association article on Therapeutic Recreation: <https://www.nrpa.org/parks-recreation-magazine/2018/june/recreation-therapy-and-the-role-of-parks/>

Promotional Items

- Fort Wayne Parks and Recreation reusable water bottles
- Fort Wayne Parks and Recreation towels
- T-shirts related to each program (Senior Games, for example)
- Program accessories with logo (Camera cases for photography class, for example)
- Other product giveaways:
 - Journals for tracking activities
 - Uniquely designed pens and highlighters
 - Car magnets
 - Small pocket wallets that hold ID, cash, etc.

Community Events Participation

- Set up table with promo items and program information at local events, including open markets, arts and crafts fairs, community fun days, public festivals, sports events (running / cycling / games / competitions) and other similar occasions.

- Sponsor a Community Resource Fair. Invite area service providers to set-up exhibit tables and educate the public about community resources available to them, including other Therapeutic Recreation programs.

Social Media

- Facebook Page

Facebook is the number one social network, with more than 2.2 million monthly users. It is most popular with adults between the ages of 18-64. Facebook ads can appear in a user's newsfeed or to the sidebar, and have a higher "Click-Through Rate" than regular web ads (Leibowitz, 2018).

 - Link to our Facebook page will be visible on our webpage, using the Facebook icon
 - Our Facebook address will be listed on all of our printed materials
 - We will highlight our programs and program participants' achievements regularly, at least once each day to maintain continuity
 - We will use our page "Events" section to announce upcoming events and offer online information and registration
 - Once each month, we will sponsor an ad to highlight a contest to increase our followers. For example, a new "Like" and "Share" will enter new followers in a contest where they can win a gift card or complimentary entry to one of our events.
- Instagram Account

Instagram has less users than Facebook, but their users are more engaged than on Facebook. In fact, Instagram users interact with brand advertisers more than on any other social platform (Leibowitz, 2018). The highest concentration of users are between the ages of 18 and 29, meaning our Instagram feed will reach more young adults than Facebook, but Facebook will still have a larger audience.

 - Link to our Instagram page will be visible on our webpage, using the Instagram Icon
 - Our Instagram page name will be listed on all of our printed materials
 - We will post pictures and short videos several times a day, each day to maintain regular presence in users' feeds
 - We will highlight events and participants' achievements through posting 3-4 "stories" each week. Stories appear at the top of the newsfeed and remain there for 24 hours. Each story that is created or updated by any account followed by a user appears first in the line of stories. To keep our story in the first five at the top of the page, we will update pictures and videos to the story every few hours.
 - We will use the hashtag #UnityintheCommunity with each post to create a unified and inclusive identity for all of our programs.
 - We will use other promotional-specific hashtags for advertising. For example, asking our followers to use the hashtag #AccessFortWayneParks and post a picture or video of them participating in one of our TR programs. Users of that hashtag will be entered into a contest to receive a gift card or complimentary entry to one of our events.

Mainstream Media

We will foster relationships with local television and radio stations and invite them to attend our events during prime hours.

- TV meteorologists attend our outdoor events and showcase some activities during their forecast segments
- Camera crew and field reporters create short clips highlighting our TR programs. These clips could be shown while making community announcements during the morning/evening news
- Radio station DJs participate in our activities during live broadcast segments
- Marketing and TR personnel are available for interviews, live or recorded, for television and radio promotion

Program implementation

Unity in the Community is the theme for our Therapeutic Recreation programs and activities. We will plan a “ribbon cutting” ceremony using the Unity in the Community theme to promote and identify the new TR programs. The ceremony will include information sessions and demonstrations for each activity. We will also distribute flyers, promotional materials, and have door prize drawings.

After the initial “Unity in the Community” event, we will introduce the first program and register participants, announce start date, and implement as described in the program protocol. Following the initial program rollout, we will continue to introduce one additional TR programs each quarter. Staggering event implementation will help us avoid overload, keep participants and community members engaged, and will help us effectively evaluate the success of each program.

Unity in the Community Event is a participant directed/led event that offers volunteer leadership roles to the participants who are active and involved at the community center. See Flyer page 9

Participant Directed Event and Marketing benefits include:

- Provide a source of pride for participants, staff and families
- Provides a consistent and meaningful connection between participants to their community
- Participants feel needed, empowered, living with purpose
- They provide an opportunity for participants, staff and family members to build stronger relationships by working together to accomplish a common goal
- Stigmas are reduced and participants are seen as productive people who can contribute, not just someone to be cared for
- Keep staff more engaged and enthusiastic – they look forward their work day
- Event committee meetings allow the participants to make choices and become active members their program, Fort Wayne Recreation and Parks, and their community at large.

Leadership roles include but are not limited to:

- Decide how often the committee will meet
- President
- Vice President
- Secretary
- Photographer/Videographer connected to the digital photography class
- Decoration Leader: Work with the Craft and Connect Flower Arranging participants
- Food Committee Leader
- Ticket and Raffle leader
- Greeters and Promotional Leaders

References

- About Recreation Therapy. (n.d.) Retrieved from <https://www.atra-online.com/page/AboutRecTherapy>
- Barnhart. (2019). *How to build your social media marketing strategy for 2019*. Retrieved from <https://sproutsocial.com/insights/social-media-marketing-strategy/>
- Baxi, B., Panda, R., & Karani, A. (2016). Community Marketing: An effective Marketing Strategy. *Romanian Journal of Marketing* (3), 2–11. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=bth&AN=119105637&site=eds-live>
- Bedini, L. A. (2017). Analysis of the Status and Extent of Marketing and Promotion Strategies in the Practice of Recreation Therapy. *Annual in Therapeutic Recreation* (24), 1. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=edsgih&AN=edsgcl.561398869&site=eds-live>
- Bedini, L. A., & White, A. L. (2018). We Need More than Another Keychain: An Analysis of Marketing Needs of CTRSs. *Therapeutic Recreation Journal*. 52(4), 374–389. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=s3h&AN=132850323&site=eds-live>
- Carter, M. J., Smith, C. G., & O’Morrow, G. S. (2014). *Effective Management in Therapeutic Recreation Service*. State College, PA: Venture Publishing
- Cohn, C. (2015). Steps to Identify Your Target Market. *Forbes*. Retrieved from <https://www.forbes.com/sites/chuckcohn/2015/02/06/steps-to-identify-your-target-market/#603d4cb0229d>
- City of Fort Wayne Parks and Recreation. (n.d.). Retrieved from <http://www.fortwayneparks.org/>
- Five Steps to Successful Community Engagement and Mobilization. (2018). *Global Communities*. Retrieved from <https://www.globalcommunities.org/community-engagement-mobilization>
- Leibowitz, B. (2018) Instagram vs Facebook: Which Can Boost Your Business More? *Dreamgrow*. Retrieved from <https://www.dreamgrow.com/instagram-facebook-advertising/>
- Schenck, L. (2018). Therapeutic Recreation and Inclusion Programs in Your Community. *The National Recreation and Parks Association*. <https://www.nrpa.org/parks-recreation-magazine/2018/august/therapeutic-recreation-and-inclusion-programs-in-your-community/>

UNITY IN THE COMMUNITY



SUNDAY, SEPTEMBER 1, 2019 from 10:00am- 5:00pm

Located at the Community Center at 233 W. Main Street (Indoor/Outdoor FREE Event)



Fort Wayne Recreation and Parks is excited to announce the first Unity in the Community Event! Come and experience our new enriching, educational, and engaging programs and activities instructed by Therapeutic Recreation professionals. You will meet our TR instructors, volunteers, and get a taste of what each class is like.

It is never too late to keep learning and having fun!

Fun Times Newest Programs to Try

- Leisure Education: Exploring Leisure Identity
 - Digital Photography
 - Memories: A Book Making Workshop
 - Senior Games
 - Unwind Your Mind: Craft and Connect (Flower Arranging and Metal Works)
- Food and Drinks provided by Local Vendors
 - All tables and activities are accessible
 - Games, Prizes, Raffles
 - Pets welcome
 - Community Sponsors

FOR VOLUNTEER OPPORTUNITIES AND OR DONATIONS please contact _____

Sponsored and supported by _____

(8 Digit program code place here) _____ - ____

Sessions/Fee _____

You Are Invited!

(write person's name here)

See the World through YOUR Lens

Digital Photography Class



Date: Wednesdays 3:30-5:00

Location: To be announced (bring camera/phone)

Details: This beginner digital photography course is meant to help you master your digital camera. You will learn the basic functions of your camera so you can begin to shoot in manual mode, capturing higher-quality images of the people and places around you. This course is suitable for individuals who wish to learn how to take better photographs.

No photography experience necessary- All are welcome.

Want your photographs to be part of our marketing initiative? Inquire with the TR instructor.

(8 Digit program code place here) _____ - ____

Sessions/Fee _____

You Are Invited!

(write person's name here)

Senior Games: Re-Creating Recreation for All!

Fun After Fifty
Senior Yoga
Cardio Flex
Senior Tap Class
Flex and Groove
Hand Exerciser

It's never too late to get in shape.

Adopt an active, healthy lifestyle!

Date: Sunday, August 4-25th 2019

Location: For more information on Senior Games, registration and information go to page 82-83 of the Fun Times Catalogue at www.fortwayneparks.org and/or sign up via phone, on-line, in person, fax, or drop box at the Community Center.

Details: The Senior Games is a 3-week program that encourages physical, social, and mental engagement. The program offers 36 activities such as, shuffleboard, pickle ball, canoeing, bridge, mahjong, and many more. All are welcome to participate in events. Adaptations will be made to accommodate all levels of skills and abilities. Some events are geared towards people who may be less active, such as Wii Bowling, Croquet, Timed Walk, etc.

Senior Games will have their own table and sign up registration at the Unity for Community Event on _____. See Unity for Community Committee Meeting advertisement attached for ways you can help support, volunteer, become an active participant!

(8 Digit program code place here) _____ - _____

Sessions/Fee _____

Do you like flowers? You are Invited!

(write person's name here)

Craft and Connect: Flower Arranging



Date: Tuesdays 10:00- 11:00

Location: Community Center Art Room (to be confirmed)

Details: Craft and Connect is a great opportunity for participants to express themselves through a variety of art media and crafting materials, using adaptive tools and strategies for success. Flower arranging is fun and creative! All arrangements are placed in our rotating weekly flower display.

Sign up for [Unity for Community Participant Event Committee!](#) in preparation for our Summer Extravaganza. Craft and Connect are looking for volunteers for our decoration committee. Flower Arrangers Needed! See instructor for more info.

(8 Digit program code place here) _____ - ____

Sessions/Fee _____

Do you like to work with your hands? You are Invited!

(write person's name here)

Craft and Connect: Metal Works



Date: Thursdays 10:00- 11:00

Location: Community Center Art Room (to be confirmed)

Details: Craft and Connect is a great opportunity for participants to express themselves through a variety of art media and crafting materials, using adaptive tools and strategies for success. Metal Works -Using copper to make a photographic project, participants take a simple photograph and use tools to etch the image onto a piece of copper that is later attached to a piece of wood for a finished display.

Sign up for [Unity for Community Participant Event Committee!](#) in preparation for our Summer Extravaganza. Craft and Connect are looking for volunteers for our decoration committee. See instructor for more info.

(8 Digit program code place here) _____ - ____

Sessions/Fee _____

Learning Never Stops! You are Invited!

(write person's name here)

Leisure Education:

Exploring Your Inner Leisure Identity!



Date: First Wednesday of every month (1 Hour duration)

Location: Community Center (room to be announced)

Details: As part of Ft. Wayne's Parks and Recreation free seminar program we are offering a leisure education training focusing on social and leisure skills for adults 50 and over. The leisure education training gives adults an insight to leisure opportunities that promote a healthy lifestyle within the individuals personal interest. This class is facilitated by certified Recreational Therapist Instructors.

For Information about CTRS Instructors and other details see the "For Your Health" section of the Fun Times Catalogue pg. 63

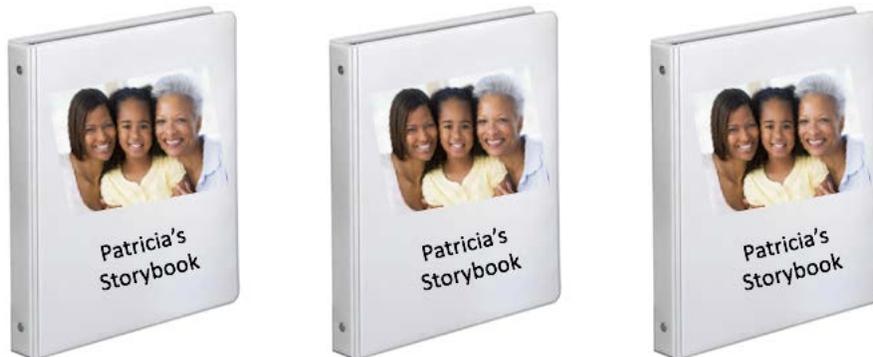
(8 Digit program code place here) _____ - ____

Sessions/Fee _____

You Are Invited!

(write person's name here)

Memories: A Book Making Workshop



Date: Bi-Weekly- Weekend Mornings to be announced (1- 1.5 Hours)

Location: To be announced

Details: Memories Book Making Workshop is an engaging and fun experience where you create your own life storybook by documenting your favorite old and new memories. A storybook is different from a photo album or a scrapbook, in that it is designed by using only one photo or image per page paired with a few descriptive words or phrases. This is a great way to connect and reminisce while creating something special that you can continue each week and share with others.

All participants will require to bring 3-10 photographs with them to this class- This includes copies, originals, color or black and white, or files on a USB or sent from phone- For more info please contact TR Instructor

This program is open to all including all members of the Unwind Your Mind Program

(8 Digit program code place here) _____ - ___ Sessions/Fee _____

Written By: Jodie Berman and Laura Gorycki

Laws, Standards, & Regulations
Fact Sheets (Applicable to all settings)



FACT SHEET

Joint Commission on Accreditation of Healthcare Organizations

<p>What is JCAHO?</p>	<ul style="list-style-type: none"> • The Joint Commission, founded in 1951, is an independent, not-for-profit organization, that accredits and certifies nearly 22,000 health care organizations and programs in the United States and is governed by a 21-member Board of Commissioners including physicians, administrators, nurses, employers, quality and innovation experts, and educators. • The Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. • Mission: To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value. • Vision Statement: All people always experience the safest, highest quality, best-value health care across all settings.
<p>Who is served by JCAHO?</p>	<p>All populations: children, youth, aged, those with illness, disability, short term, long term rehabilitation, addictions, and long term care residences.</p>
<p>What entities are covered by JCAHO?</p>	<p>The Joint Commission accreditation can be earned by many types of health care organizations, including hospitals, doctor's offices, nursing homes, office-based surgery centers, behavioral health treatment facilities, Critical Access Hospitals, Laboratory Services, Nursing Care Centers, Opioid Treatment Programs (OTP), Office-Based Surgery Centers and providers of Home Care services. These accreditations specifically include:</p> <ul style="list-style-type: none"> • Ambulatory Health Care Accreditation for primary care providers and nonsurgical settings such as Medical Group Practices and Community Health Centers.

	<ul style="list-style-type: none"> • Surgery Center Accreditation for primary care providers and nonsurgical settings such as Medical Group Practices and Community Health Centers. Surgical settings including single specialty or multi-specialty surgery centers, and for surgery centers seeking Medicare status through the "Deemed Status" survey option. • Office-Based Surgery Accreditation for surgical settings that have three or fewer individuals at the same time, either rendered incapable of self-preservation in an emergency or are undergoing general anesthesia. • Imaging Center Accreditation for freestanding Diagnostic Imaging Centers including those centers seeking to meet the Advanced Imaging Mandate. • Sleep Center Accreditation for freestanding Sleep Centers • Bureau of Primary Health Care for Bureau of Primary Health Care supported health centers. • Disease Specific Certifications include: Cardiovascular, hematology/oncology, neonatal/perinatal, neurological, orthopedic, pediatric, and women's health. • Advanced Certification include: Chronic kidney disease, comprehensive cardiac and stroke centers, heart failure, palliative care, primary stroke centers, thrombectomy-capable stroke center, total hip and total knee replacement • Other certifications: Health care staffing services, integrated care, medication compounding, memory care, primary care medical home
<p>What are the key points of JCAHO?</p>	<ul style="list-style-type: none"> • Accreditation: The Joint Commission's accreditation process concentrates on operational systems critical to the safety and quality of care, treatment or services provided to the individual. Joint Commission behavioral health care accreditation provides a framework to help manage risk and enhance the quality and safety of care, treatment and services. • Certification: Certification is earned by programs or services that may be based within or associated with a health care organization, such as the Therapeutic Recreation Department. • Standards: The Joint Commission's state-of-the-art standards focus on patient safety and quality of care. • Joint Commission surveyors visit accredited health care organizations a minimum of once every 39 months (two years for laboratories) to evaluate standards compliance. This visit is called a survey. During the survey, surveyors select patients randomly and use their medical records as a roadmap to evaluate standards compliance. Surveyors also observe doctors and nurses providing care, and often speak to the patients themselves. • Joint Commission Quality Reports give the public information on the safety and quality of care for all Joint Commission accredited/certified health care organizations. • Performance Measurements. The Joint Commission's standardized performance measure development methodology is considered the "gold standard" in health care today. The Joint Commission has successfully developed and nationally implemented many sets of standardized core performance measures for hospitals.

<p>How does JCAHO apply to therapeutic recreation/ recreation therapy?</p>	<p>The JCAHO serves as an umbrella of accountability for many of the venues in which TR is practiced. The JCAHO acts as a mechanism by which to maintain professional standards of practice by creating external accountability for those standards generated from within the profession. The JCAHO addresses these American Therapeutic Recreation Association standards:</p> <ul style="list-style-type: none"> • Standard 6. Prevention, Safety Planning and Risk Management Standard 7. Ethical Conduct • Standard 8. Written Plan of Operation • Standard 9. Staff Qualifications and Competency Assessment • Standard 10. Quality Improvement • Standard 11. Resource Management • Standard 12. Program Evaluation and Research <p>While the JCAHO has no direct accreditation or certification for Therapeutic Recreations services, there is an on-going relationship with ATRA through the ATRA Joint Commission Committee, with their mission stated as: “represent[ing] the association and the profession to The Joint Commission by participating in standards development and revisions and providing education of such to the ATRA membership.” In addition, the committee states as a goal to “develop a strategy for maintaining a recreational therapy presence under the JC ‘Shared Vision, New Pathways’ standards revision process [and to] develop and implement a process to incorporate the treatment networks and standards review process.”</p>
<p>Where can I learn more?</p>	<p>http://www.jointcommission.org/ https://www.atra-online.com</p>
<p>Resources for JCAHO</p>	<ul style="list-style-type: none"> • Holmes-Layman, P. (2014). Standards for the practice of recreational therapy and self-assessment guide. <i>Therapeutic Recreation Journal</i>, 48(1), 94–98. • Joint Commission (2019) https://www.jointcommission.org/ • Pawlson, L.G., & O’Kane, M.E. (2002). Professionalism, regulation, and the market: Impact on accountability for quality care. <i>Health Affairs</i>, 21 (3), 200-207. • Stumbo, N.J., (2002) Implications for pain management for therapeutic recreation services. <i>Annual in Therapeutic Recreation</i>, 11, 11-110.
<p>Authors</p>	<p>Liesl Begnaud, Peter Barrett</p>



FACT SHEET

Commission on Accreditation of Rehabilitation Facilities

<p>What is CARF?</p>	<ul style="list-style-type: none"> • CARF is an independent, nonprofit organization focused on advancing the quality of services individuals and families use to meet their needs for the best possible outcomes. • CARF provides accreditation services worldwide at the request of health and human service providers. Whether individuals or families are seeking rehabilitation for a disability, treatment for addiction and substance abuse, home
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	and community services, retirement living, or other health and human services, they can have confidence in their choice. Providers that meet CARF standards have demonstrated their commitment to being among the best available.
Who is served by CARF?	<ul style="list-style-type: none"> • More than 12.3 million people of all ages and abilities are served annually by CARF-accredited service providers. • They include: aging adults, individuals diagnosed with mental health disorders, adults in retirement communities, children and youth, individuals seeking physical rehabilitation, opioid treatment, and low vision rehabilitation. • The CARF International group of companies currently accredits more than 59,000 programs and services at over 27,000 locations.
What entities are covered by CARF?	<ul style="list-style-type: none"> • Aging Services • Behavioral Health • CCRC (Continuing Care Retirement Communities) • Child and Youth Services • DMEPOS (Durable Medical Equipment, Prosthetics, Orthotics, and Supplies) • Employment and Community Services • Medical Rehabilitation • Opioid Treatment Programs • Vision Rehabilitation Services
What are the key points of CARF?	<ul style="list-style-type: none"> • Through accreditation, CARF assists service providers in improving the quality of their services, demonstrating value, and meeting internationally recognized organizational and program standards. • The types of accreditations available: • One-Year Accreditation: The organization satisfies each of the CARF Accreditation Conditions and demonstrates conformance to many of the standards. • Provisional Accreditation: Following the expiration of a One-Year Accreditation, it is awarded to an organization that is still functioning at the level of a One-Year Accreditation. A Provisional Accreditation is awarded for a period of one year. An organization with a Provisional Accreditation must be functioning at the level of a Three-Year Accreditation at its next survey or it will receive a survey outcome of Nonaccreditation. • Three Year Accreditation: The organization satisfies each of the CARF Accreditation Conditions and demonstrates substantial conformance to the standards. • Nonaccreditation: The organization has major deficiencies in several areas of the standards, and there are serious questions as to the benefit of services; there are serious questions as to the benefits of services; there are serious questions as to the health, welfare, or safety of those served; the organization has failed over time to bring itself into substantial conformance to the standards; or the organization has failed to satisfy one or more of the CARF Accreditation Conditions. • Preliminary Accreditation: This allows new organizations to establish demonstrated use and implementation of standards prior to the direct provision of services to persons served. • Accreditation with stipulations: If an organization's accreditation status is displayed as having stipulations, CARF may require ongoing reporting or other action from the provider regarding its progress in maintaining conformance to the accreditation standards. • A service provider that earns accreditation must submit to CARF a signed Annual Conformance to Quality Report (ACQR) on the accreditation anniversary date in each of the years following the award.

	<ul style="list-style-type: none"> • CARF will expect a provider of services to demonstrate that the following areas are in place and well-managed before accreditation is granted: • Leadership structure, strategic planning, legal requirements, risk management, human resources, patient care plan development, communication, treatment planning, technology, accessibility, information management, admission criteria, education, discharge planning and consumer follow up, special accommodations, performance improvement plans, contingency plans, and stakeholder information.
How does CARF apply to therapeutic recreation/recreation therapy?	<ul style="list-style-type: none"> • CARF Standards would expect TR/RT to ensure quality delivery of services and maintenance of accurate documentation of services rendered within the scope of the TR practice. • Services include: • Preserving dignity and personhood of participants through person-centered approaches • Minimizing the impact of impairments and secondary complications through health and wellness education • Maximizing participation, including wellness, quality of life, and inclusion in the community by assessing individual needs, strengths, and preferences • Decreasing environmental barriers • Promoting personal safety and security • Engaging and partnering with stakeholders to increase access to services by advocating for persons with differing abilities through regulators, legislators, educational institutes, researching funding organizations, and the community at large. • Providing opportunities for community integration to optimize personal, social, and vocational competencies • Providing opportunities for leisure or recreational activities, communication, spiritual and cultural, education and training, and living skills • Providing activity alternatives to avoid or reduce time spent in more restrictive environments, such as hospitals or nursing home care • Effective admission and discharge planning as well as follow up procedures
Where can I learn more?	http://www.carf.org
Resources for CARF	<p>Additional information on CARF and accreditation can be found in the following journals:</p> <p>Alkhenizan A, Shaw C. Impact of accreditation on the quality of healthcare services: a systematic review of the literature. <i>Ann Saudi Med.</i> 2011;31:407–416. doi: 10.4103/0256-4947.83204.</p> <p>Shaw CD. Toolkit for Accreditation Programs. The International Society for Quality In Health Care. Australia: 2004. [Google Scholar].</p> <p>Montagu D. London: Department for international development health systems resource centre; [Last accessed on 2003]. Accreditation and other external quality assessment systems for healthcare: Review of experience and lessons learned. Available from:http://www.dfidhealthrc.org/publications/health_service_delivery/Accreditation.pdf</p>
Authors	Ewa Czauz, Erin Popcun, Sarah Ory



FACT SHEET

Center for Medicare and Medicaid Services

What is CMS?	Federal government entity that oversees health coverage programs of Medicare, Medicaid, and Insurance Exchanges.
Who is served by CMS?	Medicare serves people age 65 or older, under age 65 with certain disabilities, and people of all ages with End-Stage Renal Disease. Medicaid serves people who are eligible low-income adults, children, pregnant women, elderly adults and people with disabilities administered by the states. People with private health insurance through insurance exchanges with the Affordable Care Act.
What entities are covered by CMS?	Any organization that provides healthcare services to qualified CMS recipients under HIPAA regulations such as hospitals, long-term care providers, disability service agencies, physician services, and therapeutic services, etc...
What are the key points of CMS?	<ul style="list-style-type: none"> • Implement and enforce rules for patient eligibility for coverage and claims, including: <ul style="list-style-type: none"> ○ Deductibles, co-pays, and co-insurance based on financial status of patient ○ Coverage for specific medical services and procedures ○ Status of submitted health care claims • Administer operating policies for electronically shared health related information based on HIPAA (Health Insurance Portability and Accountability Act) guidelines, including providing secure and real-time access to eligibility and claims status over the Internet.
How does CMS apply to therapeutic recreation/recreation therapy?	<p>“The Centers for Medicare and Medicaid Services includes recreational therapy as a treatment and rehabilitation service used to determine federal compliance in skilled nursing, physical or psychiatric rehabilitation and long-term care facilities” (Jensen, 2016). Therapeutic Recreation is considered a related service under the Individuals with Disabilities Education Act. Recreation therapy is covered by Medicare for some conditions. Any recreational treatment must be provided by a certified therapeutic recreation specialist. These recreational therapists must provide an “active” treatment to their clients that is ordered by a physician to be covered under CMS. In addition, all interventions must be part of an individualized service plan, expected to bring an improvement to a client’s diagnosis and be supervised by a physician. Services related to activities for the basic welfare of patients are not considered therapy services for Medicare needs. All services provided must be under a therapy plan of care.</p> <p>Medicare Part B covers 80% of allowable expenses for durable medical equipment, that is prescribed by a doctor for at home use. Some assistive technology devices may fall into the category of durable medical equipment, but not all. This can be useful for someone who may use a device for medical reasons as well as recreational.</p>
Where can I learn more?	www.cms.gov
Resources for CMS	<p>“Benefits.” <i>Medicaid.gov</i>, www.medicaid.gov/medicaid/benefits/index.html.</p> <p>Digital Communications Division. “Who Is Eligible for Medicaid?” <i>HHS.gov</i>, 4 Aug. 2017,</p>

	<p>www.hhs.gov/answers/medicare-and-medicaid/who-is-eligible-for-medicaid/index.html.</p> <p>"Index". <i>CMS.gov Centers for Medicare & Medicaid Services</i>, 28 Aug. 2018. www.cms.gov/ccio/index.html</p> <p>Institute of Medicine (US) Committee on Disability in America; Field MJ, Jette AM, editors. <i>The Future of Disability in America</i>. Washington (DC): National Academies Press (US); 2007. 9, Coverage of Assistive Technologies and Personal Assistive Services. Available from: https://www.ncbi.nlm.nih.gov/books/NBK11441/</p> <p>Jensen, K. (2016, January 28). <i>Recreational Therapist</i>. Retrieved April 17, 2019, from https://hpnonline.org/services/recreational-therapist/</p> <p>Medicare Benefit Policy Manual, 160-199 §§ 15-220-230 (Centers for Medicare and Medicaid Services 2018).</p>
Authors	Rebecca Bernys, Laura Gorycki, Stephanie Hart



FACT SHEET

Home & Community Based Services/Long Term Services and Supports

What is HCBS / LTSS?	<p>Home & Community-Based Services through Medicaid is a Federal Government entity that provides opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions or other isolated settings.</p> <p>Long Term Services and Supports Through Medicaid is a Federal Government entity which allows for the coverage of long-term care services through several vehicles and over a continuum of settings, ranging from institutional care to community-based long-term services and supports.</p>
Who is served by HCBS / LTSS?	<p>HCBS and LTSS (through Medicaid) assists people who are eligible low-income adults, children, expectant Mothers, elderly adults, people with disabilities administered by the state, and people with private health insurance received through the Affordable Care Act Marketplace. Millions of children, adults, and seniors need long-term care services because of disabling conditions and chronic illnesses. Eligible individuals must demonstrate the need for a Level of Care that would meet the state's eligibility requirements for services in an institutional setting.</p>
What entities are covered by HCBS / LTSS?	<p>Home & Community-Based Services include but are not limited to: case management (support and service coordination), homemaker, home health aide, personal care, adult day health services, habilitation (both day and residential), respite care, and other types of services that may assist in transitioning individuals from institutional settings into their homes and community.</p>

	<p>Long Term Services and Support includes all home and community base services such as personal care, adult day, home delivered meals, and transportation services as well as institutional services such as nursing homes.</p>
<p>What are the key points of HCBS / LTSS?</p>	<p><u>Home & Community-Based Services</u></p> <p>HCBS programs generally fall into two categories: health services and human services. HCBS programs may offer a combination of both types of services and do not necessarily offer all services from either category.</p> <ul style="list-style-type: none"> • Home and Community Base Services (HCBS) provide opportunities for Medicaid beneficiaries to receive services in their own home or community rather than in an institution or other isolated setting. • HCBS are optional benefits, and states vary considerably in how they organize their HCBS programs. HCBS regulations set forth new requirements for several Medicaid authorities under which states may provide home and community-based long-term services and supports. The regulations enhance the quality of HCBS and provide additional protections to individuals that receive services under these Medicaid authorities. • States are responsible for continuously and effectively assuring the health and welfare of participants (HCBS) programs. Under Section 1915(c) of the Social Security Act, HCBS waivers must provide assurances to the Centers for Medicare & Medicaid Services (CMS) that the state has necessary safeguards to protect the health and welfare of participants receiving services. • States must demonstrate they have an effective incident management system for assuring waiver participant health and welfare they continually identify, address, and seek to prevent instances of abuse, neglect, exploitation, and unexplained death. • Some states provide certain HCBS in the state plan, which requires that those services be made available to all eligible beneficiaries (although states may include level of care criteria). • The term HCBS encompasses a wide range of services including personal care services provided in a home or residential care setting, supported employment, non-medical transportation, and home-delivered meals. States may not cover the same types of HCBS, or they may cover similar services using different service terms and payment methodologies. Medicaid spending on beneficiaries using HCBS varies widely, particularly for beneficiaries with the greatest long-term services and supports (LTSS) needs (MACPAC 2018) • States may also use waiver authorities such as Section 1915(c) HCBS waiver authority, which gives states flexibility to limit the number of beneficiaries receiving services, target specific populations, or limit availability to certain parts of the state. States may also use Section 1115 research and demonstration waivers to provide HCBS, or use some combination of state plan and waiver options. • Several States include HCBS services in their Medicaid State plans. Forty-seven states and DC are operating at least one 1915(c) waiver. The Centers for Medicare & Medicaid Services (CMS) works with states to assure and improve quality in Medicaid HCBS waiver programs Within broad Federal guidelines, States can develop home and community-based services waivers (HCBS Waivers) to meet the needs of people who prefer to get long-term care services and supports in their home or community, rather than in an institutional setting.

	<p>State HCBS Waiver programs must:</p> <ul style="list-style-type: none"> • Demonstrate that providing waiver services won't cost more than providing these services in an institution • Ensure the protection of people's health and welfare • Provide adequate and reasonable provider standards to meet the needs of the target population • Ensure that services follow an individualized and person-centered plan of care • States can also waive certain Medicaid program requirements under HCBS Waivers <p><u>Long Term Services and Supports</u></p> <p>Medicaid policies to determine eligibility for long-term services and supports (LTSS) focus on finances (income and assets) and measures of functional status, rather than the existence of a specific clinical condition. In other words, people become eligible because they have low incomes and assets and meet specific thresholds for clinical and functional impairment, not because they have particular physical or mental disabilities. LTSS users qualify for Medicaid based on various eligibility pathways.</p> <ul style="list-style-type: none"> • Some pathways require that individuals deplete their personal savings before becoming eligible. • Others require that individuals contribute their income each month to help cover the cost of their care in institutional and community settings. <p>States can also use one or more optional pathways designated in federal statute to provide eligibility to people with a need for LTSS. These include:</p> <ul style="list-style-type: none"> • Poverty-related pathway. • Medically needy pathway. • Special income-level pathway • TEFRA/Katie Beckett pathway. • Section 1915(i) state plan home and community-based services. • Medicaid buy-in pathways.
<p>How does HCBS / LTSS apply to therapeutic recreation/recreation therapy?</p>	<p>HCBS can assist in becoming more involved in one's community, gaining/regaining life skills, learning to advocate for oneself, and socially connecting with others.</p> <p>"The HCBS waiver program was introduced to expand community living opportunities by allowing service delivery in integrated community-based settings, including individual, family, and group homes" (Friedman, 2019). This allows for greater accessibility to Therapeutic Recreation services.</p> <p>Friedman explains that "one of the main focuses of the HCBS settings rule is meaningful inclusion" (2017). "True social inclusion requires a multidimensional combination of equitable access and quality, wherein success is measured through self-determination and empowerment ". "Success through empowerment; social inclusion asserts and goes beyond both economic equity/access, and social justice notions of equal rights for all, to maximize the potential of each human being thus supporting broader cultural transformation. Employing models of possibility instead of models of deficiency, human potential approaches take a further step beyond access and participation to encourage the interpretation of social inclusion as empowerment." (Friedman, 2017) Therapeutic Recreation takes on a strengths approach supporting the HCBS concept of person-centered, meaningful inclusion in leisure, well-being, and quality of life focused programs. In a strengths-based approach "goals and interventions are driven by</p>

aspirations identified by the person, and we judge our success in the helping relationship by whether those goals are met” (Anderson and Hayne, 2012 p.12).

The CTRS is included in the team considered to be direct support professionals as they utilize a complex balance of skills and competencies in order to provide service and assistance for the individual. Friedman explains that Direct support professionals support people with disabilities and older adults with activities of daily living as well as other tasks necessary for community integration (2019).

“Individuals who have a limited ability to care for themselves due to physical, cognitive, or mental disabilities or conditions may require a range of LTSS that include hands-on assistance” (Yocom, 2018). Therapeutic Recreation is among the services which provide the hands-on assistance needed by the participant.

As explained by Anderson and Hayne (2012, p.64-74), the participant’s environment in Therapeutic Recreation plays a role in affecting the leisure experiences in the following domains: Psychological and Emotional Domain, Cognitive Domain, Social Domain, Physical Domain, and Spiritual Domain. Wherein, the facilitation of environmental resources within each domain, help lead to outcomes in personal strengths, growth, adaptation and inclusion. Therefore, the environment of Home and Community-Based Services is likely to provide a different outcome in recreational therapy services than that of services provided within institutional settings.

As explained by Stumbo, et al., “being a valued and integral member of a community enhances one’s quality of life” (2015). Therefore, the support if therapeutic recreation in aiding to an individual’s community integration helps to “promote overall health and well being” (2015).

“86% of older adults want to stay where they are as they grow older” (Kunstler, 2001). Naturally Occurring Retirement Communities (NORCs) are becoming more prevalent as older adults, as well as their neighbors, are staying where they are. “Therapeutic Recreation in the home of the NORC residents is a logical and viable approach to addressing the physical, social, cognitive and emotional needs of an isolated population” (Kunstler, 2001).

Benefits of Therapeutic Recreation applied in a HCBS setting includes the following:

- A CTRS is able to gain a greater understanding of the participant’s interests and personal history.’
- TR services can be provided in a more natural setting; suited to the individual needs of the participant.
- Participants in a HCBS setting are less likely to have “suffered a sudden loss, trauma, or illness that often precipitates admission to an institution” (Kunstler, 2001)

Benefits of TR in LTSS provided in a locale such as an institutional setting include:

- TR services are readily available to help improve quality of life and meaning aiding in the reduction of declining health status.

	<ul style="list-style-type: none"> • A transdisciplinary approach of multiple services working collaboratively with TR can be provided on the spot. • A variety resources are readily available for TR service in an institutional setting for LTSS.
<p>Where can I learn more?</p>	<p>General Resources for Home Based Community Services and Long Term Services and Support:</p> <ul style="list-style-type: none"> • Aging Well in Communities: A Toolkit for Planning, Engagement and Action • Center to Advance Palliative Care • Department of Health and Human Services: https://www.hhs.gov/aging/long-term-care/index.html • Home and Community Based Services Clearinghouse • Leading Age (offers education, advocacy, and research related to aging) • https://www.medicaid.gov/medicaid/hcbs/authorities/1915-c/index.html • https://www.medicaid.gov/medicaid/hcbs/guidance/settings/index.html • https://www.medicaid.gov/medicaid/hcbs/downloads/requirements-for-home-and-community-settings.pdf • National Association of Area Associations on Aging • National Adult Day Services Association • National Long-Term Care Ombudsman Resource Center • PACE) is a type of HCBS that provides medical services and supports everyday living needs for certain elderly individuals, most of whom are eligible for benefits under both Medicare and Medicaid. <ul style="list-style-type: none"> ◦ https://www.medicare.gov/your-medicare-costs/get-help-paying-costs/pace • List of state websites for additional state information on PACE (PDF 90.56 KB) - April 2019
	<ul style="list-style-type: none"> • Anderson, L., Heyne, L. (2012). <i>Therapeutic recreation practice: A strengths approach</i>. State College, PA: Venture Publishing. • Eligibility for long-term services and supports. (2014). Retrieved from https://www.macpac.gov/subtopic/eligibility-for-long-term-services-and-supports/ • Friedman, C. (2017). Expanding Stakeholder Knowledge of the Home and Community Based Services (HCBS) Settings Rule. <i>Inclusion</i>, Vol. 5(3). 203-213 • Friedman, C. (2019). State Utilization of Direct Support Professionals in Medicaid HCBS Waivers. <i>American Association on Intellectual and Developmental Disabilities</i>, Vol. 57(1), 1-13. Doi: 10.1352/1934-9556-57.1.1. • Home & Community Based Services. (2014). Retrieved from https://www.medicaid.gov/medicaid/hcbs/index.html • Home & Community Based Services Health and Welfare. (2014). Retrieved from https://www.medicaid.gov/medicaid/hcbs/guidance/health-and-welfare/index.html • Kunstler, R. (2001). New Options for Therapeutic Recreation in the Naturally Occurring Retirement Community. <i>Parks & Recreation</i>, Vol. 36(5), 73-81 • Long Term Services & Supports. (2016). Retrieved from https://www.medicaid.gov/medicaid/ltss/index.html

	<ul style="list-style-type: none"> • MACPAC. (2014). Medicaid's Role in Providing Assistance with Long-Term Services and Supports. In <i>Report to the Congress on Medicaid and Chip</i> (Chapter 2), 37-72. Retrieved from https://www.macpac.gov/wp-content/uploads/2015/01/Medicoids_Role_in_Providing_Assistance_with_Long-Term_Services_and_Supports.pdf • Medicaid Optional Long-Term Services and Supports. (2014). Retrieved from https://www.macpac.gov/medicaid-optional-long-term-services-and-supports-2/ • Stumbo, N.J., Wilder, A., Zahl, M., DeVries, D., Pegg, S., Greenwood, J., & Ross, J. (2015). Community Integration: Showcasing the Evidence for Therapeutic Recreation. <i>Therapeutic Recreation Journal</i>, Vol.49(1), 35-60. • Yocom, C. (2018). Medicaid Home-And Community-Based Services. <i>United States Government Accountability Office</i>. GOA-18-628, 1-32.
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FACT SHEET

Developmental Disabilities Assistance & the Bill of Rights Act of 2000

What is DD & the Bill of Rights Act of 2000?	<p>In every state and territory, programs authorized by the Developmental Disabilities Assistance and Bill of Rights Act (DD Act) empower individuals with developmental disabilities and their families to help shape policies that impact them.</p> <p>Important research is conducted through various programs to test delivery models to help provide the most beneficial resources to self-advocates, families, service providers, and policy makers.</p> <p>DD Act programs also investigate cases of abuse and serve as advocates for individuals with developmental disabilities and their families.</p>
Who is served by DD & the Bill of Rights Act of 2000?	The DD and the Bill of Rights Act of 2000 is intended to serve Individuals with developmental disabilities, their advocates, family members, service providers, and policy makers.
What entities are covered by DD & the Bill of Rights Act of 2000?	<p>State Protection & Advocacy Systems (P&As)</p> <p>State Councils on Developmental Disabilities</p> <p>University Centers for Excellence in Developmental Disabilities Education, Research & Service (UCEDDs)</p> <p>Projects of National Significance (PNS)</p> <p>Centers for independent living</p>

	Institutions of higher education
What are the key points of DD & the Bill of Rights Act of 2000?	<ul style="list-style-type: none"> • Individuals and their families have access to individualized supports, community and community services • All forms of assistance that will promote independence, self-determination, integration and productivity • Provide inclusion to all facets of community life of the law, standards, or regulations • Individuals with developmental disabilities have a right to appropriate treatment, services, and habilitation for such disabilities. • It is the policy of the United States that all programs, projects, and activities receiving assistance under this title shall be carried out in a manner consistent with the principles.
How does DD & the Bill of Rights Act of 2000 apply to therapeutic recreation/ recreation therapy?	The Bill assures that individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life. The treatment, services, and habitation for an individual with developmental disabilities should be designed to maximize the potential of the individual and should be provided in the setting that is least restrictive of the individual's personal liberty.
Where can I learn more?	<p>https://acl.gov/about-acl/authorizing-statutes/developmental-disabilities-assistance-and-bill-rights-act-2000</p> <p>https://acl.gov/about-acl/history-dd-act</p>
Resources for DD & the Bill of Rights Act of 2000	<p>Administration for Community Living. (2019, April 21). <i>History of the DD Act</i>. Retrieved from https://acl.gov/about-acl/history-dd-act</p> <p>U.S. Congress, 106th. (2000, October 30). <i>PUBLIC LAW 106-402—OCT. 30, 2000 114 STAT. 1677</i>. Retrieved from https://acl.gov/sites/default/files/about-acl/2016-12/dd_act_2000.pdf</p> <p>Department of Health and Human Services, A. f. (2017, April 26). <i>The developmental disabilities assistance and Bill of Rights Act of 2000</i>. Retrieved from Administration for Community Living: https://acl.gov/about-acl/authorizing-statutes/developmental-disabilities-assistance-and-bill-rights-act-2000</p>
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FACT SHEET

IDEA

<p>What is IDEA?</p>	<ul style="list-style-type: none"> • The Individuals with Disabilities Education Act (IDEA) is a piece of legislation in the United States that ensures students with a disability are provided with Free Appropriate Public Education that is made to fit their needs, individually. • From 1975 to 1990, IDEA was known as Education for All Handicapped Children Act. • The overall goal is to provide children with disabilities the same opportunity for education as those students who do not have a disability.
<p>Who is served by IDEA?</p>	<ul style="list-style-type: none"> • IDEA serves children (ages 3-21 years) who have specific disabilities that have an impact on a child's ability to learn. • Children between the ages of 3-5 years must have one or more developmental delays in cognitive, communication, social, emotional, or adaptive development. • School-age children (5-21 years) must have one of the following: autism, intellectual disability, hearing impairment, deaf-blindness, multiple disabilities, emotional disturbance, orthopedic impairment, specific learning disability, speech or language impairment, deafness, traumatic brain injury, visual impairment, or other health impairments.
<p>What entities are covered by IDEA?</p>	<ul style="list-style-type: none"> • Infants and toddlers, birth through age 2, with disabilities and their families receive early intervention services under IDEA Part C. Children, and youth ages 3 through 21 receive special education and related services under IDEA Part B.
<p>What are the key points of IDEA?</p>	<ul style="list-style-type: none"> • To ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment, and independent living. • To ensure that the rights of children with disabilities and parents of such children are protected. • To assist States, localities, educational service agencies, and Federal agencies to provide for the education of all children with disabilities. • To assist States in the implementation of a statewide, comprehensive, coordinated, multidisciplinary, interagency system

	<p>of early intervention services for infants and toddlers with disabilities and their families.</p> <ul style="list-style-type: none"> • To ensure that educators and parents have the necessary tools to improve educational results for children with disabilities by supporting system improvement activities; coordinated research and personnel preparation; coordinated technical assistance, dissemination, and support; and technology development and media services. • To assess, and ensure the effectiveness of, efforts to educate children with disabilities.
<p>How does IDEA apply to therapeutic recreation/ recreation therapy?</p>	<ul style="list-style-type: none"> • One of the primary purposes for therapeutic recreation in schools is to help students learn how to use their leisure time effectively and in ways that help improve their overall quality of life. The IDEA indicates four specific aspects of recreation as a related service: (1) assessment of leisure function, (2) therapeutic recreation services, (3) recreation programs in schools and community agencies, and (4) leisure education. Each aspect can be described by the following: • Assessment of leisure function: A comprehensive assessment of the student's leisure skills, attitudes, interests, and abilities are administered to assess student's functional strengths. Also, the assessment could address current recreation patterns, social skills, facilitators and barriers to recreation participation, and the ability of the student to participate in a variety of activities. An assessment provides the basis for developing the Individualized Education Program (IEP) goals and planning for future planning. • Therapeutic recreation services: Recreation programs are designed to help grow the student's leisure functioning, along with the dimensions of well-being. This process involves an individualized assessment, development of the student's goals and objectives, identify any needed accommodations for the student, program implementation, documentation and evaluation of the student's progress. Depending on the student's interests and likes, he or she may participate in activities such as hobbies, games, music, art, drama, nature activities, and sports, to name a few and many other activities. • Recreation programs in schools and community agencies: The IDEA supports students with disabilities of their involvement in recreation during school and outside of school. The certified therapeutic recreation specialists (CTRS) helps schools join together with afterschool programs, youth development programs, community parks, and recreation, and summer camps to accomplish an Individualized Education Program (IEP) goals during their after-school activities. These partnerships strengthen school-community interrelations, engage assistance from community-based therapeutic

	<p>recreation specialists and programs, and support transition-age students as they learn to use the community recreation resources independently.</p> <ul style="list-style-type: none"> • Leisure education: Therapeutic recreation specialists teach the student's knowledge, skills, and attitudes related to meaningful leisure involvement. Students will gain awareness of their recreation participation, learn appropriate social behaviors, become familiar with leisure resources, and be able to identify leisure barriers and facilitators. Students may also learn to be more mindful by savoring their recreation activities more and use their strengths to the fullest amount during their leisure experiences. Therapeutic recreation specialists also help train parents and educators about how educational outcomes can be strengthened through recreation.
Where can I learn more?	<ul style="list-style-type: none"> • https://sites.ed.gov/idea/
Resources for IDEA	<ul style="list-style-type: none"> • Heyne, L., & Anderson, L. (n.d.). IMPACT Therapeutic Recreation in Schools: Supporting Children's Social and Emotional Well-Being. Retrieved from https://ici.umn.edu/products/impact/241/12.html • IDEA. (n.d.). Retrieved from https://sites.ed.gov/idea/ • Special Needs Resource Directory. (n.d.). Retrieved from https://www.cincinnatichildrens.org/patients/child/special-needs/education/school/idea
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FACT SHEET

The Americans with Disabilities Act (ADA)

What is ADA?	<p>The ADA is a civil rights law that prohibits discrimination against individuals with disabilities, including all places that are open to the general public. This includes schools, jobs, transportation, and private places that are open to the general public. The ADA was created to ensure that individuals with disabilities receive the same opportunities and have the same rights as individuals without disabilities. The ADA's goals could be compared to the efforts of organizations and laws associated with individuals that are</p>
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	<p>ensured rights on the basis of color, race, sex, age, national origin, and religion. A key component, and the most commonly known, of the ADA is the development of the 2010 ADA Standards for Accessible design which sets the minimum requirements for “newly designed and constructed or altered State and local government facilities, public accommodations, and commercial facilities to be readily accessible to and usable by individuals with disabilities” (Department of Justice 2010).</p>
<p>Who is served by ADA?</p>	<p>The ADA serves qualified individuals with disabilities in job application procedures. Qualified individuals with a disability can perform the essential job functions that are required, with or without reasonable accommodation. The ADA covers employers with 15 employees or more. The ADA impacts the lives of individuals of various disabilities through their work with increasing accessibility to all populations. Such impact includes their title III rule stating that publicly operated movie theaters exhibit accommodations such as closed captioning with movies when available which was enacted in December 2016.</p>
<p>What entities are covered by ADA?</p>	<p>A majority of facilities that are open to the general public must comply with the standards that are identified in the ADA. This includes residential facilities, amusement parks, recreational boating facilities, fitness centers, fishing piers and platforms, golf facilities, play areas, saunas and steam rooms, shooting facilities, historic preservation programs, swimming pools, wading pools, and spas. There are currently 8 federal agencies that ensure the consistent and effective implementation of the regulations stated by the ADA.</p>
<p>What are the key points of ADA?</p>	<p>The ADA is divided into five titles, or sections that relate to various areas of public life. They are as follows:</p> <ul style="list-style-type: none"> - Title I (Employment): This title is known as the Equal Employment Opportunity for Individuals with Disabilities. The title was created to help individuals with disabilities receive the same employment opportunities as those individuals without disabilities. Employers are required to provide reasonable accommodations to qualified employees. This part of the law is enforced by the U.S. Equal Employment Opportunity Commission. - Title II (State and Local Government): This title is known as the Nondiscrimination on the Basis of Disability in State and Local Government Services. This title prohibits discrimination against individuals with disabilities in all programs, activities, and services of public entities. - Title III (Public Accommodations): This title is known as the Nondiscrimination on the Basis of Disability by Public Accommodation and in Commercial Facilities. This title prohibits private places of public accommodation from discriminating

	<p>against individuals with disabilities.</p> <ul style="list-style-type: none"> - Title IV (Telecommunications): This title requires internet and telephone companies to provide a nationwide system that relay services that allow individuals with hearing and speech disabilities to communicate over the telephone. - Title V (Miscellaneous Provisions): The last title has a variety of provisions that are related to the ADA as a whole. Some of these include: its relationship to other laws, prohibition against retaliation and coercion, and attorney's fees.
<p>How does ADA apply to therapeutic recreation/ recreation therapy?</p>	<p>The ADA promotes inclusion, which is a vital piece of the TR/RT puzzle. Recreational therapists can deliver services to individuals with disabilities without limitations, per the ADA. Community integration occurs seamlessly because the ADA requires most facilities to offer services to all populations.</p> <p>Integration is fundamental to the purpose of the ADA. Despite the existence of separate or special programs designed to provide a benefit to persons with disabilities, most programs cannot be used to restrict the participation of persons with disabilities in general activities (Montgomery & Kazin, 2019).</p> <p>Recreational therapists have the opportunity to develop and implement programs, meeting the needs of all citizens. This can be achieved because the ADA requires that parks and recreation programs and services are provided in the most integrated setting.</p>
<p>Where can I learn more?</p>	<p>https://www.ada.gov/</p> <p>https://www.dol.gov/general/topic/disability/ada</p> <p>Phone: (800) 514-0301 (voice)</p> <p>(800) 514-0383 (TTY)</p>
<p>Resources for ADA</p>	<p>Department of Justice. (2010). 2010 ADA Standards for Accessible Design. Retrieved from https://www.ada.gov/2010ADASTandards_index.htm</p> <p>About the ada standards. (n.d.). Retrieved April 22, 2019, from https://www.access-board.gov/guidelines-and-standards/buildings-and-sites/about-the-ada-standards</p>

	<p>Facts about the americans with disabilities act. (n.d.). Retrieved April 22, 2019, from https://www.eeoc.gov/eeoc/publications/fs-ada.cfm</p> <p>What is the americans with disabilities act (ADA)? (n.d.). Retrieved April 22, 2019, from https://adata.org/learn-about-ada</p>
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FACT SHEET

Commission for Accreditation of Park and Recreation Agencies (CAPRA)

What is CAPRA?	<p>The CAPRA is an organization that accredits U.S. park and recreation agencies for upholding a standard of high quality operation and service. The CAPRA acts as a credible source and a means of public assurance that a park or recreation agency has meet national standards of best practice both in practice and in the agency's goals. The CAPRA provides accreditation for a wide range of facilities and systems including counties, regional authorities, and educational settings. The CAPRA believes that "each community is unique and may meet the standards in differing ways" (CAPRA Standards pg2).</p>
Who is served by CAPRA?	<p>The CAPRA serves park and recreation agencies, including counties, schools, military installations, townships, municipalities, and councils of government. Overall, The CAPRA serves communities, and people of all abilities. On a micro level, the CAPRA serves individuals, enhancing an individual's' well-being and quality of life through their services.</p>

<p>What entities are covered by CAPRA?</p>	<p>There are currently 169 parks and recreation agencies that are accredited through CAPRA. A majority of the agencies that are accredited through CAPRA are community Park and Recreation Departments, though Community Services Department, Cultural Affairs, Open Spaces Department, and Leisure Services, to name a few, are also seen.</p>
<p>What are the key points of CAPRA?</p>	<p>The CAPRA standards were last revised in 2014, and are referred to as CAPRA Standards 2014 (5th Edition).</p> <ul style="list-style-type: none"> - Accreditation is based on 151 standards for national accreditation, in which “all 37 Fundamental Standards..., and 103 of the 114 Non Fundamental Standards upon initial accreditation and 108 of the 114 Non-Fundamental Standards upon reaccreditation”(CAPRA Standards pg 2) must be meet by parks and recreation agencies. - Accreditation for the CAPRA is based on a five-year cycle that includes the development of the agency self-assessment report, the onsite visitation, and the Commission’s review and discussion, and a yearly annual report that exhibits continued upholding of national standards upon accreditation. - The standards that the CAPRA use are based on quality of service dealing with all aspects of a park and recreation agency. - The CAPRA assesses park and recreation agencies that take on both roles of providing park systems and recreation programs and services, as well as those that take on a singular role of one or the other. - The CAPRA also provides standards for park and recreation agencies who are conducted by a wide array of authorities such as county governing or park districts.. The CAPRA provides standards for park and recreation agencies of differing sizes “in terms of personnel, budget, and population served”(CAPRA Standards pg 2).
<p>How does CAPRA apply to therapeutic recreation/ recreation therapy?</p>	<p>Recreational therapists have the opportunity to work in Park and Recreation agencies. There are often Therapeutic Recreation units within the agency. The CAPRA focuses on three pillars to impact communities: health and wellness, conservation, and social equity. All three pillars relate well to therapeutic recreation. The first pillar, health and wellness, applies to therapeutic recreation because health, wellness, an improved quality of life, and an improved overall sense of well-being are significant goals of TR.</p> <p>The CAPRA focuses on ensuring that local parks and recreation agencies provide health and wellness opportunities for all populations in the United States. Therapeutic Recreation also has a focus on providing opportunities for all. The second pillar, conservation allows for the connection of people</p>

	<p>and nature, and to engage communities in the conservation of green spaces and public parks. One intervention of therapeutic recreation is the therapeutic use of nature. Conserving our local parks and green spaces allows communities to connect with the nature around them, and to have more opportunities to do so.</p> <p>The third pillar, social equity, focuses on making sure that everyone has access to the benefits of local parks and recreation. The CAPRA prides themselves on providing access to public parks, programs, facilities, space, and recreation regardless of the color of their skin, income level, age or ability. In the ATRA code of ethics, justice is one of the principles, which states that TR services should be provided to individuals without regard to race, color, creed, gender, sexual orientation, disease/disability, and social and financial status.</p>
<p>Where can I learn more?</p>	<p>https://www.nrpa.org/certification/accreditation/capra/</p> <p>Email: CAPRA@nrpa.org</p> <p>Phone: (703) 858-2155+</p>
<p>Resources for CAPRA</p>	<p>Code of ethics. (2009, July). Retrieved April 20, 2019, from https://www.atra-online.com/page/Ethics</p> <p>Commission for Accreditation of Park and Recreation Agencies: the national accreditation standard fifth edition (2014) https://www.nrpa.org/siteassets/capra-standards-5th-edition-2014.pdf</p> <p>The National Recreation and Parks Association. Retrieved from https://www.nrpa.org/certification/accreditation/capra/</p> <p>The National Recreation and Parks Association. Retrieved from https://www.nrpa.org/certification/accreditation/CAPRA/capra-standards/</p>
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