

Fun-Time Online!



A series of virtual programs being offered through NWSRA to people of all ages that meet their physical, social, leisure and emotional needs. Topics include Cooking and Nutrition, Fitness and Wellness, Nature, Sensory, and Arts and Crafts.

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Fun-time, Online!

An NWSRA Virtual Program

Northwest Chicago, IL

Introduction and Background:

The NWSRA or Northwest Special Recreation Association, throughout its 40-year history has provided many opportunities for children and adults with disabilities to participate in recreation. NWSRA offers great Therapeutic Recreation to 17 Park Districts in the suburbs of Chicago. Northwest Special Recreation Association offers a wide variety of recreation activities at each of their locations. “In the heart of your community, individuals with disabilities have the opportunity to make friends, have fun, go new places, learn new things, be included and celebrate their lives at NWSRA” (NWSRA, n.d).

Programs at NWSRA locations receive over 14,000 registrations each year with 2,000 new recreational services. Certified staff members and volunteers help programs such as camps, virtual and in-person programs, trips, events and more. The NWSRA has advanced technologies such as virtual reality, 3D printers, computers, sensory items, iPads and much more. They offer sensory rooms also known as Snoezelen rooms which allow a participant to be immersed in a multisensory environment for their comfort and to enhance their productivity. Northwest Special Recreation Association is home to over 600 athletes who compete in 16 sports too. (NWSRA, n.d).

The NWSRA “holds the distinction of Accredited Distinguished Agency with Illinois Park and Recreation Association from 2010-2015” (NWSRA, n.d.) In addition, they have increased the selection/amount of their virtual and remote programs.

Fun-Time, Online! is a series of virtual programs being offered through NWSRA to children, teens, young adults and adults that meet their physical, social, leisure and emotional needs. Topics included in this program are Cooking and Nutrition, Fitness and Wellness, Nature, Sensory, and Arts and Crafts.

Needs Assessment:

In order to participant in any programs with the NWSRA, the participant, parent, or guardian of participant must submit the Fillable Registration Form, Participant Information Sheet, and a Medical Conditions Form (if applicable). If the program were to transition from online to in-person, a COVID Consent Agreement form would also be required.

The American Therapeutic Recreation Association (ATRA) defines recreational therapy as a treatment 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 caused by an illness or disabling condition" (ATRA, 2009). Recreational therapy differs from other forms of therapy because the focus is primarily on utilizing leisure to improve our participants well-being and strengthen their quality of life. This comprehensive plan includes various meaningful programs that are built utilizing theories and research to improve our participants' well-being and explore leisure opportunities. Benefits from these therapeutic interventions are as follows:

- Increased leisure education and opportunities
- Increased exposure to inclusive experiences
- Improved self-confidence
- Increased independence
- Decreased feelings of loneliness, isolation, depression, or anxiety
- Increased socialization and sense of community
- Improved fine motor skills, flexibility, and physical fitness
- Increased support system

As a result of this program being constructed around the strengths-based theory, participants are taught to transform their mindsets from one of a deficits-based approach to one that focuses on their capabilities to improve their quality of life.

Theory Base:

The subsequent theories have contributed to the development of therapeutic recreation field as well as the development of this program. The importance of incorporating these theories into the program are demonstrated through the increased client outcome probability, evidence specific rationale, and standard of practice achieved through the therapeutic recreation discipline. (Stumbo & Wardlaw, 2009).

STRENGTHS-BASED APPROACH

Strengths are at the heart of recreational therapy practice due to studies showing that therapeutic recreation specialists are most successful in helping people achieve their goals and aspirations by focusing on their strengths. The strengths-based approach is ecological, meaning that it includes the internal and external concepts. Anderson & Heyne (2012) explain the importance of the strengths-based approach in therapeutic recreation because the people we are working with are viewing as individuals with potential that is waiting to be developed, rather than having problems of some sort to fix.

BROADEN-AND-BUILD THEORY OF POSITIVE EMOTIONS

The broaden-and-build theory of positive emotions was developed by Barbara Fredrickson to recognize the importance of positive emotions and enjoyment in order to experience happiness. This theory explains that positive emotions can “broaden” the outlook of an individual, as well as to progressively “build” the individual’s resources that help the individual to flourish. Fredrickson argues that positive emotions allow individuals to flourish by opening themselves up to discover and build new skills, new knowledge, and new ways of being. (Anderson & Heyne, 2012). This theory was important to the development of the program primarily due to the short-term benefits of broadening an individual’s experiences, as well as the long-term benefits through building their resources to achieve a life in which they flourish.

SELF-EFFICACY

Albert Bandura created the concept of self-efficacy with close relation to the self-determination theory, however, self-efficacy differentiates from the theory by focusing on what an individual can do rather than what the individual will do. (Anderson & Heyne, 2012). Bandura’s theory supports that information gained through experiences involving skills and abilities are the most influential in developing self-efficacy. (Dattilo & McKenney, 2016). This program has group sessions to allow the individual to connect with others and grow together while learning from other’s successes and mistakes through Bandura’s four different pathways to self-efficacy.

1. **Mastery experiences:** By creating activities that allow participants to progressively experience success and experience a sense of mastery, the participants sense of capability and confidence grows.
2. **Social modeling:** Observing people performing skills or activities that we would like to master can increase our belief in personal success as a result of witnessing them succeed. An additional benefit from observing others is the opportunity to learn the knowledge, attitudes, or behaviors that are required to succeed, or strategies to overcome the barriers of the activity.
3. **Social persuasion:** Persuasion from others can encourage participants that they have the characteristics and qualities to master an activity, decreasing their self-doubt and strengthening their self-efficacy.
4. **Physical and emotional states:** The way that a person feels both physically or emotionally influences their perception of self-efficacy. These programs are focused on learning to cope with stress and reduce negative reactions, building positive emotions, and reducing false interpretations of capabilities in order to improve participants perceptions of self-efficacy and improve their well-being.

Guiding Principles:

This comprehensive program is built upon the principles of theoretical frameworks and models that have molded the field of therapeutic recreation to be one that focuses extensively on

well-being. Psychologists have identified various dimensions of well-being to contribute to “the good life” such as acceptance of oneself, environmental mastery, and purpose in life. Martin Seligman (2011) created the theory of well-being known as PERMA, in which he declared that five elements each contributing to the good life were necessary. Seligman identified positive emotions, engagement with life, relationships that are positive, meaning or purpose in life, and achievement or accomplishment as the five elements influential over one’s ability to flourish. Our variety of activities in this comprehensive program allow for participants to develop the skills and elements toward creating a foundation that allows them flourish.

By utilizing the Flourishing through Leisure Model, this program was created focusing on implementing strategies that build the participant’s internal and external strengths, as well as their resources. The Flourishing through Leisure Model is created of strategies that focus on the different domains of well-being including psychological/emotional, cognitive, social, physical, and spiritual. (Anderson & Heyne, 2012).

The therapeutic recreation field is built to provide a universal approach to working with participants, regardless of the program, environment, or delivery setting. Assessment, Planning, Intervention, Evaluation, and Documentation (APIED) are the foundation to assuring systematic provision of quality recreational therapy services that allow our participants to improve their overall well-being. (ATRA). Our program utilizes the APIED process in order to best serve our participants and provide consistent opportunity for growth and evaluation of our practices. The following are guiding principles that our recreational therapists follow in order to best serve participants through the various leisure experiences and increase their personal growth.

- All individuals will be evaluated independently and evaluated on their own personal strengths.
- Recreational personnel will provide a safe and supportive environment for all participants.
- Recreation personnel will support participants identifying their strengths and working to develop them, rather than framing factors as problems.
- All intervention plans will be created with input from participants to ensure that they are recognized as the experts of their bodies.
- Participants will be provided continuous opportunities to share and develop their plans throughout the APIED process.
- Through the incorporation of leisure experiences, recreation personnel will be building strengthening participants psychological/emotional, cognitive, social, physical, and spiritual well-being.

Purpose:

Our purpose is to design and implement an impactful, virtual, activity-based programs utilizing a strengths-based approach. We intend to assist individuals with developmental disabilities succeed to the best of their ability physically, cognitively, spiritually, emotionally. This will be achieved through the use of therapeutic recreation and leisure activities such as sensory therapy, arts and crafts, nature, nutrition and cooking and fitness and wellness to help participants reach their goals.

Goals:

- To provide therapeutic recreation services that focus on sensory, fitness and wellness, nature and travel, nutrition and cooking and arts and crafts.
- To provide services using a strengths-based approach.
- To assist participants in developing skills and knowledge in a variety of areas.
- To develop and implement age and skill-level appropriate modifications to allow participants to fully engage in programs.
- To provide up-to-date services based on evidence-based practices.
- To improve individual's quality of life and well-being.
- To increase participant's confidence in social, emotional and activity settings.
- To instill knowledge and interest of the variety of leisure/recreation opportunities available to our participants.

Outcomes for Participants:

With participation and engagement in our comprehensive plan:

- Individuals will be able to recognize and use their strengths in recreation/leisure activities.
- Participants will engage or increase interest in activities offered during the programs.
- Participants will be able to identify positive effects recreation therapy has on their quality of life.
- Participants will display development in communication and social skills.
- Participants will display development in their physical and mental health/stress management.

Mission:

"We exist to provide outstanding opportunities through recreation for children and adults with disabilities" (NWSRA, n.d.).

Vision:

“To be a leading force, creating greater options that enrich the life experiences of the participants, families and communities we serve” (NWSRA, n.d.).

Values:

Teamwork	Quality of Life
Support	Leisure
Respect	Inclusivity
Enthusiasm	Engagement
Collaboration	Communication
Well-being	Creativity

Program Impact Statement:

Participants engaging in our comprehensive plan will have the opportunity to “meet” others online during our virtual programming. Our interventions have each individual in mind and are created to be inclusive and adaptable for all levels of ability. Individuals will set goals and see success in different areas of their daily lives such as physical health, cognitive health, spiritual/emotional health and increased confidence in social interaction. The goals will be met by programs based on topics such as, sensory therapy, arts and crafts, nutrition and cooking, fitness and wellness and nature. Through this plan we seek to allow for an overall increase in quality of life for each of our participants.

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Specific Program Protocols

Title
New Year's Resolution Vision Board and Discussion
Brief Description of TR Service/Program
<p>Group Size: 2- 10 participants Age: Adults (48 years old and older) Description: This program is designed for a single virtual craft session designed to engage and serve adults with developmental disabilities in group setting online. This program offers participants to express themselves and their hopes for the New Year through the design and utilization of "New Year's Resolution Collage" for practicing mindfulness and improving emotional and social well-being.</p>
Research on Efficacy/Literature Review Summary
<p>Leisure Efficacy In the development of this activity/program, little to no research exists regarding New Year's Resolutions and its effects on socialization, improvements on mood and behavior, and well-being with the context of adults with developmental disabilities. However, there is sufficient research regarding the use of art therapy and individuals with developmental disabilities.</p> <p>The use of arts and leisure as a therapeutic modalities, allows participants to feel a sense of meaning, purpose, and freedom. The use of expressive and creative art therapy allows participants to connect with their authentic self (Dattilo & McKenney, 2016, p. 233). The therapeutic use of art is to "promote self-expression as well as improve physical, social, cognitive, and emotional function" (Dattilo & McKenney, 2016, p. 233). According to Harlan (2008) three key concepts should be kept in mind when conducting artistic expression with adults with developmental disabilities. The first is to keep the program age-appropriate that provides meaningfulness. When programs are not age- appropriate they will use meaningfulness and will not challenge the participant. The second is exploration of the developmental issues. Lastly, creative expression should foster an increase in self-esteem and autonomous functioning. Research has discussed the beneficial aspect and effects of the effectiveness of the therapeutic use of art with individuals with developmental disabilities.</p> <p>Arts and Crafts Efficacy Over the past thirty years, creative art activities have increasingly become more popular and widely accepted modalities to improve human functioning, health, and well-being (Huang & Dodder, 2002). According to Karst (1982; seen in Huang & Dodder, 2002) creative self-expression may transcend the limitations of intellectual and developmental disabilities/impairments. Thus, creative therapy can be a medium to help people learn to initiate activities beyond their perceived limitation (Huang & Dodder, 2002). Within the setting of traditional health care settings (e.g., rehabilitation), art therapy and artistic expression has shown to improve self-esteem, mood, behavior and promote health and well-being (Wanda, et al., 2019). Many studies have been done regarding art therapy and occupational therapy and how practitioners may integrate artistic expression into therapy (Wanda, et al., 2019). However, there is insufficient research is done with regards to therapeutic recreation and its use with individuals with developmental disabilities and art.</p> <p>Affirmation Efficacy Creative and expressive art therapy can best be theorized when discussing the self-determination theory. The self-determination theory enhances understanding of intervention effectiveness, by using expressive arts to teach participants about decision making processes (Dattilo & McKenney, 2016, p. 245). Generally speaking, New Year's resolutions provide an opportunity for individuals to change habits or challenge oneself to do something or try something they have never done or to do some activity in more often. This allows individuals to reflect on the past year and look to the future with optimism. This mindfulness-based approach to developing and establishing New Year's Resolution allows for individuals to reflect and contemplate what changes they would like to see in themselves. A draw back to the formation of New Year's Resolution is they are often complex, and accountability is lacking, thus individuals set goals and objectives that are unrealistic and have little to no accountability. Within the confines of this program,</p>

the goal is to establish simple and straight forward New Year's Resolution that have accountability to ensure participants are able to meet their desired goals and objectives.

Benefits of a Vision Board

There are many benefits of having a vision board. Vision boards allow for a non-verbal communication of goals and objectives and individuals seeks to achieve when a specific time. The first benefit of developing a vision board is allows a participants goals to be clear and reflected. The second is it provides regular reminders of goals and objectives through the day, weeks, months, and year. Motivating participants to achieve their goals and objectives. Vision boards additional improve self-confidence, self-determination, and self-image. Lastly, the vision board fosters creativity and positive emotions. This is done through the physical representation of dreams/goals a participant has, and what they most value in life. When individuals are able to visualize what makes them happy or achieving goals they are able to live more fulfilled and meaningful lives.

Referral Criteria

- Self-referral or a referral from physician, specialist, nurse, PT, OT, or community agency referral.
- The CTRS will work in corporation with physician(s), nurses, OTs, PTs, and/or specialists according to their protocols.
- The CTRS will act according to and consistent with standards for setting of requests with include referrals and physician orders. The physician orders will include assessment and treatment according to ATRA standards.
- The CTRS will follow ATRA standards/Code of Ethics/Guidelines.
- The CTRS will conduct a thorough assessment of the individual's strengths, needs, goals.
- The CTRS will recommend activity adaption for the client after their interview and assessment.

Goals

- Provide inclusive and person-centered programing for all participants.
- Provide appreciate adaption for participants to fully participate in programming.
- Provide oppotunities for participants to increase emotional well-being.
- Provide oppotunities for participants to practice social interaction skills.
- Provide oppotunities for participants to increase self-confidence and self-esteem.
- Provide oppotunities for participants to increase decision making.

Measurable Objectives

- Each participant will create at least one affirmation painting per session they will share with participants during the discussion.
- Each participant will be able to define what an affirmation is when asked by the CTRS.
- Each participants will interact with other participants at least one time during activities, either independently or when prompted by the CTRS.
- Each participant will express at least two positive emotions during the discussion and after sharing their picture.

Time Required

- 45 to 60 minutes for the activity and any clean up required.

Materials, Equipment, and Resources Needed

- Online registration
- Internet or Wi-Fi access
- Method of payment
- Computer, smartphone, table, laptop
- Table and chair
- Well lite room
- Pens/markers/sharpies, cardstock or thick paper, or poster board

- Versatile adapted tool holder (PVC), if necessary
- Magazines
- Safety scissors or adaptive scissors
- Glue/ double-sided tape

Activities (Content)

The program is broken down into two sessions:

- Session 1 (week 1): Making your Collage
- Session 2 (week 2): Sharing Collage and Discussion

Introduction:

Welcome participants to session. Check that video and audio are functioning properly, and alert tech support if any technical difficult occur. Have participants and team members introduce themselves. Review goals and objectives of the activities for the day. Review safety measures for activity. Ensure participants have materials ready.

Warm-Up Activity:

Ask participants if they have every done a New Year’s Resolution before and what their experience has been with doing one. Then discuss what a New Year’s Resolution is and provide some examples.

Main Activity:

Ask participants to write down any New Year’s Resolutions they have. Share the following link, <https://www.kroger.com/health/wellness-your-way/wellness-tips/101-simple-new-years-resolutions>, that provides some examples of simple New Year’s Resolutions.

Debriefing:

Session 1 – Discuss what inspired or motivated participants during the program.

Session 2 – Discuss how they plan on achieving and maintaining their New Year’s Resolution.

Conclusion:

Sessions 1 and 2 – Thank participants and support staff/family members/caregivers for joining. Encourage participants to share their vision boards with others. Ask for feedback from participants, staff, caregivers, and volunteers (if applicable).

Methods (Process)

Introduction:

“Welcome to ‘New Year’s Resolution Vision Board’! Before we get started with today’s session, can everyone hear and see me okay? Today we will be creating a vision board. A vision board or a dream board, is essentially a physical representation of your goals and what you want to achieve in life. Since New Year’s is right around the corner, I figure we would apply the idea of a vision board with that of New Year’s Resolutions. In today’s session we will be creating our own vision board by cutting out magazines and gluing what inspires us to the board or paper we have in front of us.”

Warm-Up Activity:

Session 1 - “Let’s start with our group New Year’s Resolution. What does everyone want our group resolution to be?”

Session 2 – “Please introduce yourself and share with the group one thing you are excited about doing in the New Year”

Main Activity:

Session 1

“Does anyone know where the idea of creating a New Year’s Resolution comes from? The idea of a New Year’s Resolutions is about 4,000 years old and dates back to the Babylonians. They would hold celebrations to honor the new Year. The idea of creating a resolution for the ancient Babylonians was to promise to payback their debts and return objects they borrowed throughout the previous year. So over, time the idea of creating a New Year’s Resolution become

less about repaying debts and more about what goals we have for ourselves in the New Year. Some ideas for resolutions may be to walk more instead of drive everywhere or to spend more time with family and friends or spend less time playing video games or watching TV.”

Session 2

“Now, the fun part! Let’s go around the group and share our vision boards you created in the last session. When you are going presenting what you put on your vision board, I would like you to also explain why you put that particular imagine on the board.”

Debriefing:

Session 1

“I want everyone to just quickly share one or two things they put or drew on their vision board and why they put those things on the board.”

Session 2

“I would like to thank everyone for sharing what they put on their boards. Now I would like to take a few moments to discuss (1) how we plan on achieving the goals we have put on our vision boards and (2) how do we feel making our vision board.”

Conclusion:

Sessions 1 and 2

“I want to thank everyone for joining us for ‘New Year’s Resolution Vision Board and Discussion’ program. Everyone’s boards look amazing. I encourage you to use your vision boards at home and put it somewhere where you are reminded of your goals and how you will achieve them. My hope is that you achieve your goals and maintain them in the year to come. Does anyone have anything they wish to say or give any feedback on today’s session?”

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

- **Safety Considerations:** To ensure the atmosphere comfort of participants during the activity, including a sense of feelings, and assure emotional safety. Allow the group adequate time to discuss and share. Draw out and assure social safety for those who seem to want to share, but don’t look comfortable or confident in joining the group discussion. Safety precautions with safety scissors. Visual supervision may be necessary.
- **Age Considerations:** For an adult group (ages 48 and older), encourage them to share their thoughts comfortably.
- **Other Considerations:** Always be motivational and encouraging to create a joy and meaningful experience for the group. Use activity analysis before the activity.

Expected Outcomes and Contraindications (benefits and harms)

- **Expected Outcomes:**
 - Participants will increase their interest in the process of art making.
 - Participants will be able to practice mindfulness with art making.
 - Participants will be able to identify what a “New Year’s Resolution” is and provide at least 2 examples.
 - Participants will practice social interaction skills with others through virtual video sessions.
 - Participants will practice decision-making when participating in the program.
- **Contraindications**
 - Participants may experience negative emotions, including frustration, rejection and overwhelm.
 - Participants may experience fear of social situations and/or may have had a negative experience in a social situation.
 - Participants may experience the sense of gap to bring activities into life and use.
 - Participants may experience technical issues and require assistance.

Documentation (forms, frequency, etc.)

- All materials must be safe and non-toxic.

- Provide a safe craft area free of obstructions and hazards.
- Teach safety and make sure participants have safe handling of all tools.
- Ensure participants know they can share/participate only in what they feel comfortable with.
- Provision of one-on-one assistance if needed in any area of the activity.
- Visual supervision is recommended.
- CTRS will document participation and attainment of goals in each session for the purpose of program evaluation.
- Staff/caregivers will complete progress notes for each participant after each session.

Evaluation Plan

- Survey participants' knowledge of crafts and leisure awareness prior to the first session.
- Participants will complete a survey following the last session to compare improvement and changes.
- Progress notes, such as SOAP, are recommended for each participant and for future use and reference.

Staff Qualified to Deliver Service (training or certification requirements)

- Certified Therapeutic Recreation Specialist Certified (CTRS) or CTRS Eligible preferred through NCTRC.
- Staff must hold a bachelor's degree in Therapeutic Recreation or a related field with specific coursework in Therapeutic Recreation.
- Activities Assistants should be available under CTRS supervision.
- All staff should be familiar with the diagnoses and relevant medical conditions of the clients being served.

Safety/Risk Management/Precautions

- All materials must be safe and non-toxic.
- Boards with rounded corners may be appropriate for some settings and populations.
- Provide a safe craft area free of obstructions and hazards.
- Teach safety and make sure participants have safe handling of all tools.
- Ensure participants know they can share/participate only in what they feel comfortable with.
- Provision of one-on-one assistance if needed in any area of the activity.
- Visual supervision is recommended.

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

- [Pre-participation survey](#) and [Post-program survey](#)
- [101 simple New Year's Resolutions](#)
- [Examples of Vision Boards](#)

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Title
Fun and Fit Program
Brief Description of TR Service/Program
<p>Group Size: 10-15 participants</p> <p>Age: Teens to 25 years-old</p> <p>Description: This program is designed to be informational about the benefits and the varieties of physical activities/fitness offered. The services are geared for individuals, teens to 25, with developmental disabilities in a group setting. This program may be done virtually or in person. The program will allow for participants to have a better understudying of the services available to them and</p>
Research on Efficacy/Literature Review Summary
<p>Fitness and physical activity play a critical role in our well-being and even our mood. Physical benefits of fitness/movement include but is not limited to: increased muscular strength, having a healthy weight, cardiovascular health, increased energy, improved flexibility and prevention of certain cancers (Better Health Channel, 2018). Especially for teens to age 25 individuals with disabilities, physical activity is not only imperative for their health but is a great social setting to engage in.</p> <p>In an article, the Use of Yoga and Meditation Becoming More Popular in U.S., there are two case studies that show an increase of meditation in U.S. adults and children aged 4-17 years old. The two case studies are called, "Use of Yoga, Meditation, and Chiropractors Among U.S. Adults Aged 18 and Older" and "Use of Yoga, Meditation and Chiropractors Among U.S. Children Aged 4–17 Years." The main focus of these studies shows the amount participants change within a 5-year period with the practice of yoga, chiropractors and meditation. In this first study, "The use of meditation increased more than threefold from 4.1% in 2012 to 14.2% in 2017." (CDC, 2018). This displays the increase in adults throughout the U.S. that incorporated meditation in their daily routines. In the second study, it also had a significant increase in mediation use with 4- 17-year-olds, within the U.S., "from 3.1% in 2012 to 8.4% in 2017." (CDC, 2018). In 2017, the data also showed "that girls were more likely than boys to have used yoga in the past 12 months (11.3% vs. 5.6%)." (CDC, 2018). "Older U.S. children aged 12-17 were more likely to have used meditation (6.5%) and a chiropractor (5.1%) than younger children aged 4-11 (4.7% and 2.1% respectively) in 2017." (CDC, 2018).</p> <p>In a peer-reviewed journal, meditation is shown to improve individuals' physical and mental health, in addition to an increase in acquiring their goals. The author explains that different forms of stress can have effects on the body from insignificant to detrimental but regardless of the impact rate, meditation assists them in relaxing. Maiti (2017) provides examples of how people can meditate, where they can learn to mediate and specific explanations of proven effective techniques of meditation. The most useful example I found within this journal relates to meditation instruction offered online and instruction learned in person but specifically to bring home for daily practice. These were most effective over the other techniques written about in the journal because the meditation was designed to be a consistent practice which has a more positive outcome on managing stress and enhancing productivity.</p>
Referral Criteria
<p>Fill in information here</p> <p>These sessions aim to ensure the safety of the participants while simultaneously increasing their knowledge of physical activities and fitness. There is a series of steps that need to be taken in order to be referred for the services. The first step is for the guardian or participant to complete a registration form, participant information sheet, COVID consent agreement and if necessary medical conditions form. The second step is for the parent/guardian or participant to submit all the previous forms. Step 3 the staff responds to the submission to review forms and schedule a virtual assessment. After the assessment is completed the parent/guardian is contacted within 24 hours of the results. If assessment is successful the individual will be referred for joining available appropriate services for them.</p>
Goals
<ul style="list-style-type: none"> • Provide the importance of physical activity and fitness in a young adult's lifestyle.

- Share the physical and mental benefits of fitness with the participants.
- Participants will improve their understanding of a variety of fitness activities.
- Provide opportunities for individuals to increase emotional and physical well-being.
- To promote independent utilization of services and activities available.

Measurable Objectives

- The participants will explain 2 physical or mental benefits they received from the session when asked by the CTRS.
- The participants will engage in 1 meditation throughout the session when guided to by the CTRS.
- The participants will be able to identify at least 2 times during their weekly routine to participate in physical activity on their “Fun Fit” planner.
- By the end of the second session the participants will recognize at least 2 activities they are interested in engaging in.

Time Required

Two, 45 minutes to hour-long sessions.

Materials, Equipment, and Resources Needed

- Each session requires decent amount of floor space and a chair. (floor mat optional but recommended).
- Newsletter printed and in digital copy in case participant misplaces it.
- Internet or Wi-Fi access
- Water should be available for each participant throughout the sessions to drink from whenever needed and especially during breaks.
- Device to play music (Bluetooth speaker)
- Yoga Mats (optional)
- Towels or Blanket

Activities (Content)

The program will take place in two sessions:

- Session 1: Benefits of Fitness
- Session 2: Seated Yoga/Meditation

Introduction:

Session 1:

As an introduction for everyone, we will begin by stating our names and some form of leisure we enjoy participating in. (The session leader will go first; they will also inform the participants that this session is guided by the CTRS but they may participate as much as they are comfortable).

Session 2:

We will begin by again stating our names. Then the instructor will lead an opening breathing exercise to help gain a better understanding of how were supposed to control our breathing throughout the main activities.

Warm-up Activities:

Session 1: Each participant will take the pre-assessment to gauge their understanding of physical activity.

Session 2: Controlled breathing demonstrated and lead by the instructor. (Be sure to include good verbal cues.)

Activities:

Session 1:

Go over Physical activity and fitness newsletter as a group.

Session 2:

Engage in chair yoga and short meditation video.

Methods (Process)

Session 1:

Understanding the positive effects of physical activity and fitness on one's mental and physical health is crucial. After the facts of the effects fitness has on the body has been discussed, the instructor will continue with different services and activities that are available to the participants. This discussion will be aided by a newsletter designed to summarize the importance, benefits and options out there for individuals with developmental disabilities to be active.

Debrief Questions 1:

- How do you think changing physical activity may help or improve your lifestyle?
- What was the most interesting thing you learned throughout this session?
- How can daily fitness enhance your health?
- Can you think of an activity you may want to add to your routine?

Session 2:

Participants will engage in a warm-up, main activity, cool-down and a post-assessment. The main activity will be seated yoga with specific movements to engage the core and stretch muscles. The cool-down will be a short yet calming/stress relieving meditation video. Lastly, the group will engage in a closing discussion lead by debrief questions and concluded with the post-assessment.

Debrief Questions 2:

- How does your body feel? How does your mind feel?
- How can feeling relaxed mentally and physically benefit you?
- Are there any forms of relaxation or leisure you already use to help reduce your stress?

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

- Exercises should be chosen based age considerations and ability level.
- Modifications can and should be offered for individuals struggling or excelling in certain activities.
- Instructors should allow each participant to engage at their own pace to fit their level of ability or comfort.
- Participants will be encouraged and offered breaks to rest and drink water. Breaks will be included in the planning and there can be more added as the instructor sees needed.

Expected Outcomes and Contraindications (benefits and harms)

Expected Outcomes (Benefits):

- Increased flexibility
- Increased knowledge and confidence about physical activity and its benefits
- Increased understanding of meditation and yoga
- Increased utilization of services available

Contraindications (Harms):

- Possible injury risk because of overuse or tiredness
- Possible soreness
- Dehydration (if not enough water is consumer)

Documentation (forms, frequency, etc.)

After each session participants will fill out assessments to gauge their knowledge of physical activities and its benefits. Each participant will also engage in debrief discussions to exchange their ideas and take-aways from the sessions. The

instructor will also take attendance and document what activities are done and how long their done within each of the sessions.

Evaluation Plan

Individuals will be evaluated with the pre- and post-assessments. The intended outcome is that the participants will have an increased motivation to engage in physical activity, have a deeper understanding of physical activity and it's benefits and have gained an interest in at least one activity.

Staff Qualified to Deliver Service (training or certification requirements)

- Certified Therapeutic Recreation Specialist (CTRS)
- Qualified NWSRA staff member
- ACE, CSCS or Personal Trainer Certification (NASM, NFPT or CIFT)

Safety/Risk Management/Precautions

- CTRS should check referrals to ensure that every participant can safely perform the activities to the best of their ability.
- Participants will be given safety statements and warnings at the beginning and throughout the session to remind them how to engage in the activities.
- Breaks for rest and water will be frequent and encouraged by the instructor. (Water will also be available).
- Demonstrations and modifications will be presented with each activity.
- Participants will be led through cool-downs and warm-ups.
- Participants will be informed prior to sessions that active/comfortable clothes should be worn.

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

[Physical Activity and Fitness Newsletter](#)

<https://www.youtube.com/watch?v=inpok4MKVLM> (Short Meditation)

<https://www.yogajournal.com/poses/yoga-by-benefit/flexibility/> (Yoga Skills)

[Fun Fit Planner](#)

Pre-and Post-Assessment Sheets

Reference List

Center for Disease Control and Prevention. (2018, November 8). *Use of Yoga and Meditation Becoming More Popular in U.S.* Retrieved October 30, 2021, from https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2018/201811_Yoga_Meditation.htm

Exercise programs. Exercise programs - Better Health Channel. (n.d.). Retrieved November 30, 2021, from <https://www.betterhealth.vic.gov.au/health/healthyliving/exercise-programs>.

Maiti, R. (2017). Meditation, A Highly Powerful Tool to Enhance the Productivity and Happiness of Life in Modern World. *International Journal of Bio-Resource & Stress Management*, 8(2), 360–368. <https://doi-org.libproxy.cortland.edu/10.23910/IJBSM/2017.8.2.1806d>

Yoga for flexibility archives. Yoga Journal. (n.d.). Retrieved November 30, 2021, from <https://www.yogajournal.com/poses/yoga-by-benefit/flexibility/>.

Protocol AuthorsVictoria Brown, Victoria.brown@cortland.edu**Fun Fit Pre-Assessment**

Instructions: Please circle the answer you feel best describes you now:

- 1) How many times per week are you usually active or moving?
 - a) 1-2 days
 - b) 3-4 days
 - c) 5-6 days
 - d) 7 days
- 2) My understanding of fitness programs and activities is (1 being the lowest understanding and 5 being the highest understanding)

1 2 3 4 5
- 3) Name one physical activity you want or already do participate in?

Name: _____

Date: _____

Fun Fit Post-Assessment

Instructions: Please circle the answer you feel best describes you now:

- 1) How many times per week are you planning to be active or moving?
 - b) 1-2 days
 - b) 3-4 days
 - c) 5-6 days
 - d) 7 days
- 2) My understanding of fitness programs and activities is (1 being the lowest understanding and 5 being the highest understanding)

1 2 3 4 5
- 3) Name one physical activity or service that you have learned about that caught your interest?

Name: _____

Date: _____

Feelings and the Body: Sensory skills to activate and soothe the body and mind

The human senses; sight, touch, smell, hearing, taste, and touch are directly correlated to his/her sense of wellness and his/her ability to connect to and interact with his/her own body as well as his/her environment. By learning ways to stimulate and manage one's senses, the individual can learn how to understand and change the way he/she responds to sensory stimulation. This is especially helpful at times when the individual may be feeling under stimulated or when they are feeling overwhelmed. Individuals can gain skills and practices to allow them to learn ways to gain sensory stimulation/input on their own and/or how to use their thoughts and focus to manage things such as stress and challenging environments.

Brief Description of TR Service/Program

This program is designed to be delivered virtually and the activities are meant to be offered separately, while both adhering the theme of sensory regulation. The program is designed to give individuals an opportunity to increase bodily and cognitive awareness by giving them tools and exercises to help them tune into their body and mind. The program has been designed for adults with developmental disabilities from age 18-47 and can be presented through Zoom meetings. The program will focus on the physical senses that apply to the way the participant's bodies feel and exist in their environment and also their mental clarity of focus and ability to manage their thoughts during times where they may need additional assistance from sensory overload. The practice of meditation is helpful in allowing participants to master self-awareness as well as learn ways to integrate sensory experiences in their lives without becoming overwhelmed or stressed. This experience in learning to regulate emotions carries over to being able to have more successful social relationships and interactions. The practice of stretching and massage, along with music integration, will give the participants an opportunity to activate and release sensory-related pressures and blockages, improve gross motor skills and balance, improve flexibility, and understand emotional regulation through music. By combining the cognitive and physical benefits of movement, music, massage, and meditation, the participant's ability to stimulate and regulate the emotional and physical reactions to sensory triggers will be increased.

Research on Efficacy/Literature Review Summary

By understanding and learning to interact with one's senses, the individual is given opportunities gain control over their reactions and address discomfort in a very hands-on way. The nervous system is being stimulated from all fronts and the mind and body need regulation and appropriate stimulation in order to properly respond. In the book, "Music Therapy, Sensory Integration and the Autistic Child" by Dorita Berger, Berger cites "more than 80 percent of the activities of the nervous system involve processing and organizing sensory information" (Berger, 61). Berger makes a strong argument for music therapy by claiming "[through music] once the physiologic stress systems relax, new messages are allowed up from the paleoencephalon to the neo-cortex for high-level cognitive processing and retention" (Berger, 152). Music has been shown to reduce stress in the brain and increase instinctive and cognitive learning. In "Joyful" by Ingrid Fetell Lee, Fetell Lee writes "studies of touch in particular show that it can lead to reduced stress, improved mood, and enhanced attentiveness" (Fetell Lee, 53). Touch is especially powerful because it can be performed independently and as often as necessary without any special equipment or training necessary. According to the book "Facilitation Techniques in Therapeutic Recreation" by John Dattilo and Alexis McKenney, "human service providers can use touch in an attempt to communicate trust and instill a sense of comfort, security, and familiarity that is established through human connection" (Dattilo & McKenney, 459). The book cites several studies across varying populations that show the positive effect of therapeutic massage on physical and mental health. Physical, emotional, and mental stress affect the automatic nervous system and can lead to muscle tension. This tension can create anxiety along with physical discomfort. Therapeutic massage is commonly used to help remedy stress and relax the body (Dattilo & McKenney, 459). According to the book, "Touch" by Tiffany Field, touch has been shown to have positive effects on the brain waves, breathing and heart rate and can decrease pain and anxiety (Field, 2014). She discusses how yoga, acupressure, acupuncture, reflexology, massage therapy and other inventions involving touch have been proven to reduce stress and tension. While massage can be received from others, including trained massage therapists, the option to perform self-massage gives the participants open access to relief and regulation themselves. Meditation is another way that empowers participants to gain control over their senses in an often chaotic and overwhelming environment. According Anderson and Heyne, "meditation is a mind-body spiritual practice that helps people to understand that their lives are

constantly changing, to accept the futility of striving for control, to cultivate attention and a sense of awareness in the present moment, and to practice detachment” (Anderson & Heyne, 324). Through channeling thoughts and breathing, participants can learn to gain a calming sense and memory in situations where their senses may be overtaken and overwhelmed. Dattilo and Mckenney share “the two most prevalent types of meditation, concentration and mindfulness, both begin with a centering of attention on a single point or object, such as breath, a simple visual object such as a flower, rock, or candle, or a sound such as a mantra or bell” (Dattilo & Mckenney, 344). This focus allows the participants to reach a sense of calm stillness by channeling their thoughts. By mentally creating a relaxing image to return to in times of discomfort and stress, and accompanying this with structured and rhythmic breathing, participants may be able relax and soothe their nervous system.

Referral Criteria

To enroll in this online program through the NWRSA, the individual would need to fill out the registration forms found in the programming brochure or in the listed on the NWSRA website. (<https://www.nwsra.org/>)

Goals

- To strengthen cognitive skills
- Reduce problematic reactions to stress
- Encourage clarity of focus
- Increase gross motor skills, flexibility, and balance
- To encourage feelings of comfort, strength, and presence in one’s body
- Understand spatial awareness
- Gain control of emotional reactions and expressions
- To increase leisure awareness surrounding music preferences

Measurable Objectives

- Participants will be able to use self-massage on four different areas of the body in order to gain the therapeutic benefits of stress and tension relief and receive sensory stimulation.
- Participants will include meditation in their daily practice to encourage mindfulness and regulation of their automatic nervous system as well as sharpen cognitive skills and focus
- Participants will be able understand ways to stretch and move their bodies daily to promote balance and flexibility
- Participants will be able to select music to play to allow their body and nervous system to respond appropriately to various situations and environments
- Participants will be able to identify one place in their mind to return to that brings them feelings of calmness and comfort

Time Required

Each Activity will be one hour in length and will be each be offered online, one time per week. The sessions can be done over 6-8 weeks as the skills taught can be done again and again and will only improve with practice. Participants are encouraged to take both sessions but if they are unable or uncomfortable with one of them, they can choose to attend the one that aligns with their needs and wants.

Materials, Equipment, and Resources Needed

- Computer with an internet connection and speaker and camera (possible without a camera, as long as you can see the presenter)
- Quiet space
- Room to stand and stretch
- Comfortable clothing

Activities (Content)

Session One: Feeling your way to health

Introduction: Activating one's senses can be fun and beneficial to one's stress levels, as well as their emotional health. This activity will be focused on understanding the body and the ways that movement, sound and touch can allow one to feel comfort, relaxation, and rejuvenation.

Warm Up: The group will be doing stretching and self-massage to feel the positive effects of touch and pressure, as well as experience the release of tension through movement. The group will vote on music to listen to and discuss how different music choices can help to regulate the nervous system and enhance the mood. The session will allow the group to feel present in their bodies and will activate their muscles as well as their minds to give them an overall feeling of being fully alive and present.

Main Activity: The participants will perform a series of self-massage techniques on their face, arms, legs and feet.

De-briefing: The participants will discuss how the music, stretching, and massage made them feel, physically and mentally. The leader will encourage them to continue these exercises on their own.

Conclusion: The leader will remind the participants of the benefits of movement, music and massage and ask for any questions from the group.

Session two: Going inward to quiet the noise

Introduction: Living in Today's hectic world, there is a lot to do, see, and hear at any moment. The brain and body can be overly activated, especially during times of stress, loud noise, and crowds. Shutting down can sometimes feel like the only option, but this isn't true. During these difficult times, as well as during daily times of re-centering, one can learn to seek peace and quiet inwardly through meditation. Sensory overload can occur at any time and by having the skills to quiet your mind and breath through the discomfort, one can find peace and calm. In this session, the group will learn to breath, visualize, and mediate together.

Warm Up: The leader will share 3 pictures of relaxing settings with the group and discusses the feelings and sensory related reactions to the pictures.

Main Activity: The group will participate in a guided mediation to help quiet the nervous system and calm the mind.

De-Briefing: The leader will discuss how the meditation made the participants feel and suggest ways to integrate it into their daily routine.

Conclusion: The leader will remind the participants of the benefits of meditation and thank them for attending.

Methods (Process)

Session One: Feeling your way to health

Introduction:

- The leader will begin the zoom call by welcoming all the participants and having them introduce themselves.
- The leader will ask if the class would like to share anything with each other before the session begins to allow room for conversation and connection as well as to encourage the class to feel comfortable and safe.
- The leader will explain the benefits of music, movement and massage to the group by conveying that they will be participating in activities that will help to invigorate and bring their bodies and senses to life.
- The leader will ask the participants to keep their mic on mute and to save questions until the end, unless there is an urgent concern.

Warm Up:

- Before the leader begins the stretching portion of the session, he/she will ask the participants if they would like to hear upbeat music, classical music, oldies, or country music during the stretching. The leader will ask the participants to vote. If there is a tie, the leader can change the music halfway through the stretching sequence.

- The leader will start the music by going to YouTube and searching for whatever term the group voted for. He/she will play the music at a low level so that the participants can hear him/her give instructions over it.
- The leader and begin the stretches. **The leader will first role model the stretches and then ask the participants to join along. The following stretches will be performed on each side of the body:**
Neck stretches-participants will bend their necks to the side, back and front and hold each position for three seconds.
Arm stretches- participants will lift their arm in their air and fold their elbow to allow their hand to rest behind their neck. They will then grab their elbow with the opposite hand and hold it in place for 5 seconds.
Leg stretches- while standing, participants will bend their knee and grab their foot with their hand on the same side. They will hold this for five seconds.
Side stretches- participants will stand with their feet apart and raise one arm over their head. They will bend to the side and hold this pose for five seconds.

Main Activity:

- After the stretching portion, the leader will stop the music to begin the self-massage segment of the session. The leader will explain the following Swedish massage techniques and will demonstrate them to the class on his/**her face, arms, legs and feet**. The leader will first explain and role model how to do the massages and then will invite the group to join and do the massaging techniques alongside him/her. He/she will go through each of these techniques spending about 5 minutes total on each body area. The techniques can be performed sitting or standing, whichever is comfortable for the instructor or participants.
Effleurage: long, slow, gliding strokes using the palm of the hands. Promotes circulation and muscle relaxation. Fingers and knuckles can be used as well and pressure can be applied as desired.
Tapotement: short, quick, percussive strokes. By tapping the body with the fingertips or sides of the hands, the peripheral nervous system (nervous system found in superficial layers of skin) is stimulated.
Vibration: This technique involves lifting or lightly shaking the areas of the body listed above. You can jostle and entire segment of the body or muscle. This involves rapidly shaking the hands while moving them over specific areas of the body.
Friction: This technique requires deep finger pressure and small movements across muscles and tendons.

De-briefing:

- The leader will end the session by asking the participants how they are feeling. The leader will ask the participants what they're favorite stretches and massage techniques were
- The instructor will ask the participants how the music made them feel during stretching and if they have any insight on the way sounds can change their moods.
- The leader will ask the participants if they felt looser and more comfortable after exercises

Conclusion:

- The leader will ask the participants to continue self-massage and stretching as desired between classes and will suggest that they look on YouTube for self-massage tutorials as well.
- The leader will encourage participants to continue listening to music between sessions and to bring new music ideas to the next session if desired.
- The leader will thank the participants for coming to the session and encourage them to reach out to him/her for assistance or questions.

Session Two: Going inward to quiet the noise

Introduction:

- The leader will begin the zoom call by welcoming all the participants and having them introduce themselves.
- The leader will ask if the class would like to share anything with each other before the session begins to allow room for conversation and connection as well as to encourage the class to feel comfortable and safe.
- The leader will describe that meditation is a technique used to help calm the body and silence negative thoughts and anxieties. He/she will explain that this is a useful tool to use when one feels their senses are overwhelmed to bring them a sense of safety and security. The leader will explain to the group that the session will include identifying a place that brings comfort and relaxation and that the group will use this place to return to in a guided meditation to follow.
- The leader will ask the participants to keep their mic on mute and to save questions until the end, unless there is an urgent concern.

Warm-up:

- The leader will screen-share three images of relaxing spaces (images attached). He/she will ask the clients how the pictures make them feel and what senses they recognize that would be activated by the pictures. For example, one picture will be of a cozy room with a fireplace going and the participants could share that the smell the wood burning, feeling the warmth from the fire, or hear the wood crackling.

Main Activity:

- The leader will explain that the group will be doing a guided meditation and that they will need to make sure their cell-phones and any background noise is silenced. The leader will remind the participants to stay silent during the meditation and to keep their thoughts to themselves until it is completed.
- Before the meditation begins the leader will ask the group stretch and move on their own for a few minutes to warm and prepare for the meditation.
- The leader will begin the meditation by asking the clients to sit comfortably and breathe deeply in through their nose until the air fills and expands their lungs. The participants will be asked to slowly release the breath. He/she will do this 10 times with the participants.
- The leader will then ask the participants to close their eyes and continue to breathe. He/she will tell the participants to feel the sensation of their breath as it enters and leaves their body
- The leader will ask the participants to pay attention to the way their lungs rise and fall as they expand
- The leader will encourage the participants to tune out any background noise and focus solely on their breath and the way it feels and makes their body move as they breathe in and out
- The leader will ask the participants to continue breathing and to now close their eyes, tuning out thoughts that come into their head. They can imagine that any intrusive thoughts are like clouds that float by. They will be encouraged to not let these thoughts interrupt their focus on their breathing. They will be reminding to watch these intrusive thoughts float away like clouds in the sky.
- The leader will then ask the participants to picture themselves in a place that makes them feel calm and relaxed. They may want to think of one of the places from the pictures shared earlier, or they may want to come up with a new place. He/she will ask them to think about the sounds they hear, and the smells they can smell in this setting, He/she will ask if they can taste anything or feel the sensation of anything, like a breeze or the sunshine.
- The leader will ask the participants to stay in this place and continue to breathe and imagine these sensations for the next ten minutes.
- After ten minutes of silence, the leader will ask the group to think of a word to remember this place by, so they can return to it as needed. He/she will instruct them to slowly open their eyes while still continuing to breathe.

- The leader will give the participants a few minutes of silence to come back to the group.

De-Briefing:

- Once everyone has returned, the leader will ask the participants to share their experiences with the group. The leader will listen and encourage others to share what their experiences with meditation were like.
- The leader will encourage the participants to offer suggestions or ask questions on how to improve their meditation skills in the future.
- The leader will ask the participants how they plan to incorporate meditation into their day

Conclusion:

- The leader will remind the participants about the benefits of meditation and will encourage them to continue to practice to increase the amount of time they are able to quietly focus
- The leader will suggest the participants integrate the breathing and silent time into their daily routines and will encourage them to use YouTube to find other guided mediations to participate in.
- The leader will thank the participants for attending the session and ask if they have any questions about the activity

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

- As the meditation sessions continue, if appropriate, the participants could volunteer to help lead a guided meditation for the group.
- If the group would like to try different massage techniques or meditation instructions, YouTube can be utilized during the session and the leader can share this with the group through screen-sharing
- The group can choose to have music playing during the self-massage section
- For the self-massage and stretching activity, different body areas can be used according to abilities and desires of the participants.
- For participants that have limited mobility, the exercises and stretches can be done sitting down
- Participants will be encouraged to pause or choose to not participate in any stretches or massage techniques that they are unsure of or uncomfortable with as some participants may be uncomfortable with touch.
- If participants are unable to participate in self-massage due to a disability or discomfort, they can ask for assistance from a partner or family member
- Participants can be encouraged to turn their camera off if they feel uncomfortable doing any of the techniques on screen
- If the participant struggles with technology, having a family member or staff nearby to assist would be helpful

Expected Outcomes and Contraindications (benefits and harms)

- **Benefits:**
- Participants will have an increased awareness of their body, emotions, and surroundings
- Participants will have increased flexibility and comfort in their movements
- Participants will discover new music and an appreciation for the effects it has on them
- Participants will gain social skills as they share their experiences with others in the group
- Participants will be able to learn to effectively manage emotional reactions in stressful situation
- Participants will gain the skills to be able to focus their thoughts
- **Possible Harm:**
- Participants will apply too much pressure during massage and elicit muscle soreness
- Participants could become embarrassed or distracted during the sessions
- Participants could be inappropriate or disruptive during the sessions

- The massage or meditation could illicit a traumatic memory for the participant

Documentation (forms, frequency, etc.)

- There will be a post-session survey (attached)
- Any inappropriate behavior by participants will be documented and reported

Evaluation Plan

The participants will be asked to complete a post-session survey after they have completed all of the sessions offered. The leader will email the survey to the participants after the series of 6-8 sessions has been completed.

Staff Qualified to Deliver Service (training or certification requirements)

Staff members at NWSRA

Safety/Risk Management/Precautions

- Make sure the participants understand that inappropriate sharing of body parts or movements during the massage portion of the activity will be prohibited and that the participants will be immediately removed from the class if this behavior is exhibited
- Participants who have medical issues may need to alter the stretches or massage techniques to take breaks or perform them in an alternative way. The staff can help these participants figure out a way to participate at their own ability and comfort level
- If participants are disruptive during the meditation segment of the activity, they and be warned one time before they are removed from the zoom call. If they display this behavior again during a session, they will be permanently removed from the future sessions and consequences related to their behavior and future NWSRA programs will follow

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

- Post-session survey is attached
- Images that provoke comfort and calmness are attached for the leader to screen-share with the group during the meditation activity

Reference List

Anderson, L. & Heyne, L. (2021). *Therapeutic recreation: A strengths approach* (2nd ed.). Sagamore Venture.

Berger, D. (2002). *Music Therapy, Sensory Integration and the Autistic Child*. Jessica Kingsley Publishers, Ltd.

Dattilo, J., & McKenney, A. (2016). *Facilitation Techniques in Therapeutic Recreation* (3rd edition). Venture Publishing, Inc.

Fetell Lee, I. (2018). *Joyful: The Surprising Power of Ordinary Things to Create Extraordinary Happiness*. Little, Brown Spark.

Field, T. (2014). *Touch*. The MIT Press.

Protocol Authors

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Post- Session Survey

Feelings and the Body: Sensory skills to activate and soothe the body and mind

- 1. Rate on a scale of 1-5 how did you liked this class?**
- 2. What did you learn? Will you use these skills in the future?**
- 3. Do you have any questions about the material presented?**
- 4. Do you have any suggestions or ideas for future sensory related activities related?**

Thank you for participating in this session! I hope you learned some ways to activate and soothe your body, mind, and senses. Please feel free to share any additional feedback at the bottom of the survey.





Title
Becoming a Better You
Brief Description of TR Service/Program
Becoming a Better You This is a nutrition and cooking program, designed to improve healthy eating habits and cooking skills in adults with developmental disabilities. Participants will spend time learning nutritional knowledge, healthy eating, table setting/manners and safety in the kitchen. During the program participants will learn how to create and prepare healthy snacks, appetizers or desserts as well incorporate healthy habits for the week to come! While learning all this and eating their new healthy and yummy snacks they will also be learning cognitive skills such as counting, measuring and following directions.
Research on Efficacy/Literature Review Summary
<p>Cooking and nutrition is an important part of our everyday lives. There are many benefits to having healthy eating habits and knowing how to cook healthy food. Learning about cooking and nutrition is especially important for individuals with developmental disabilities because they are at an increased risk for cardiovascular disease, obesity, and osteoporosis (Johnson et al., 2011).</p> <p>Johnson et al. (2011) found in their study that “All three respondent groups—participants, support workers, and managers—reported that poor eating habits were common among adult participants, with convenience food, fast food, and TV dinners being most frequently and regularly eaten”. One of the support works stated in the interview “<i>They don’t have the opportunity to cook</i>”.</p> <p>In the book <i>Teaching Authentic Cooking Skills to Adults with Intellectual and Developmental Disabilities</i>, the author Janice Goldschmidt wrote:</p> <p>“Traditionally, people with intellectual and developmental disabilities are the passive recipients of meals prepared by others. But everyone, regardless of ability level, should be able to make choices concerning the food they eat and to learn to prepare food—or to actively participate in preparing food—for themselves and others.”</p> <p>In another study called “<i>Better Together: A Pilot Study on Cooking Matters for Adults with Developmental Disabilities and Direct Support Professionals.</i>” researchers Barnhart, Havercamp, Lorenz, and Yang (2019) found something similar to what the books says. The study found that adults with developmental disabilities (DD) face barriers to making healthy lifestyle choices because they mirror their direct support professionals (DSPs). The study states that the health of adults with DD and their DSPs are noted for high rates of inactivity, eating unhealthy diets, and obesity because health-promoting behaviors such as eating diets rich in fruits and vegetables are lacking among adults with DD and DSPs. DSPs assist adults with DD in activities of daily living and they have a huge impact on their clients eating habits, so if they have unhealthy behaviors so will their client.</p> <p>We must support and aid individuals with developmental disabilities in cooking and nutrition. By teaching them about healthy eating habit and how to cook these healthier foods they can lead a healthier and more independent life. They won’t have to wait for someone else to prepare their meal. Preparing meals is an important, and complex activity of daily living (Amini et al, 2014). It requires thinking ahead to be successful in the planning, organizing, cooking, and serving of meals (World Health Organization, 2007). Adults should be encouraged to develop independence and be able to prepare their own meals. Cooking allows individuals to feel useful and empowered by being able to see that they can create something and share it with other people.</p>
Referral Criteria
<p>This program is for individuals who are looking to improve their eating habits, as well as increase their knowledge of cooking and nutrition. Interested participants should look at the Becoming a Better You brochure. After reviewing, if interested, Parent/Guardian/Participant must complete and submit the following to NWSRA</p> <ol style="list-style-type: none"> Fillable Registration Form Participant Information Sheet

- c. COVID Consent Agreement
- d. Medical Conditions Form (If needed)

If participant wants to attend an in-person program it is required that all participants participating in programs go through an assessment with an NWSRA staff prior to starting programs to ensure they can adhere to Center for Disease Control (CDC) and social distancing guidelines. If participant passes the assessment they will receive more information about the in-person program. If they do not pass participant will receive information on other available virtual programming options.

Goals

- Prepare healthy foods
- Develop healthy eating habits
- Demonstrate kitchen safety
- Increase nutrition knowledge
- Motivate participants to eat a healthier diet.
- To demonstrate kitchen clean up

Measurable Objectives

- Each participant will be able to name, or identify, at least two types of fruit that they enjoy eating as a snack, when asked by the CTRS professional.
- Each participant will be able to name, or identify, at least two types of vegetables that they enjoy eating as a snack, when asked by the CTRS professional.
- The participants will use proper kitchen safety, when prompted by the staff leader
- The participants will properly clean up the kitchen area after making the recipes, when prompted by staff leader.

Time Required

45 minutes-1 hour for the activity and any clean up required.

Materials, Equipment, and Resources Needed

- Computer
- Quiet space
- Kitchen
- Toaster
- Spoon
- Bread
- Fruit vegetables
- Any spreadable healthy food
- Plates
- Napkins
- Pre assessment
- Post assessment
- Toast Recipe

Activities (Content)

Session One: Find my food

Introduction: Hi everyone and welcome to Becoming a Better You Program I am so excited to meet you all! In this program we are going to be learning about nutrition and how to cook some delicious healthy snacks! It is important we learn what foods can be good for us and how we can make them ourselves! In this activity we will learning about different healthy foods around the house. This is "Find my food scavenger hunt."

Warm Up: First let's get to know each other! Let's introduce ourselves and share what our favorite meal of the day is to eat!

Main Activity: The participants will follow my command in bringing back what I name, so if I say "find me a fruit or vegetable that is red" they have to bring me back a pepper, apple, strawberry, etc. Once everyone returns, participants will share what they brought back and if it is a fruit or vegetable.

De-briefing: The participants will discuss some of the other fruits they could have brought back based on the colors I named. We will also debrief on some of the food they brought back and why it is healthy for them.

Conclusion: The leader will tell the participants that even though they need to find these foods and know why they are healthy they also need to try them and eat them for them to see the benefits of healthy foods. During the week complete the nutrition log daily on what you ate for breakfast, Lunch, dinner, and snack.

Session Two: Toast up

Introduction: Welcome back everyone! Did you have a good week? Great! Well, this week we are going to continue learning about nutrition and even make a healthy snack!

Warm up: Today's warm up is going to be to share at least one healthy meal or snack you ate this past week the group.

Main Activity: Today we are going to be making some toast! First what I want you to do is think to yourself what healthy ingredients do I have in my house that I can spread on toast. Think real hard! Now what you are going to do is when I say go you are going to get 2 things you think you can spread on toast. Ready? Go! (Have students share what they got). Great! Now that we have what we want to spread what else do we need to make toast anyone know? What do we put our spread on? (answer: bread). Bread yes! We need bread! Let's go get some bread. Great so we have our bread and our spread. What else are we missing? What do we need to spread our ingredients? (a spoon). A spoon good we can spread with a spoon, let's go get one! What is something else we need in order to make toast? (A toaster) Yes, a toaster! But before we go to our toaster lets go over some safety things. Toasters are very very hot so we have to be super careful when using them! When taking things out or putting in the toaster we have to be super careful we don't touch the inside! So, to remember before we put anything in or out of the toaster we are going to say "**Careful, Hot, Hot, Hot**" **follow directions on how to make toast on recipe sheet**

De-briefing: Wow everyone toasts look so good! How do they taste? What else could we put on our toast to make it a healthy snack?

Conclusion: Great job today everyone! Now we are going to clean up our kitchens! Excellent! I hope you enjoyed learning how to make toast and enjoyed eating it too!

Methods (Process)

Session 1:

- Start/Welcome
 - o Start zoom
 - o Welcome everyone to group instruct them to turn camera on/ mute sound. (If in person help them find seats)
- Introduction
 - o Talk about what we are going to be doing this class
 - o Warm up (Names and favorite meal of the day)
- Activity
 - o Find my food activity
- Debrief/ agenda for next week
- Conclusion
- End session

Session 2:

- Start/Welcome
 - o Start zoom
 - o Welcome everyone to group instruct them to turn camera on/ mute sound. (If in person help them find seats)
- Introduction
 - o Talk about what we are going to be doing this class
 - o Warm up (share at least 1 healthy meal you ate this past week)

- Activity
 - Toast up
 - Have participants grab ingredients we will need
 - Go over safety instructions
 - Put recipe up on screen
 - Introduce spreading
 - Make recipe together
 - Eat food
 - Clean up
- Debrief
- Conclusion
- End session

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

- Participants attending the program should be treated as adults.
- Regardless of developmental “age,” and/or stages of independence, each participant should be given the freedom to participate or not participate, to make choices, and to be listened to with respect within the program.
- Physically- individuals may have difficulty with fine motor skills like spreading, have participant get assistance from someone at home or adapt the tools. For example, hand grips for utensils.
- Allergies- Modify the recipes if individuals are allergic to type of food
- Cognitive- for participants that have trouble reading, instructor will demonstrate step by step recipes.
 - Increase session time for those that need to work at a slower pace
- Have pictures that follow what the recipe should look like at point or what kitchen tool they should be using
- Encourage participants to share their certain and ideas but make sure you are giving them a comfortable environment to share
- If the activity is completed through zoom meetings, staff leaders may choose to invite participant family and friends from their support network, to help the participants cook the recipes.
- Participants who do not have the proper supervision at home, can follow along the other staff and participants who are physically cooking, instead of trying to cut and prepare the recipes without supervision.

Expected Outcomes and Contraindications (benefits and harms)

Expected Outcomes (Benefits):

- Participants will increase nutritional knowledge
- Participants will know the difference between fruit and vegetables
- Participants will be able to use kitchen appliances safely
- Participants will know why fruits and vegetables are good for you
- Participants will practice following step-by-step recipe directions.
- Participants will practice important skills related to food preparation: *spreading, arranging, toasting.*
- Participants will develop transferable skills related to healthy eating (*nutrition*) and basic snack preparation, which can be applied in daily life.

Contraindications (Harms):

- Participants make accidently hurt themselves while cooking
- Some participants might not be able to follow directions.
- Some participants may not be able to eat everything due to allergies or medical conditions
- Participants can be at risk for choking
- Some participants might experience frustration while learning new tasks.
- Some participants may not be able to use fine motor skills

- Some participant may not have the ingredients needed at home to make recipe

Documentation (forms, frequency, etc.)

During the week participant will fill out their nutrition log every day. They will write down what they had for breakfast, lunch, dinner, and snack. Then they will write what they could have eaten better during the week.

Evaluation Plan

Participants will be evaluated with pre- and post- self-assessments. The expected outcome is that participant's attitudes, knowledge, and perceived competence will increase from pre- to post- self-assessment.

Staff Qualified to Deliver Service (training or certification requirements)

- At least 1 staff must be a CTRS.
- CPR/Safety/First Aid Certification needed from all staff.
- Staff need to be trained in cooking and kitchen utensil safety
- Staff needs to be proficient in Zoom.
- Staff needs to know the basics of cooking.

Safety/Risk Management/Precautions

- Safety Considerations: Make sure the participants have the correct equipment and ingredients needed to complete the activity. The participants should be wearing proper attire when cooking. Participants should be safe and be cautious when in the kitchen and use the kitchen utensils the proper way when following the recipe. Staff should make sure that the participants have proper supervision and are utilizing the equipment correctly and are properly following instructions.
- Other Considerations: Participants should always have supervision especially when cooking and using sharp kitchen utensils. Dietary restrictions and food allergies need to be considered, and the recipes need to provide an alternative for the allergies or dietary restrictions, if needed.

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

- Toast recipe
- Pre-assessment
- Post assessment
- Registration forms https://9d702689-7564-4dc7-91be-9a9f6d3733bb.filesusr.com/ugd/178857_145ee5606c5049b49c5a37b11ce9989a.pdf

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Protocol Authors

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Cooking and Nutrition Program
(Pre and post-Assessment Form)

Participant Name: _____

Date: _____

Answer the questions below to the best of your ability.

How many snacks do you eat a day? _____

What are your favorite snacks?

1. _____

2. _____

3. _____

4. _____

Part 2:

Circle which option you think is the healthiest

Which snack choice is healthier?



GRAPES

OR.



COOKIES

Which snack choice is healthier?



Apples

OR.



Candy

Which snack choice is healthier?



OR



VEGETABLES

FRENCH FRIES

Which snack choice is healthier?



OR



FRUIT

CHIPS

Which is a healthier choice?



Soda

OR

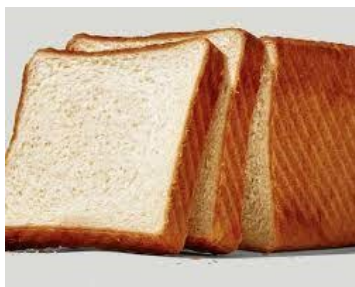


Water

Toast Recipe:

Ingredients:

Bread



Spreadable food

(ex: Peanut butter, guacamole, Jelly)

Cooking appliances/ Utensils

Toaster



Spoon



Plates



Title
Virtual Let's Get Fit!
Brief Description of TR Service/Program
<p>Group Size: 2 – 10 participants Age: Adults (48 years+)</p> <p>Fitness is an essential part of maintaining a healthy lifestyle, both mentally and physically. In this virtual program, we will spend two sessions learning to safely practice breathing exercises while improving our cardiovascular endurance and lung strength. This program was created specifically for adults that are at the age of 48 years or older with developmental disabilities. Prior to participating in either session, the individuals will submit a brief survey on areas with prior injuries or weakness in order for the leader to be aware of. The first session of the program will begin with stretching exercises and follow up with breathing exercises. The breathing exercises will then be incorporated into physical movements such as walking in place, high knees, jumping jacks, and more. After practicing the different exercises, the group will record their heart rate from each individual's bracelet tracking device on a handout. The group will then answer prompted questions around incorporating exercise into their lifestyles more frequently, common barriers they recognize when it comes to exercising, and the benefits of developing new positive habits that support exercising. The second session will begin similarly by repeating the same stretches, breathing exercises and cardiovascular aimed workout in order to positively impact our mental health, muscular strength, flexibility, social skills and cardiovascular functioning. Following the exercises, the group will share whether they have been incorporating any exercises into their daily schedules with habit building and whether or not they are seeing and feeling an improvement in their physical or psychological wellbeing.</p>
Research on Efficacy/Literature Review Summary
<p>Exercise Efficacy</p> <p>Maintaining a common exercise routine is important for all individuals to maintain a healthy mind and body. Research shows that exercise promotes muscular strength, endurance, flexibility, optimal body composition, cardiovascular functioning, mental health, cognition, and healthy life activity. Exercise can contribute to psychological health as well as physical fitness. (Dattilo & McKenney, 93). As individuals get older, it is important to go out of our way to incorporate exercise to ensure we maintain our flexibility, cardiovascular strength, and balance. Dattilo & McKenney (2016) explain how using exercise as a therapeutic medium result in the participants engaging in physical activity, as well as serving as a method to meet functional, expressive, and leisure needs. Programs that incorporate physical exercise can be a healthy way for individuals to engage in leisure. Research shows that engaging in leisure can positively make an impact on an individual's wellbeing psychologically, spiritually, emotionally, cognitively, as well as physically. Exercise can be intimidating to individuals who are not familiar with techniques or feel comfort around testing their bodies, however breathing techniques can lessen the intimidation of exercising. Breathing techniques will work to strengthen the lungs as well as providing a moment to focus on the activity or moment occurring. Physical exercises are optimal for everyone because of the opportunity to provide modifications around each individual's body or personal needs. Regardless of a person's strengths or weaknesses, proper exercising can lead to strengthening an individual's body and promoting a healthier lifestyle. Fleiner et al. (2015) conducted studies that proved by participating in exercise programs focused on resistance and balance, participants fall risk decreased and their activity of daily living performance increased. These studies reinforce that exercise programs can increase an individual's activities of daily living performance which can result in increased satisfaction, confidence and feelings of independence.</p>

Referral Criteria
<p>To enroll in this program, the individual can find a registration application on the NWRSA’s website in the programming page. If the individual is not referring themselves and is being referred by their physician or care team, the specialist can submit a provider’s referral form. If an individual is referred by a member of their care team, staff from NWRSA will reach out to the individual in order to confirm participation.</p>
Goals
<ul style="list-style-type: none"> • To strengthen cardiovascular functioning • To teach participants safe exercise and habit building techniques that incorporate exercise into their daily lives • To improve health and wellness, physically and psychologically • To increase socialization and communication skills • To strengthen cognitive skills • To increase flexibility and balance
Measurable Objectives
<ul style="list-style-type: none"> • Participants will be able to participate in 3 of the 5 warm-up breathing exercises • Participants will complete 3 of the 7 cardiovascular focused exercises. • Participants will identify at least one barrier they face when incorporating exercise into their lives. • During the second session, participants will share one form of exercise they completed on their own. • During the second session, participants will share one tip toward overcoming a barrier while completing their exercise individually.
Time Required
<p>Each session will run for 40 minutes and be offered once per week. The program will transition into an 8-week program if participants choose to continue attending. The sessions will build upon the skills and exercises being taught the previous weeks. Participants are encouraged to continue attending the full 8 weeks to strengthen their bodies and allow time to incorporate the breathing techniques and exercises into their daily lives. Because habits take time to build, 8 weeks allows for participants to learn what they enjoy versus what they do not without losing support to continue trying new exercises.</p>
Materials, Equipment, and Resources Needed
<ul style="list-style-type: none"> • Fitness Wrist Band (one option linked here for \$11.97) https://www.walmart.com/ip/Fitness-Tracker-HR-Activity-Watch-Heart-Rate-Monitor-IP67-Waterproof-Pedometer-Sleep-Step-Counter-Calories-Counter-Android-iPhone/438219940 • Computer, cell phone or tablet with WiFi or cellular data to participate live in virtual program • Pen & Paper • Open space to move around and stretch • Comfortable clothing
Activities (Content)
<p>Session One Introduction:</p> <ul style="list-style-type: none"> • The leader will begin the session by logging into the virtual platform, allowing all participants to log on and then have each individual introduce themselves to the group.

- The leader will check in with the class to see how everyone is feeling and if anyone has any exciting plans for the week to build rapport and increase comfort levels of participants.
- The leader will then explain the benefits of the program around increasing exercise to improve our physical and psychological health, as well as why focusing on cardiovascular exercises are beneficial.
- The leader will thank everyone for joining in the program, provide a brief overview of the schedule ahead and invite participants to mute their microphones for the activities until the warm-up and main activity have concluded.

Warm-Up Activity:

- The leader will lead a 5-minute warm-up activity by teaching a variety of breathing techniques and taking time to relax in between each one.
- The leader will then prompt participants to follow the demonstrated stretches for a 5-minute period while providing reminding cues to focus on controlled breathing.

Main Activity:

- The leader will begin leading a variety of cardiovascular focused exercises. Prior to beginning each exercise, the leader will share possible modifications to the exercises for participants who may have restrictions or lessened mobility.
- The leader will ask participants to confirm that they have water accessible to drink during the session.
- The leader will first demonstrate the exercise and then ask the participants to share any questions that they have about the exercise.
- The leader will continue to model each exercise for participants while they are participating.
- In between each exercise, the leader will allow a minute for participants to take a resting break and focus control on their breathing.
- The leader will transition through high knees, butt kicks, jumping jacks, jogging in place, squat jumps, mountain climbers, and jumping lunges.
- The leader will allow participants 2-3 minutes to cool down their bodies and focus on their breathing after the exercises are complete.
-

Debriefing:

- The leader will allow participants time to rest following the exercises and then ask each person to share what their favorite exercise was from the session.
- The leader will ask participants to share a common barrier that they experience when they have thought about exercising in the past.
- The leader will prompt participants to think about their week ahead and one way that they can add an exercise from the program into their daily routine and begin developing new habits around focused breathing and physical exercises.

Conclusion:

- The leader will thank participants for joining and reiterate the benefits from participating in the session.
- The leader will remind participants to track their heart rate on a piece of paper from the session if they haven't already.
- The leader will encourage participants to try and add one additional exercise into the upcoming week.
- The leader will invite everyone to return next week at the same time and date to continue and say goodbye.

Session Two

Introduction:

- The leader will begin the session by logging into the virtual platform, allowing all participants to log on and then have each individual briefly introduce themselves to the group. Welcome new members and thank them for joining the program.
- The leader will check in with the class to see how everyone is feeling and if anyone has any exciting plans for the week to build rapport and increase comfort levels of participants.
- The leader will thank everyone for joining in the program, provide a brief overview of the schedule ahead and invite participants to mute their microphones for the activities until the warm-up and main activity have concluded.

Warm-Up Activity:

- The leader will lead a 5-minute warm-up activity by teaching a variety of breathing techniques and taking time to relax in between each one.
- The leader will then prompt participants to follow the demonstrated stretches for a 5-minute period while providing reminding cues to focus on controlled breathing.

Main Activity:

- The leader will begin leading a variety of cardiovascular focused exercises. Prior to beginning each exercise, the leader will share possible modifications to the exercises for participants who may have restrictions or lessened mobility.
- The leader will first demonstrate the exercise and then ask the participants to share any questions that they have about performing the exercise.
- In between each exercise, the leader will allow a minute for participants to take a resting break and focus control on their breathing.
- The leader will encourage participants to drink water during the breaks between exercises.
- The leader will transition through high knees, butt kicks, jumping jacks, jogging in place, squat jumps, mountain climbers, and jumping lunges.
- The leader will prompt participants to complete at least one more exercise in entirety than they were able to in the first session.
- The leader will allow participants 2-3 minutes to cool down their bodies and focus on their breathing after the exercises are complete.

Debriefing:

- The leader will invite each participant to share their progress on incorporating exercises into their week following the previous session.
- The leader will reiterate the barriers shared the previous week and then ask for raised hands on who faced the same barriers successfully overcoming them.
- The leader will prompt participants to share a tip that helped them to overcome a barrier and how they felt once they did successfully complete the exercise.

Conclusion:

- The leader will thank participants for joining and reiterate the benefits from participating in the session.
- The leader will remind participants to track their heart rate from the session if they haven't already.

- The leader will encourage participants to try and add one additional exercise into the upcoming week.
- The leader will invite everyone to return next week at the same time and date to continue and say goodbye.

Methods (Process)

Session One

Introduction:

Welcome to Let's Get Fit! We are so excited to have you join us tonight and work together on building a healthier lifestyle. Working on strengthening our lungs through cardiovascular focused exercises can help to improve our overall health as well as our ability to complete tasks in our daily lives. These exercises will help us to focus and strengthen our breathing, as well as improve our flexibility and balance. Though exercising can be intimidating or tiring, exercise has proven results to benefit us both physically and psychologically. This session will include a warm up of breathing exercises and stretching, followed by exercises focused on increasing cardiovascular strength, time for a cool down, and then a debriefing conversation on all that we just accomplished.

Warm-Up Activity:

To start off, we are going to practice managing our breathing through a series of breathing techniques. I will first demonstrate how to perform the exercise and then we will complete each one together. Please remember to have water accessible during this session and rehydrate when you feel is necessary. Now that we have practiced controlling our breathing, we are going to warm up our bodies with a variety of stretches. I will demonstrate each one as we perform them together for the next couple of minutes.

Main Activity:

It's time to work on strengthening our lungs and hearts with some cardio exercises! These exercises will each be done in sets and we will perform them all together. However, I will share modifications for each one prior to beginning based off the survey results on what you all reported as areas of concern. If you are in the middle of performing an exercise and experience discomfort or pain, please stop using that area of your body or stop the exercise altogether. We will take a minute break in between each exercise to catch our breath, this is also a great time to rehydrate if you need it. Friendly reminder, we will keep our microphones muted while we perform each exercise but please feel free to unmute and ask any questions that may arise before or after each exercise. Now we are going to begin our cardio exercises and I encourage you to try and also focus on managing your breathing during the exercise. Upon completion of our last exercise, let's take a look at our heart rate tracking bracelet and record our heart rate on a piece of paper to compare to the upcoming sessions.

Debriefing:

Thank you all for participating in today's exercises. Once we have all rehydrated and maintained a comfortable breathing level, let's discuss the progress we made in today's sessions. Can we go around the call and each share our favorite exercise from today? Thank you all for sharing, now let's reflect on a normal day sitting at home when we have the idea to exercise. What is a common barrier that you face or challenge when you are thinking of exercising? Can each person please share at least one example of a barrier that comes to mind? Now when we think of the week that we have ahead of us before the next session, what is one way that we can work toward incorporating exercise into our routines? Developing habits can take time but recognizing patterns or the time of day for example, that you are most likely to exercise is helpful in creating a new routine.

Conclusion:

Thank you all for participating in our first session and beginning the path to strengthening our bodies. Exercise plays an important role in maintaining a healthy lifestyle and we took a great first step today by working as a team to build healthier lifestyles. I encourage you to perform at least one exercise this week before session #2, I suggest choosing your favorite from today and challenge yourself overcome the barriers that typically prevent you from completing your desired form of exercises. We will meet again one week from today at the same time, reflect on our progress and continue to work together to share tips and tricks about developing healthy habits that are reflected through an active lifestyle.

Session Two

Introduction:

Welcome back to session #2 of Let's Get Fit! It's great to see so many faces return. Let's take a quick second to reintroduce ourselves to the group and feel free to share a little bit about yourself. Maybe how are we all feeling today? If you made any exciting memories last week that you would like to share with the group, please feel free to during your turn.

Warm-Up Activity:

We will start by completing the same breathing exercises that we learned last week. As before, I will explain the technique and we will practice controlling our breathing together. These breathing exercises can be utilized in times of stress or tranquility, as well as during times of physical exertion. We will now warm-up our bodies through a variety of light stretches that get our muscles warm and blood pumping. These stretches help to ensure we are properly strengthening our muscles and do not hurt ourselves during the exercises.

Main Activity:

Just as we did last week, we will repeat the same 7 cardio exercises in sets today. I will share the modifications for each exercise prior to performing them as a group and ask for questions. Please remember to hydrate in between exercises and focus on controlling your breathing to strengthen your lungs. If at any point you experience any pain or discomfort, please stop using that area of your body or stop performing the exercise completely. It is important to let me know if anything happens that you cause you discomfort or pain. Please keep your microphones off until it is time to discuss our session after we have completed all of our exercises. I encourage you to push yourselves to make an improvement from last week and that can either be with focusing on your breathing or completing more of an exercise set. Now that we have completed all of our exercises and taken a moment to dehydrate, let's all record our heart rates from our tracking bracelets on that same piece of paper from last week.

Debriefing:

How did this past week go with incorporating a new exercise into your routine? Can each person share whether or not they were successful in performing at least one exercise? If you were successful, please share one tip that helped you to overcome the barrier you were facing when you decided to exercise and how you felt after you completed your exercise. If you were not able to practice a breathing technique or exercise, reflect on what stopped you and share with the group if you are comfortable. Let's take a look at our recorded heart rates from today and session #1. Do you notice a difference between the numbers?

Conclusion:

Thank you all for participating in session #2 of Let's Get Fit! I can see the steps already that you are all taking even through introducing the breathing techniques in our daily activities. I challenge you all to perform two different forms of exercise during this next week, on two separate days. Remember the tips that others shared about overcoming our barriers and push yourselves to complete the exercise. The hardest part is often starting the process. I would love for one or two of you to help me next week by leading your favorite exercises

so during this next week please reflect on if that is something you would feel comfortable doing. I'll ask at the beginning of the next session and choose one or two volunteers to help me lead. Have a great week, thank you all again for spending your time in this session, and I look forward to seeing you next week.

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

Safety Considerations:

- Any exercise with jumping involved can be modified to remove jumping for participants who are not stable and need to improve balance, strength or flexibility prior to completing.
- Participants who require supervision completing forms of physical exercise should not participate unless they are accompanied by another individual.
- Leader will review pre-session survey to strategize at least 2 modification options for each exercise according to the different areas of injury or weakness reported.

Age Considerations:

- For adult groups (ages 48+), maintain a professional and friendly approach. If leader is younger than participants, leader should be mindful to keep language appropriate toward the audience.
- Leader should be aware of what, if any, developmental disabilities that participants have and treat them with respect when offering modifications to exercises.

Expected Outcomes and Contraindications (benefits and harms)

Expected Outcomes

- Participants will strengthen their bodies and minds to improve their overall health.
- Participants will learn breathing exercises to increase lung strength.
- Participants will develop habit building strategies to incorporate exercises into their lives long-term.
- Participants will increase their socialization skills through communication with group.
- Participants will learn how to meet their functional, expressive, and leisure needs through exercise.

Contraindications

- Participants may experience soreness or fatigue after participation in the session.
- Participants may experience pain or soreness in a new muscle or area.
- Participants may feel frustration toward the barriers they are facing while working to incorporate exercise into their lives and build new habits.

Documentation (forms, frequency, etc.)

- Participants will need to fill out registration form.
- Participants will be sent a pre-session survey to fill out prior to joining the first session.
- Participants will be sent a chart to track their heart rate following the sessions to evaluate changes.
- Any injuries or safety risks demonstrated by participants will be documented by the leader and reported.

Evaluation Plan

- Participants will complete a pre-session survey evaluating their current exercise routine
- Participants' heart rate from each session will be tracked and evaluated for improvements.
- Participants will complete a survey following their final session (8/8) evaluating their incorporation of exercise into their lives.

Staff Qualified to Deliver Service (training or certification requirements)

NWSRA staff members who are certified Therapeutic Recreational Specialists (CTRS) or team members being supervised by a CTRS.

Safety/Risk Management/Precautions

- Participants must be aware of how their body is feeling.
- Leader of session must ensure participants understand the importance of listening to their bodies and respecting limitations or weaknesses.
- Prior to each exercise, the leader will share modifications geared toward the information learned from the survey on limitations.
- If participants are at higher risk of falls or instability, having a family member, friend, or team member is strongly encouraged to supervise the session and provide assistance if necessary.
- Leader will remind participants to only share what they are comfortable with during group discussions.

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

- Pre-Session Survey (see attached)

Reference List

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Let's Get Fit! Pre-Session Survey

1. During a two-week time frame, how many days would you say that you typically exercise?
2. Do you have any problem areas or areas of concern when participating in physical activities?
3. Have you had any recent injuries or surgeries the leader should know about?
4. Do you get winded easily or struggle with maintaining balance while standing up? If so, do you have a support person that can be present during the session?
5. On a scale of 1-10, how strong do you feel that you are in completing activities of daily living?

Title
Nature Games
Brief Description of TR Service/Program
The benefits of nature on our overall well-being are endless. This program uses fun games played virtually to teach participants about the benefits of nature and provide ways they can make small changes in their lives to more frequently experience the benefits nature has to offer.
Research on Efficacy/Literature Review Summary
<p>There is a strong innate connection between humans and nature. As a result, humans experience a myriad of benefits from spending time in nature and connecting with nature. These benefits extend across multiple domains, including physical, cognitive, psychological/emotional, social, and spiritual domains (Anderson & Heyne, 2021). Some of the specific benefits across these domains include increased physical activity, decrease in perception of pain, increased creativity, relaxation and stress reduction, increased happiness, decreased aggression, perception of beauty and serenity, and a sense of connection to the larger world (Louv, 2016).</p> <p>The therapeutic benefits of nature have been extensively researched. Berman et al. (2008) completed two experiments with results that demonstrated the restorative value of nature to improve cognitive functioning. The study found natural environments to be more restorative than urban environments, specifically when it comes to directed attention cognitive abilities. This restorative benefit is important because of the prominent role directed attention plays in successful cognitive and emotional functioning (Posner & Rothbart, 2007), short-term memory (Jonides et al., 2008), and success in school (Diamond et al., 2007).</p> <p>Pretty and Barton (2020) completed a research study that evaluated the impact of nature-based interventions (NBI) and mind-body interventions (MBI) on life satisfaction and happiness. Four NBI/MBI programs, including woodland therapy, therapeutic horticulture, ecotherapy/green care, and tai chi were assessed to determine their impact on life satisfaction, happiness, and the cost of health systems. The research found a mean increase in life satisfaction and happiness for each of the four programs to be between +0.87 and +1.36 on a 1-10 point scale. The research also showed economic returns through reduced costs on public health and other services.</p> <p>People across all ages and populations can benefit from interactions with nature and there are many inexpensive ways to experience nature. Some simple strategies include taking a walk outside, having plants throughout your residence, relaxing on a porch or outdoor area, starting a collection of items from nature such as rocks or seashells, and taking pictures of nature (Louv, 2016). In summary, there are numerous therapeutic benefits of nature and many simple, inexpensive ways to increase one's connection with nature on a daily basis.</p>
Referral Criteria
NWSRA provides recreation opportunities for children and adults with disabilities. This specific program was created for adults with developmental disabilities. Adults wanting to participate in this program should fill out the registration form located at http://www.nwsra.org/brochure .
Goals
<ul style="list-style-type: none"> • To improve knowledge of the benefits of connecting with nature. • To increase leisure interests and strategies for connecting with nature. • To improve leisure decision-making skills. • To increase knowledge of leisure preferences. • To increase the amount of time participants spend in nature. • To provide the opportunity for social connection with others.

Measurable Objectives
<ul style="list-style-type: none"> • Participants can name at least one benefit of nature that is important to them and share it with the group during the Zoom session when asked by the program facilitator. • Participants demonstrate leisure decision-making skills by choosing one nature leisure activity over another during the Zoom session when asked by the program facilitator. • Participants demonstrate an increase in leisure interests and strategies for connecting with nature by sharing one way they plan to connect with nature over the next week at the end of each Zoom session when asked by the program facilitator. • Participants demonstrate spending time in nature by sharing one way they did this over the past week at the beginning of each Zoom session when asked by the program facilitator. • Participants gain social connection with others by attending all program sessions as demonstrated by their attendance at each Zoom session.
Time Required
<p>Each session lasts approximately 45 minutes. Participants will also be asked to find 10-15 minutes a day outside of the virtual program to connect with nature during the program period.</p>
Materials, Equipment, and Resources Needed
<ul style="list-style-type: none"> • Computer with internet connection • Zoom account and Zoom meeting link • ‘Would You Rather?’ questions and video links • Bingo Callers Cards • Bingo Cards • Markers, bingo dabbers, or pennies • Paper and pen for keeping progress notes during each session
Activities (Content)
<p>Session #1: Would You Rather?</p> <ul style="list-style-type: none"> • Connecting with nature is good for the mind, body, and soul. It improves our overall well-being and leads to increased life satisfaction and happiness. • There are many ways to connect with nature daily and always new things to explore. • Goals for this session include learning new ways to connect with nature and better understanding leisure preferences by choosing one activity over another. • ‘Would You Rather?’ is a game you play where you choose what you would rather do and share responses with the group. This game of ‘Would You Rather?’ is all about different activities you can do to connect with nature. Would you Rather... <ul style="list-style-type: none"> ○ Try Forest Bathing (https://youtu.be/rSvvhLvFrVE) or Bathing in a Natural Hot Spring (https://youtu.be/pf8ra0sKNsc)? ○ Go to the Mountains (https://www.youtube.com/watch?v=Ae-x5EYkaEA) or a Beach (https://www.youtube.com/watch?v=w0eDenlCTw)? ○ Play Soccer (https://www.youtube.com/watch?v=mulp6hciYl8) or Kickball (https://www.youtube.com/watch?v=mJBK9ToU6LA)? ○ Take a walk in your neighborhood (https://www.youtube.com/watch?v=NMzJw5esx2s) or a park (https://www.youtube.com/watch?v=uwRdUzyO3MM)? ○ Plant a vegetable garden (https://www.youtube.com/watch?v=mhEY78K2EVE) or a flower garden (https://www.youtube.com/watch?v=vWsZ9c9sYeU)? ○ Collect rocks (https://www.bing.com/videos/search?q=collecting+rocks&&view=detail&mid=491B5A7AEDE70F361EF7491B5A7AEDE70F361EF7&&FORM=VRDGAR&ru=%2Fvideos%2Fsearch%3Fq%3Dcollecting%2Brocks%26FORM%3DHDRSC4) or seashells (https://www.bing.com/videos/search?q=Seashell+Hunting&qft=+filterui%3aduration-

[short&view=detail&mid=664CB85F3D0FE35E5085664CB85F3D0FE35E5085&&FORM=VRDGAR&ru=%2Fvideos%2Fsearch%3F%26q%3DSeashell%2BHunting%26qft%3D%2Bfilterui%3Aduration-short%26FORM%3DVRFLLTR\)?](https://www.youtube.com/watch?v=Mjz_kqAIXDQ)

- Bicycle (https://www.youtube.com/watch?v=Mjz_kqAIXDQ) or run (https://www.youtube.com/watch?v=paKI_NF9OPM)?
- Feed birds (<https://www.youtube.com/watch?v=tdsGJbYzYbs>) or giraffes (<https://www.youtube.com/watch?v=THqkzQnfnlw>)?
- Go Ice Skating (https://www.youtube.com/watch?v=vqoCn_JMHVI) or Rollerblading (<https://ca.style.yahoo.com/bored-fitness-routine-rollerblading-fun-144600397.html>)?
- Go sky diving (<https://youtu.be/j54R3P76aS4>) or ride in a hot air balloon (<https://youtu.be/DVFSVAJtvQ0>)?

Session #2: Nature Bingo

- There are many different strategies we can use to connect with nature. We can even connect with nature in our home by opening windows, having pets, or putting plants around our homes.
- The benefits of connecting with nature are endless. Some of the major benefits include increasing our happiness, improving our mood, and reducing stress.
- Goals for this session include learning new ways to connect with nature and learning the benefits of connecting with nature.
- PDF links in the Attachments section contain pre-created Bingo cards for this session. <https://myfreebingocards.com/> was used to create these cards and can be used to modify these cards or create new ones. The content for the cards developed for this program came from Anderson & Heyne's book, *Therapeutic Recreation: A Strengths Approach* (2nd ed.), page 344, Figure 11.25 (2021).

Methods (Process)

Utilize Zoom Virtual Sessions with facilitator and participants using computers for all program sessions.

Session #1: Would You Rather?

- Introduction: Welcome participants to the program and have everyone introduce themselves. Give a brief summary of the session activity and goals for the session referring to the content section for this session.
- Warm-Up Activity: Get the group thinking about ways they can connect with nature by asking participants if they have tried doing specific things to connect with nature (i.e. taking a walk outside, bird watching, etc.). Have each participant raise their hand or shout out yes for each activity they have done before.
- Main Activity: Go through the list of 'Would You Rather?' questions provided in the content section. For each question, ask each participant to choose one of the activities. Keep tally of how many people choose each one, then share the video for the activity that wins the most votes for each question. Encourage discussion from the group after each video and ask them what they thought of it. Do they still want to try the activity? Complete as many questions as you can during the virtual session.
- Debriefing: Ask the participants some of the provided debriefing questions to help them process what they learned during the session.
 - WHAT: What was your favorite activity you learned about today? Where any of the activities brand new to you? Which ones?
 - SO WHAT: Which of these activities would you like to try? How did the videos make you feel (excited, nervous, calm, happy, etc.)?
 - NOW WHAT: What is one way over the next week you can connect with nature? When will you do it? How often will you do it?
- Conclusion: Summarize the session and the outcomes. Ask each participant to spend 10-15 minutes daily connecting with nature over the next week and be prepared to share one way they did this in the next session.

Session #2: Nature Bingo

- Introduction: Welcome participants back to the program and ask them to share one way they connected with nature over the last week. Ask them how they felt while connecting with nature. Give a brief summary of the session activity and goals for the session by referring to the content section.
- Warm-Up Activity: Get the group ready for a fun game by going around and asking each person to share their favorite game that they play outside.
- Main Activity: Play 2 rounds of Bingo. The first round is with cards that include strategies for connecting with nature. The second round is with cards that include benefits of connecting with nature. Links to pre-made cards can be found in the Attachments section.
- Debriefing: Ask the participants some of the provided debriefing questions to help them process what they learned during the session.
 - WHAT: What are some ways you can connect with nature? What are some benefits of connecting with nature?
 - SO WHAT: What strategies do you plan to use to connect with nature more frequently?
 - NOW WHAT: Where could you try these strategies to connect with nature? Who could you try them with? When could you try them?
- Conclusion: Summarize the session and the outcomes. Remind participants to spend 10-15 minutes daily connecting with nature over the next week.

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

- Program facilitator should read any words during the 'Would you rather?' videos that are not narrated to assist participants that have a low ability to read.
- Program facilitator should be prepared to mute participants as needed when other participants are speaking or a video is playing during the session.
- Agency should offer to provide printed Bingo cards and dabbers, markers, or coins for participants to use during the Nature Bingo game.
- Different bingo boards can be created using <https://myfreebingocards.com/> if they need to be modified to meet the needs of the participants.
- Program facilitator should consider asking friends or family of the participants to participate in the virtual sessions with them if they anticipate they will need technological assistance or help with any of the games during the sessions.

Expected Outcomes and Contraindications (benefits and harms)

Benefits:

- Increased time spent connecting with nature
- Reduced stress
- Increased happiness
- Increased community and social connection
- Increased knowledge of ways to connect with nature
- Increased knowledge of leisure activities, interests, and preferences
- Improved leisure decision-making skills
- Increased knowledge of the benefits of connecting with nature
- Improved technological skills
- Improved self-confidence and self-esteem
- Improved cognitive abilities

Contraindications:

- Frustration if content is too challenging
- Boredom if content is not challenging enough

Documentation (forms, frequency, etc.)

- Participant registration and assessment forms should be completed prior to program participation and kept on file for reference as needed
- Progress notes are recommended to be documented for each participant after each session
- An online survey is available for the participants to evaluate and provide feedback on the program once it's completed. (<https://www.surveymonkey.com/r/7P9QVDY>)

Evaluation Plan

Program facilitator will keep track of participant attendance during program and keep record of how often each participant reports they have spent time in nature during the week in between sessions.

Program facilitator will also evaluate each participant on their ability to meet the program objectives at the end of the program and document this evaluation in each participant's progress notes.

Participants will be given a link to an online survey to complete to provide feedback on the program. The link is: <https://www.surveymonkey.com/r/7P9QVDY>

Staff Qualified to Deliver Service (training or certification requirements)

- Program facilitator should be a Certified Therapeutic Recreation Specialist (CTRS) or CTRS eligible through the NCTRC
- Program facilitator should have experience working with adults with developmental disabilities
- Program facilitator must have enough technical experience to be able to lead the Zoom session and share program content with participants through the Zoom platform.

Safety/Risk Management/Precautions

- Ensure emotional safety by making sure participants understand they only need to share what they feel comfortable sharing in front of the group.
- Encourage participants to leave their cameras on during the sessions if they feel comfortable doing so. Do not pressure any participants that do not feel comfortable having their camera on during the sessions.
- Pay attention to participants and try to offer help if they appear discouraged or frustrated.

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



Ways_to_Connect_with_Nature_Bingo_Cards.pdf



Benefits_of_Connecting_with_Nature_Bingo_Cards.pdf

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Pretty, J. & Barton, J. (2020). Nature-based interventions and mind-body interventions: Savings public health costs whilst increasing life satisfaction and happiness. *International journal of environmental research and public health*, *17*(21), 7769. <https://doi.org/10.3390/ijerph17217769>

Protocol Authors

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Comprehensive Evaluation Plan

Brief Description

Evaluation is used by therapeutic recreation professionals to determine if the goals and objectives from the intervention plan was effective (CTRA). Evaluation is a vital part in Therapeutic Recreation services. It allows therapeutic recreation professionals to make sure they are giving quality and effective services to their participants. Therapeutic recreational professionals are to systematically re-assess, evaluate and compare patient/client progress relative to the individualized treatment plan so they can then make changes to the interventions, diagnosis, and patient/client responses (West et al., 2013).

The comprehensive evaluation model's purpose is to ensure that there is thorough evaluation of both the specific program and the clients outcome information to ensure the program is effective (Stumbo & Peterson, 2009, p.363). The logic model is used in this programs evaluation to outline a road map of all the resources, components, and goals needed to make this program effective. This model measures and determines the quality of a specific program or an entire comprehensive program on an on-going basis.

Inputs	Outputs		Outcomes		
	Activities	Participation	Short- Term	Medium- term	Long- Term
Staff Volunteers Participants Funding Facilities Materials and equipment needed for programs Time	Two week virtual activities focused on different areas including: <ul style="list-style-type: none"> ○ Crafts ○ Fitness ○ Sensory ○ Cooking/ Nutrition ○ Nature 	Participants Staff Family and caregivers	Increased awareness of virtual leisure activities Increased motivation of participating Improve leisure skills	Staff utilize best practices as informed by data CTRS makes necessary modifications to the program	Establish healthy leisure habits

Assumptions	External Factors
<ul style="list-style-type: none"> ○ Participants have the technology needed to participate in programs ○ Participants are interested in leisure activities ○ Family members/ caregivers are supportive in the virtual program participation ○ Volunteers are available ○ Programs are effective 	<ul style="list-style-type: none"> ○ Social and cultural norms of participants ○ Environmental factors (unexpected changes in program resources or funding, technology errors) ○ Public policies ○ Influence of participant's social environment

Goals

1. Determine programs overall effectiveness for NWSRA
2. Determine programs quality based on feedback from NWSRA participants, staff, volunteers, and Board of Directors

Objectives

1. TRS will collect feedback from participants and staff at the end of both activity sessions
2. Each session of the program will seek feedback from participants regarding the effectiveness of the session.
3. Superintendent of Recreation will formally observe TRS and staff performance during one of the activity sessions
4. TRS will gather and evaluate data from each of the post session report forms and determine ways to improve the program

Methods and Activates

Instruments used:

- Satisfactory Survey- NWSRA Virtual Program Evaluation (Participants)
- Post-session Report Form (TRS)
- Observation log (TRS)
- Direct Observation (Superintendent of Recreation)

Types of Questions

- Formative questions will be used during the program
- Summative questions will be used at the end of the program in order to make improvements to the staff and program
- Close- ended and open-ended questions/ responses will be used in satisfactory surveys

Questions will Address:

- **Program Content** (*Did the program run as designed? Where their modifications made? Suggestions to improve?)*
- **Program process** (*Was the duration of time and staff availability adequate to run the program? Did the order of session make sense?*)
- **Program resources** (*Were the appropriate resources available to run the program session?*)
- **Nature of clients** (*Did participants meet the objectives? What was the relationship like between staff and participants?)*
- **Staff involvement** (*Was staff well trained? Was staff engaged with participants?)*

Sample Size and Technique

- Two direct observations will be used both sessions. TRS will record information about each participant's behavior and skills
- The Superintendent of Recreation will directly observe TR specialists during one session
- At the end of both sessions, an online self-administered survey will be given to all participants. Families and/or caregivers may assist in the completion of the survey.
- TRS will complete a post-session report form after each session.

Data Plan

Data will be collected during, after, and following the two activity sessions.

During each activity:

- Participants will be observed by TRS using observation log
- participants will be asked for their feedback on the value of the session
- TRS will be observed by Superintendent of Recreation in one session

After Activity:

- Participants will complete surveys on their satisfaction of each session
- TRS will complete Post-Session Report Forms

At the end of the program:

- Participants will complete a post-assessment survey
- TR specialists will review participant and program notes
- Board of Directors will review data and a presentation of findings by the TRS

Post-Session/Protocol Report Form

Directions: A Post-Session Report Form is to be completed at the conclusion of each regularly scheduled program session. Please provide as much detailed information as possible for each question below.

Program Title: _____

Session No: _____ Session Date: _____

No. of Participants Present: _____

No. Absent: _____ Names of Absent Participants: _____

1a. Was the session/protocol implemented as designed? (circle one)

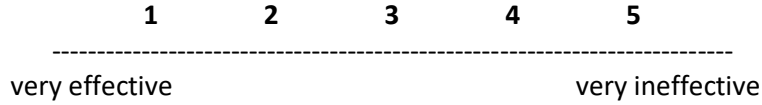
1 - Yes
(skip to question #2)

2 - No

1b. If **no**, please describe the changes or modifications made during implementation and the reasons for making changes:

Changes or Modifications:	Reasons or Rational:

1c. How effective do you feel these changes or modifications were in comparison to the original protocol/session design plan? (circle one)



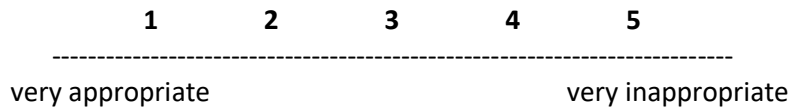
1d. Are there any additional changes or modifications in the session design that would further improve this session/protocol? (circle on)

1 - Yes

2 - No
(skip to question #2)

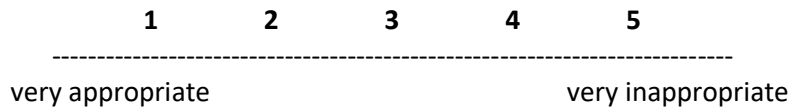
If **yes**, please explain the additional changes or modifications:

2. How appropriate were the activities used for this session/protocol in relation to program objectives addressed in this session/protocol? (circle one)



Please explain your answer:

3. How appropriate were staff interaction or intervention strategies used in this session/protocol in relation to session/protocol activities, nature of participants, and achievement of program objectives? (circle one)



Please explain your answer:

4. Did the sequence of activities in this session/protocol appear to be logical and appropriate? (circle one)

1 - Yes

(skip to question #5)

2 - No

If **no**, please identify changes that may be made to improve the sequence:

5. Was the amount of time allowed for participant achievement of program objectives in this session/protocol sufficient? (circle one)

1 2 3 4 5

very sufficient

very insufficient, more or less time needed

Please explain your answer:

6. Were planned resources (i.e. materials, supplies, equipment, facilities, transportation) available for this session? (circle one)

1 - Yes

(skip to question #7)

2 - No

If **no**, please explain:

7. Were adequate numbers and appropriately trained staff involved in this session/protocol as planned? (circle one)

1 - Yes

(skip to question #8)

2 - No

If **no**, please explain:

<p>8. What was the nature of participant and staff involvement in this session?</p> <hr/> <hr/> <hr/>
<p>9. What unanticipated events or outcomes occurred in this session/protocol that were not planned in the original session/protocol design?</p> <p>Positive Unanticipated Events or Outcomes:</p> <hr/> <hr/> <hr/> <p>Negative Unanticipated Events or Outcomes:</p> <hr/> <hr/> <hr/>
<p>10. Additional comments on this session/protocol:</p> <hr/> <hr/> <hr/>

Satisfaction Survey: NWSRA Virtual Program Evaluation

1. What is your name? (person filling out evaluation) - OPTIONAL

2. What is the participant's name? – OPTIONAL

3. What is your contact information? (phone/email) – OPTIONAL

Phone Number _____

Email Address _____

4. Would you like to be contacted in regards to your evaluation?

_____ Yes

_____ No

5. If yes, how would you like to be contacted?

_____ Phone

_____ Email

_____ N/A

6. What is today's date?

7. What type of Virtual Program are you evaluating?

- General Recreational Therapy Programming
- Collaborative Programming (PURSUIT/STAR Academy/SibShops)
- Clubs and Special Events
- Activity Center
- Weekly 1:1 Zoom and/or Phone Calls
- NWSRA Bus Visits
- Activity Box

8. What is the specific program name?

Program Name _____

9. Who is the program leader/coordinator?

10. Program Information. Please select the appropriate ranking for each question. 3 = Exceeds Expectations, 2 = Meets Expectations, 1 = Not Adequate, N/A = Not Applicable

	3	2	1	N/A
Time of program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day of program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Activities were age appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Length of program season	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall satisfaction of the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Program leader/coordinator. Please select the appropriate ranking for each question. 3 = Exceeds Expectations, 2 = Meets Expectations, 1 = Not Adequate, N/A = Not Applicable

	3	2	1	N/A
Prompt/Dependable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friendly attitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enthusiasm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professionalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preparation and Instruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to adapt activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encouraged independence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall satisfaction of their performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Please list specific benefits received from participation in this Virtual Program:

13. Suggestions to improve this Virtual Program:

14. Do you have any suggestions for new Virtual Program ideas?

15. Do you have any suggestions for new Activity Center activities?

16. With 1 being the least likely and 10 being the most likely, how likely are you to recommend NWSRA Virtual Programs to others?

1 10

17. Would you like to be added to the NWSRA email list for updates on the most current information?

Yes
 No
 Already receiving e-mail updates

18. If you answered yes to the above question, please enter your email address below:

**THERAPEUTIC RECREATION
PROGRAM PLAN EVALUATION**

NAME OF PROGRAM: _____

SESSION NUMBER _____ DATE _____ STAFF: _____

SESSION TITLE: _____

HOW WERE OBJECTIVE PRESENTED TO RESIDENTS?

WERE PROGRAM GOALS MET?

WERE PLANNED RESOURCES (i.e. staff, materials , supplies, equipment and facilities) AVAILABLE AND SUFFICIENT FOR THIS SESSION?

DESCRIBE MODIFICATIONS MADE DURING IMPLEMENTATION.

PREPARED BY: _____ DATE: _____

References:

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Author:

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Human Resources/Personnel

Staffing Requirements:

- 3 Full-time Recreation Specialists (CTRSs)
- Part-time Program Assistants, as needed
- Recreation Intern, as available and needed
- Volunteers, as needed
- Graphic Communications Coordinator, as needed
- IT Coordinator, as needed

Staffing Rationale:

This comprehensive program includes a maximum of 5.25 hours of therapeutic recreation programming per week with up to 15 participants per group. The targeted populations for all programs are teens, adults, or older adults with development disabilities. Based on the specific programs, targeted populations, age groups, and a review of the current NWSRA program brochure, an instructor to participant ratio of 1:4 should be used for all program sessions (NWSRA, 2021). There should be one Recreation Specialist or qualified staff member for every four participants registered in the program. The number of Recreation Specialists required will ultimately depend on the number of participants in each group. Any programs with more than 12 participants can use a qualified Recreation Intern or Program Assistant to achieve the required instructor to participant ratio and support the Recreation Specialists in leading the session. Qualified volunteers under supervision of a Recreation Specialist can also be utilized as needed to support these program sessions. All staff members acting as session instructors should have experience working with people with developmental disabilities and must also meet the job credentials and qualifications described in the job descriptions below. With only 5.25 hours of programming per week, the three Recreation Specialists leading these program sessions will have time outside of leading the programming to prepare for the sessions and complete other key job duties such as participant assessments, documentation, or attending team meetings (Kinney, 2020).

In addition to the personnel described above, the success of this comprehensive program is also dependent on support from the IT Coordinator and Graphic Communications Coordinator on staff at the NWSRA. All of these programs are designed to be led virtually, so support from the IT Coordinator will be required if any technical assistance is needed from the therapeutic recreation team or participants throughout the program. The IT Coordinator should provide training and support as needed to make this virtual programming successful. The Graphic Communicators Coordinator will design and create promotional material and the program brochure for this comprehensive program.

Job descriptions: The job descriptions, credentials, competencies, and qualifications listed for each position below were provided by the NWSRA Superintendent of Recreation (A. Griffin, personal communication, December 1, 2021).

Recreation Specialist

Department: Recreation

Salary: \$41,000 annually

Status: Full-time

Reports To: Manager of Special Recreation – Day Camp

Direct Report(s): Part-time employees, Site Directors, Assistant Site Directors and Volunteers

Job Purpose: Assist with coordinating all aspects of the Day Camp program for individuals with disabilities. Supervise assigned Day Camp Site Directors for NWSRA Day Camps. Responsible for planning, implementing, and evaluating a wide variety of recreation and leisure programs and services for individuals with disabilities. Represent NWSRA at meetings, support community access to recreation for individuals with disabilities and advocate for the development of recreation programs for everyone.

ESSENTIAL DUTIES & RESPONSIBILITIES:

Agency Operations and Administration

- Select, recommend and inventory supplies and equipment, which are associated with areas of supervision and responsibilities through inventorying, cleaning, inspection, and re-stocking equipment.
- Utilize established purchasing procedures for purchasing, price quotes, formal bids and vendors for supplies, equipment and services.
- Perform other duties related to the duties of the Program Specialist, or duties in the best interest of the Association.
- Effectively use cell phones, computers, computer software, tablets and the Internet for the performance of job assignments.
- Provide input to supervisory staff related to determining goals, budgets, supply and equipment needs, risk management resources, productivity and efficiency systems, and staff development activities that may affect the Association's overall financial and resources development.
- Maintain all required certifications.
- Actively participate in assigned team meetings, individual/supervision meetings, planning or other agency meetings.
- Drive an agency or personal vehicle to all work related events, programs and/or meetings as required.
- Prepare, receive, and understand written material, whether by mail, facsimile, text, or e-mail and quickly respond to phone calls, voicemails, and written materials.
- Solve complex problems and work efficiently and effectively under pressure and meet all deadlines for all projects, assignments, and events.
- Participate regularly in continuing education opportunities, in-house in-services, state and national opportunities as appropriate to increase awareness and knowledge, and to develop new skills and techniques.
- Maintain a neat work area with easily accessible information in a logical filing system.

Communication and Outreach

- Develop and maintain effective communications with NWSRA and SLSF Board members, legislators, sales people, community members, parents, member district staff, and agency personnel.
- Treat public complaints and concerns with the utmost attention. Is courteous in all cases.

Position Specific Responsibilities

- Assist in supervision and evaluation for part-time staff and volunteers in assigned programs.
- Serve as a team leader, prompting group cohesiveness while leading programs and assist in preparing part-time staff and volunteers working in the assigned programs.
- Develop goals and objectives for each assigned programs and maintain all program paperwork; i.e., records, forms, and correspondence.
- Effectively navigate to and from designated points in the member districts assigned quickly and without hesitation.
- Maintain expenditure records for each assigned program and collect and turn in receipts from program expenses in a timely fashion.
- Plan and develop programs of all types including weekly, clubs, special events, Leisure Education, camps, trips/overnights, Lightning Athletics and cooperative programs.
- Prepare and implement behavior management strategies when necessary, to ensure safe involvement in recreation programs by people with disabilities.

- Drive agency vehicles and transport program participants, as required, and assist in care and maintenance of vehicles as required.
- Demonstrate creativity, enthusiasm, and take initiative when leading programs.
- Responsible for record keeping such as attendance sheets, as well as incident and accident reporting forms.
- Provide assistance and instruction to the participants when needed.
- Understand needs of persons with disabilities and adapt activities to enable participation when necessary.
- Assist with the development and implementation of behavior plans when needed in assigned programs.
- Coordinate all aspects of the assigned Day Camp programs, working with Site Director and the Manager of Special Recreation (Day Camp). Responsible for supervision, evaluation, budgeting, facility orientation, field trips, orientation, planning, supply and equipment management.
- Other duties needed to help drive our Vision, fulfill our Mission, and abide by NWSRA's Core Values.

Safety

- Understand safety policies, maintain a working knowledge of all general and departmental-specific safety policies and inspect work and program areas for compliance with safe work practices and policies.
- Enforce safety policies by improving employee and public knowledge while correcting unsafe behavior and conditions.
- Cooperate and assist in the investigation of accidents/ incidents and attends all required safety program and education meetings.

COMPETENCIES:

Collaboration: Promotes and supports work teams and groups.

Reliability: Performs responsibilities dependability and accurately, fulfills promised actions.

Responsiveness: Focuses on the customer, willingly helps other and provides prompt service.

Assurance: Conveys trusts and inspires confidence.

Empathy: Deals with individuals, appreciates their differences, handles emotions and shows compassion for others.

Self-Confidence: Recognizes the contributions of others and is conscious of own ability.

Initiative: Begins and follows through energetically with plans and tasks.

Communication: Shares information, listens to what others are saying.

Adaptability: Makes decisions and solves complex problems.

JOB STRENGTH REQUIREMENTS:

Weight Bearing:

- Ability to safely lift and transfer bundles of brochures and flyers for delivery at a minimum of 50 pounds per load.
- Ability to move heavy equipment such as tables, chairs, water, office or computer equipment etc., in the office or at the meeting location.

Agility/Flexibility/Balance:

- Ability to kneel down, rotate body position, and reach into small spaces such as under workstations to check computer or other equipment.

Manual Dexterity:

- Ability to manipulate various tools needed to perform the responsibilities of the job such as; writing utensils (pen, pencil, computer keyboard), communication devices (telephone, TTY keyboard), recreation equipment of all types, office equipment (copy machine, fax machine, paper cutter, stapler, hole punch, tape dispenser, charge card processor etc.)

Stamina:

- Ability to work a varied schedule of days, evenings or weekends in an emergency, for fundraising events.

Psychological Considerations:

- Ability to work with individuals from all backgrounds and special interests in a respectable manner and to maintain a positive attitude in public places.
- Ability to handle multiple projects in a busy and noisy office environment, quickly transitions between duties each day, and a varied schedule each week. Ability to troubleshoot, problem-solve, and handle stress in a calm, professional manner.

Environmental Considerations:

- Ability to perform in a variety of weather conditions, ranging from mild to severe, year round, and in facilities that may range in temperature, and/or have various exposures such as pool chemicals.
- Ability to perform in outdoor situations where there is potential exposure to poisonous plants, insects, and wild animals.

QUALIFICATIONS:

- Graduate from accredited college or university with a BA/BS degree in Therapeutic Recreation, Parks and Recreation, or related field of study.
- Knowledge of and ability to confidently work effectively with individuals with disabilities.
- Current National Council on Therapeutic Recreation Certification (NCTRC) or Certified Park and Recreation Professional (CPRP) or the ability to get certified within an allotted amount of time determined by the policy of the Association and/or the Executive Director.
- Minimum of one year of full time experience with children and adults with various disabilities.
- Demonstrate knowledge of disabling conditions, and experience in planning and implementation of a wide range of recreation programs for people with disabilities.
- Ability to assess, plan, develop, implement, and evaluate activity programs for recreation, leisure and the therapeutic recreation programs.
- Strong interpersonal skills and the ability to effectively communicate with full-time staff, student interns, part-time staff, volunteers, parents/guardians, participants, park district and school district personnel, as well as members of the general public.
- Experience working with part time and volunteers employees with a supervisory style that includes well-developed organizational skills.
- Demonstrate strong leadership qualities; confidence, maturity, flexibility and professionalism.
- Knowledge of current standards of professional practice and ability to apply these standards to daily work. Highly motivated, self-starter, outgoing and confident with excellent interpersonal and communication skills in the oral and written format is required.
- Work independently, solve simple to complex problems, demonstrate dependability, promptness and punctuality, and convey a positive attitude to others.
- Knowledge of computer skills; Office, Word, Excel and Outlook.
- Ability to engage in activities requiring physical exertion. Ability to perform required duties under stressful situations without supervision.
- First Aid/CPR/CPI certification required.
- Ability to drive agency vehicles based on driver's abstract.
- Ability to attain Illinois Commercial Drivers License (CDL).

Program Assistant

Department: Recreation

Salary: \$15/hr

Status: Part-time

Reports To: Manager of Support Services

Direct Report(s): None

Job Purpose: To support, assist and advocate for all program participants. Provide assistance to individuals with disabilities in all recreation programs.

ESSENTIAL DUTIES & RESPONSIBILITIES:

Communication and Outreach

- Provide timely responses to phone calls, voicemail and written materials, whether received by mail, fax, or email sent by NWSRA.
- Treat public complaints and concerns with the utmost attention. Is courteous in all cases.
- Position Specific Responsibilities
- Supervise participant(s) at program.
- Responsible for participant(s) safety, behavior management and appropriate involvement in activities.
- Act as an advocate for participant(s), provide disability awareness information, and emphasize the individual's abilities and similarities while de-emphasizing the differences.
- Assist in the participation of recreational activities and provide accommodations as needed.
- Attend to participant(s) personal care needs including toileting, feeding and changing.
- Encourage participant(s) in developing friendships with other participant(s) within the program.
- Communicate and contribute with ideas to coworkers.
- Demonstrate creativity and enthusiasm in implementing activities.
- Become actively involved and participate in program activities and tasks.
- Promote good relations with participants, parents, employees, partner agency personnel and community contacts.
- Follow through with direction on assigned task(s).
- Implement and apply the skills and techniques taught through training.
- Communicate with participant(s) during the program in a verbal or non-verbal manner.
- Attend all orientations, meetings and trainings required by NWSRA.
- Greet parents/guardians, participants, employees and volunteers positively, while smiling and being friendly.
- Monitor participant(s) belongings including bags, towels, lunch boxes, personal electronics, etc.
- When transportation is offered with program(s), responsibilities include engaging, monitoring and addressing, medical, safety and behavioral needs of participant(s).
- When transportation is offered with program(s), assist driver with directions, necessary calls to families and/or NWSRA for assistance, when needed. Communicate any concerns or issues to driver.
- Follow agency policy and procedures including payroll procedures.
- Communicate all incidents/accidents from programs to Program Leaders and/or Support Services Coordinators.
- Other duties needed to help drive our Vision, fulfill our Mission, and abide by NWSRA's Core Values.

Safety

- Understand safety policies, maintain a working knowledge of all general and departmental-specific safety policies and inspect work and program areas for compliance with safe work practices and policies.
- Enforce safety policies by improving employee and public knowledge while correcting unsafe behavior and conditions.
- Cooperate and assist in the investigation of accidents/ incidents and attends all required safety program and education meetings.

COMPETENCIES:

Collaboration: Promotes and supports work teams and groups.

Reliability: Performs responsibilities dependability and accurately, fulfills promised actions.

Responsiveness: Focuses on the customer, willingly helps other and provides prompt service.

Assurance: Conveys trusts and inspires confidence.

Empathy: Deals with individuals, appreciates their differences, handles emotions and shows compassion for others.

Self-Confidence: Recognizes the contributions of others and is conscious of own ability.

Initiative: Begins and follows through energetically with plans and tasks.

Communication: Shares information, listens to what others are saying.

Adaptability: Makes decisions and solves complex problems.

JOB STRENGTH REQUIREMENTS:

Weight Bearing:

- Ability to gather and transfer program equipment and to move heavy recreational equipment.
- Ability to lift up to 60 lbs. and push a wheelchair up to 300 lbs.

Agility/Flexibility/Balance:

- Ability to safely lift, transfer and/or position individuals with mobility impairments in wheelchairs.
- Ability to kneel, crawl, reach, rotate body position, reach into small spaces and run to maintain interaction with participants in programs who may need individualized assistance or close supervision.

Manual Dexterity:

- Ability to maneuver wheelchairs through narrow or small spaces, such as doorways, washrooms, and vehicles, while operating doors and lifts and lift wheelchairs over obstructions such as curbs, small stairs, and other barriers.
- Ability to manipulate a variety of objects such as eating utensils or G-tubes to perform personal care for participants as well as writing utensils, communication devices and recreation equipment of all types.

Stamina:

- Ability to work a varied schedule of days and hours.
- Ability to drive or ride long distances required for the program.
- Ability to keep pace with active participants who may be aggressive or a flight risk

Psychological Considerations:

- Ability to work with individuals from all backgrounds and special interests in a respectable manner and to maintain a positive attitude in public places.
- Ability to troubleshoot, problem-solve, and handle stress in a calm, professional manner.

Environmental Considerations:

- Ability to perform in a variety of weather conditions, ranging from mild to severe, year round, and in facilities that may range in temperature, and/or have various exposures such as pool chemicals.
- Ability to perform in outdoor situations where there is potential exposure to poisonous plants, insects, and wild animals.

QUALIFICATIONS:

- At least 16 years of age.
- Have an interest or experience working with children and adults with disabilities.
- Demonstrate dependability, promptness, flexibility and punctuality.
- Demonstrate enthusiasm in recreation programming and have the ability to engage in activities requiring physical exertion.
- Willingness to learn and accept new ideas.
- Able to work independently.

Recreation Intern

Department: Recreation

Status: Seasonal (20-45 hr/week for 14 week minimum)

Reports To: Superintendent of Recreation II (CTRS)

Direct Report(s): None

Job Purpose: To gain exposure to components of the NCTRC Job Analysis Task Domains. While it is not mandatory that applicants be exposed to all the subcategories within each task area, each of the main task areas must be completed. No less than 20 hours per week or more than 45 hours per week will be accepted for the internship experience, except as may be provided in the Alternative Internship Guidelines. Additionally, the internship experience must be completed for no less than fourteen consecutive full weeks. The total minimum number of required hours is 560. For students completing only 20 hours a week, the total number of weeks will be 28 to meet the minimum 560 hour requirement.

ESSENTIAL DUTIES & RESPONSIBILITIES:

Communication and Outreach

- Provide timely responses to phone calls, voicemail and written materials, whether received by mail, fax, or email sent by NWSRA.
- Treat public complaints and concerns with the utmost attention. Is courteous in all cases.

Position Specific Responsibilities

- Assist in supervision and evaluation for part-time staff and volunteers in assigned programs.
- Serve as a team leader, prompting group cohesiveness while leading programs and assist in preparing part-time staff and volunteers working in the assigned programs.
- Develop goals and objectives for each assigned programs and maintain all program paperwork; i.e., records, forms, and correspondence.
- Effectively navigate to and from designated points in the member districts assigned quickly and without hesitation.
- Maintain expenditure records for each assigned program, collect, and turn in receipts from program expenses in a timely fashion.
- Plan and develop programs of all types including weekly, clubs, special events, Leisure Education, camps, trips/overnights, Lightning Athletics and cooperative programs.
- Prepare and implement behavior management strategies when necessary, to ensure safe involvement in recreation programs by people with disabilities.
- Drive agency vehicles and transport program participants, as required, and assist in care and maintenance of vehicles as required.
- Demonstrate creativity, enthusiasm, and take initiative when leading programs.
- Responsible for record keeping such as attendance sheets, as well as incident and accident reporting forms.
- Provide assistance and instruction to the participants when needed.
- Understand needs of persons with disabilities and adapt activities to enable participation when necessary.
- Assist with the development and implementation of behavior plans when needed in assigned programs.
- Other duties needed to help drive our Vision, fulfill our Mission, and abide by NWSRA's Core Values.

Safety

- Understand safety policies, maintain a working knowledge of all general and departmental-specific safety policies and inspect work and program areas for compliance with safe work practices and policies.
- Enforce safety policies by improving employee and public knowledge while correcting unsafe behavior and conditions.
- Cooperate and assist in the investigation of accidents/ incidents and attends all required safety program and education meetings.

COMPETENCIES:

Collaboration: Promotes and supports work teams and groups.

Reliability: Performs responsibilities dependability and accurately, fulfills promised actions.

Responsiveness: Focuses on the customer, willingly helps other and provides prompt service.

Assurance: Conveys trusts and inspires confidence.

Empathy: Deals with individuals, appreciates their differences, handles emotions and shows compassion for others.

Self-Confidence: Recognizes the contributions of others and is conscious of own ability.

Initiative: Begins and follows through energetically with plans and tasks.

Communication: Shares information, listens to what others are saying.

Adaptability: Makes decisions and solves complex problems.

JOB STRENGTH REQUIREMENTS:

Weight Bearing:

- Ability to gather and transfer program equipment and to move heavy recreational equipment.
- Ability to lift up to 50 lbs. and push a wheel chair up to 300 lbs.

Agility/Flexibility/Balance:

- Ability to safely lift, transfer and/or position individuals with mobility impairments in wheelchairs.
- Ability to kneel, crawl, reach, rotate body position, reach into small spaces and run to maintain interaction with participants in programs who may need individualized assistance or close supervision.

Manual Dexterity:

- Ability to maneuver wheelchairs through narrow or small spaces, such as doorways, washrooms, and vehicles, while operating doors and lifts and lift wheelchairs over obstructions such as curbs, small stairs, and other barriers.
- Ability to manipulate a variety of objects such as eating utensils or G-tubes to perform personal care for participants as well as writing utensils, communication devices and recreation equipment of all types.

Stamina:

- Ability to work a varied schedule of days and hours.
- Ability to drive or ride long distances required for the program.
- Ability to keep pace with active participants who may be aggressive or a flight risk

Psychological Considerations:

- Ability to work with individuals from all backgrounds and special interests in a respectable manner and to maintain a positive attitude in public places.
- Ability to troubleshoot, problem-solve, and handle stress in a calm, professional manner.

Environmental Considerations:

- Ability to perform in a variety of weather conditions, ranging from mild to severe, year round, and in facilities that may range in temperature, and/or have various exposures such as pool chemicals.
- Ability to perform in outdoor situations where there is potential exposure to poisonous plants, insects, and wild animals.

QUALIFICATIONS:

- At least 21 years of age
- Enrolled in 4-year College or University in Therapeutic Recreation or similar program.
- Must have a valid driver's license. (in-state not necessary)
- Have an interest or experience working with children and adults with disabilities.

- Demonstrate dependability, promptness, flexibility and punctuality.
- Demonstrate enthusiasm in recreation programming and have the ability to engage in activities requiring physical exertion.
- Willingness to learn and accept new ideas.

Volunteers

Volunteers must be 14 years of age or older. Volunteers should submit applications by going to <https://www.nwsra.org/volunteer> and following the steps on the website. Once an application is submitted, the Volunteer Coordinator will contact the applicant as soon as possible through e-mail to confirm that they have been accepted to the volunteer team and have been placed in the program.

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Anderson, L., & Heyne, L. (2021). *Therapeutic recreation practice: A strengths approach*. (2nd ed.). Sagamore-Venture.

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NWSRA. (2021). *NWSRA Brochure*. NWSRA. https://www.nwsra.org/files/ugd/178857_7801116fe4a246348c6ae0defc71ebbc.pdf

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Author: Elizabeth Watson, Therapeutic Recreation Student at SUNY Cortland

Budget/Resource Needs/Revenue

Budget Category	Quantity	Allowance	Total Cost
Facility:			
Rental space locations (leased)	5 total programming spaces	\$180,276 (yearly)	\$45,069.00
Facility Total:			\$45,069.00
Staff:			
Site Director	1	69,010 (yearly)	\$17,252.50
CTRS	2	41,000 (yearly)	\$10,250 X2= 20,500
IT Coordinator	1	45,110 (yearly)	\$11,277.50
Graphic and Program Coordinator	1	43,632 (yearly)	\$10,908
Staff Total:			\$59,938
Supplies:			
Craft group	12 sessions	\$20.00	\$20
Exercise group	12 sessions	\$15.00	\$15
Cooking Group	12 sessions	\$10	\$120
Fitness Group	12 sessions	\$11.97	\$11.97
Nature Group	12 sessions	\$0.00	\$0.00
Sensory Group	12 sessions	\$0.00	\$0.00
Supplies Total:			\$166.97
Licensing/Subscriptions:			
Zoom Fees	Subscription X4	\$600 (yearly)	\$150
Total tech fees:			\$150
Professional Membership/Licenses			
Professional-ATRA	2 CTRS	\$150 (yearly)	\$75.00
Organizational-ATRA	1 organizational fee	\$325 (yearly)	\$81.25
Total membership fees:			\$156.25
Marketing Fees:			
Brochures	1 X brochure send-out per program offering	\$13,200 (yearly)	\$3,300
Outreach	Burst pre-session	\$5,000 (yearly)	\$1,250
Online Support	Per three month session	\$900 (yearly)	\$225.00
Total Marketing Fees:			\$4,775
Budget Total:			\$110,255.22

Budget/Resources:

Direct Costs:

Facility: The NWSRA rents/leases 5 separate programming spaces within the 5 Member Park Districts they operate out of. Yearly they spend a total of \$180,276 on rent. The staff members are required to be in office to work (even if they are teaching a remote class). The total for this cost was determined by dividing \$180,276 by 12 to get a monthly fee for the spaces. Then, that number was multiplied by 3 as a projected program to be offered over three months. Current Virtual programs provided by the NWSRA are once a week over a period of three months.

Staff: The program was designed to have a minimum of two CTRS staff, 1 Site Director, 1 Graphic and Program Coordinator, and 1 IT coordinator to allow enough staff to directly support the interventions as well support the behind the scenes work it takes to provide them. There is a need for tech support as the program is virtual and the instructors will need support. The amount spent was determined by taking the annual salary as provided by Andrea Griffin of the NWSRA and dividing that by 12 months and then multiplying it by 3, as this budget is projected for a 3-month program. The amount for the CTRS was doubled as two of these are included per protocol.

Supplies: Each protocol offers two sessions that can each be held one time per week. This works out to be a total of 4 sessions per month or 12 sessions per protocol over three months. The sessions are offered remotely, so the supplies are for the CTRS staff that are leading the sessions. The supplies used by the participants would need to be provided by them (they are minimal in costs). The costs associated are primarily a one-time charge, as the supplies can be spread out and used over the sessions. The exception to this is the nutrition protocol, where fresh fruit/vegetables and bread would need to be provided weekly. The costs associated were determined by looking at the supplies needed in the protocols and finding comparable prices online at target.com. Most of the supplies are things like paper and markers which are affordable and easy to obtain. The supply of a fitness wrist band, needed for the fitness activity is \$11.97 and the link for this is provided in the protocol.

Licensing/Subscriptions: Andrea Griffin shared that the NWSRA has four zoom subscriptions for accounts that total \$600 per year. Zoom is used to share these protocols with the participants. This total was divided by 12 then multiplied by three as this is projected for a 3-month program.

Professional Membership Fees: The protocols are staffed by two CTRS so the monthly ATRA membership fee for three months for two of these staff was provided. The annual ATRA fee for an organization was divided into 12 and multiplied by three to reflect the three-month fee for the program.

Marketing Fees: Andrea Griffin of the NWSRA shared the projected costs for marketing for 2022. This program is fully virtual and will need to be advertised. The costs listed on the budget were obtained by dividing the annual amounts Andrea provided by 12 then multiplying that by three for a three-month session.

Revenue:

The NWSRA receives funding from an array of sources including the state, program fees, speaker fees and grants. The funding received through state tax revenue is referred to as member district assessments and is based on the park district's population and home values. The non-program fees are a mixture of about \$5,000 for speaker fees and rebates from work credit cards. The main portion of this amount is money that the NWSRA is re-imbursed through a partnership with a social service agency in Illinois to provide the PURSUIT Adult Community Day Program. The program fee amount is from a mixture of virtual and in-person programming. The fee for a three-month online course as found in the brochure for online programming for the 2021 Winter/Spring session is \$32-\$42 per class. If this program was offered with six protocols for a three month session, each of the 6 classes could bring in an average of \$35 per enrollment.

The funding summary below was provided by Andrea Griffin of the NWSRA:

Total Revenue:

\$6,141,846.23 for 2022.

Breakdown:

Member District Assessments = \$4,320,307.35

Program Fees = \$518,771.75

Transportation Fees (Door to Door Pick Up & Drop Off) = \$8,800

Transportation Fees (Pick Up Points & Drop Off Points) = \$34,605

Non-Program Revenue = \$991,066

SLSF Grant Contributions to NWSRA = \$260,500

Interest & Assets = \$7,716.13

Resources:

1. American Therapeutic Recreation Association. Retrieved on 12/4 2021 from https://www.atra-online.com/general/register_member_type.asp?
2. Carter, M. J., Smith, C. G., & O' Morrow, G. S. *Effective Management in Therapeutic Recreation Service*. 4th edition. Venture Publishing, Inc.
3. Griffin, Andrea. NWSRA Rolling Meadows, IL. Email correspondence. *Budget/Revenue Questions*.
4. Northwest Special Recreation Association. Retrieved on 12/3/2021 from <https://www.nwsra.org/>
5. Target. Retrieved on 12/3/2021 from <https://www.target.com/>.

Author: Lindsay Ellis

Risk Management

Policy for: NWSRA

Subject: Risk Management

Effective: December 5, 2021

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

Review Cycle: Semiannual unless otherwise necessary

Literature Review

Organizational Risk Management:

Parks, recreation, and associated programs offered to individuals are essential for individual and societal health and well-being. Not only do such programs offer individuals and groups the opportunity to connect to nature, have fun, and challenge oneself, but they also provide endless holistic benefits. Everyone participates and encounters numerous risks and may even engage in risky behavior on a daily basis (Voelkl, 1988). Thus, agencies and organizations should develop, plan and establish a risk management plan, to protect themselves from legal and financial liability and ensure that employees are aware of their role is, in the event of a incident.

A well planned and operated risk management plan allows recreation facilities, programs, and services they offer to provide the beneficial services to all to enjoy, while minimizing financial or legal risk or cost. Likewise, risk management also allows the assurance that the services offered to clients are of the highest quality. Within TR like in other agencies and organizations the management of risk, requires time and effort from everyone involved in an organization including management, employees, volunteers, and participants.

Risk management usually refers to positive results achieved through communication, documentation, and control measures that promote the safe delivery of programs and services. Risk management program involves everyone in an organization and involves several key factors. These factors include: (1) identifies potential risks for accidents, injuries or financial losses affecting clients, staff, caregivers, and stakeholders; (2) reviews agency-wide practices like incident reports or complaints and determines needed strategies to gain factual data to control safety concerns; (3) analyzes frequency, severity, and causes of incidents to estimate adverse outcomes associated with various incidents measures are implemented to prevent these events; (4) reviews safety and risk aspects of programs and practices; (5) monitors laws, standards, and operational codes related to safety, consent, and interventions; (6) identifies and implements educational programs to address clients, staff, caregiver, and stakeholder needs; and (7) evaluates and reports on the effectiveness of the risk management program (Carter et al, 2014). More broadly, the process of risk management can be attributed to five components: (1) risk identification, (2) analysis, (3) treatment, (4) evaluation, and (5) follow-up (Carter, et al., 2014).

When risk is managed effectively, the results is optimal programming that balances inherent risk with proper measures of risk reduction (Moiseichik & Young, 2019). Part of the thrill of recreation, and therapeutic recreation in particular is the ability and freedom that comes from flow experiences. Although it is not possible to eliminate all risk, proper management will ensure that participants goals of safety and fun are met.

Therapeutic recreation has a long-standing history working with individuals with disabilities, in particular developmental disabilities. In particular, with the establishment of Hull House by Jane Addams in the Heart of Chicago. Jane's approach to assisting those with disabilities with leisure and recreation helped shape the early movement for inclusion and use of recreation with diverse populations.

According to Volm (1989), developmental disabilities "are a group of conditions due to an impairment in physical, learning, language, or behavior areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime". Within the United States, the Center for Disease Control and Prevention (CDC; 2021) notes that about 17% of children aged 3 through 17 years of age have one or more developmental disabilities. As stated by Volm (1989), since developmental disabilities affect and individuals throughout the lifespan, individuals will continue to require and there will be a need for TR and allied health professions to tailor programs to this population. Developmental disabilities include ADHD, autism spectrum disorder, cerebral palsy, hearing loss, intellectual disabilities, learning disabilities, vision impairment, and other developmental delays (Zablotsky, et al., 2019). The following will outline the risk management plan a procedures this comprehensive plan when working with individuals with a wide range of developmental disabilities.

Risk for Physical Movement

Everyone needs physical activity for good health, maintain quality of life and well-being (CDC, 2021). Research conducted indicate beneficial results for individuals with varying impairments and disabilities. According to the US Department of Health & Human Services, Physical Activity Guidelines for Americans (2018), recommends that adults should move more and sit less throughout the day. For instance, for health benefits, adults should do at least 150 minutes (2 hours and 30 minutes) to 300 minutes (5 hours) a week of moderate to intense physical activity. Risks that should be minimized when performing physical activities with individuals with developmental disabilities is to ensure the participants have a clear area to be able to conduct the exercise. Additionally, the commands being used should be clear and in a language that is well understood by participants. Risk factors associated with aging and individuals with developmental disabilities may include falling, disorientation, and other physical or harm of injury. proper supervision is required when conducting programming that involves physical activity to maintain a safe environment for participants.

Social and Sensory Risks

It is the responsibility of recreational therapists/ CTRS's to provide a welcoming and inclusive environment for all participants and adhere to federal, state, local laws, regulations, and policies and agency policies and regulations. When working with individuals with developmental disabilities, you may have individuals with vision impairments. The best practice for working with such a population is to ensure that content being shared is in compliance with Americans with Disabilities Act (2010/2006) standards and guidelines. One such example would be to ensure that PowerPoint slides are readable and not overwhelming sensorially. Ensure that leader is mindful of color choice on slides and that her text is readable for all participants. Likewise, ensure that language being used is clear and able to be well understood by all participants. All participants should be able to practice and participant at their pace without any pressure from instructor or activity leader. Likewise, individuals participating in select activities may have hearing impairments. Assisted technology/devices may need to be used in order for participants to have more immersive experience. Activity leaders should be away of the needs of all participants and tailor/modify activities/programs in accordance with needs assessment and intake form.

Psychological/Emotional Risks

Social focus activities/programs will require participants to engage with instructor or with other participants. This may cause signs anxiety and/or trigger negative emotions. Although not the intent of the program the instructor has a responsibility to ensure that activities/programs are warm and welcoming, and participants are not required to share information about themselves or required to provide a response if they are not comfortable doing so. One of the fundamentals of TR practice is that interventions/activities/programs are to challenge the participant but not cause negative affects. Some individuals may require two or more sessions in observance prior to participating with instructor or peers. Instructors are to always respect the decision of the participants with regard to their level of engagement in a particular activity/program. Leader should not allow any form of bullying to take place during session. If an incident occurs, report to director/manager and complete the proper paperwork.

Indications for Virtual Sessions

Since the announcement of the American Therapeutic Recreation Association President's announcement regarding recreational therapists allowance to provide telehealth services and with promotion granted by the United States Department of Health and Human Services (DHHS); recreational therapists are encouraged to adhere to this recommendation and follow all applicable HIPAA regulations. Additionally, recreational therapists are encouraged to recognize that "public-facing" video technologies such as Facebook Live, Twitch, Tik Tok, and other social media platforms are not recognized as HIPAA compliant and should not be used by recreational therapists in the remote delivery of telehealth services. Where appropriate and deemed beneficial, recreational therapists should provide services via all approved and HIPAA compliant means of telehealth.

The COVID-19 pandemic has shaped the way in which individuals and agency's provide services. Due to restrictions in access to medical and mental health services, many agencies have chosen to take their services virtually. This has overall benefit individuals ability to access health services and allowed providers to impact more individuals.

The "easing of telehealth regulations during the COVID-19 crisis has allowed for flexibility to approach recovery-oriented behavioral health services (RS) differently and to maintain care for this vulnerable population" (Medalia, A. et al. 2020). In qualitative research a qualitative research study, participants expressed feelings and thoughts of gratitude for virtual services. Such statements as, "my groups are the highlight of my day" (Medalia, A. et al. 2020), where commonly cited. The advantages of telehealth for this RS included continuity of care while maximizing medical and mental health." (Medalia, A. et al. 2020).

Contraindications for Virtual Sessions

Prior to providing virtual treatment sessions, providers should review registration intake information and inquire of parents/caregivers if the participant has a history of seizures or sensitivity to light. The first case of epileptic seizures induced by video games was described by Rushton (1981). There are a number of research studies that have illustrated the correlation between sizers and video games. Many investigators consider the seizure induced by video games to be an extension of photosensitive epilepsy. Other reports, however, point to some mechanisms other than photosensitivity in relation to game-induced seizures. Gaming now includes many forms including but not limited to video or television (TV) games, Xbox, Microsoft and PlayStation, Sony Computer Entertainment Inc., personal computer (PC) games, hand-held and online games, which are even more popular, more graphic, more complex, and more violent than earlier games. While the prevalence of game-related epilepsy is unknown, it may be more common than is generally recognized. However, the reported cases of epileptic seizures associated with these novel entertainments are infrequent.

Policy

Northwest Special Recreation Association (NWSRA) virtual programs will upload, safe, inclusive, and clean environments while providing services designed for the needs of the population it serves. These needs include physical, cognitive, emotional, perceptual, and sensory.

For the establishment of telehealth services, all “public-facing” video technologies such as Facebook Live, Twitch, Tik Tok, and other similar platforms are not recognized as HIPPA compliant and should not be used by recreational therapists in the remote delivery of healthcare services.

Purpose

NWSRA is committed to conducting its recreational programs and activities in a safe manner and upholds measures and policies designed to cultivate a safe environment for all participants. NWSRA is working to continue services in the midst of the ongoing COVID-19 pandemic.

Practice

The certified therapeutic recreation specialist (CTRS) or therapeutic recreation specialist (TRS) or activity leader will review intake forms to be aware of medical conditions/needs to avoid contraindications. Additional specialized training may be required when working with individuals with disabilities, depending on state and federal policies, regulations, and laws.

Service providers who fail to provide a timely incident report, perform duties and/or display reasonable care which results in loss and/or injury are considered negligent and will be disciplined accordingly.

Responsibility

It is the responsibility of the services providers to:

- Maintain compliance with their respective credentialing boards and adhere to the scope of practice.
- Follow mandated reporting guidelines.
- Report unsafe working conditions/practices, incidents, injuries, and other risks.
- Obtain proper training in risk management strategies.

Procedure

The following is adopted from “Unplug to Play” (2021) and “Rise to Thrive: Pursue Your Superpower” (2020)

1. Intake waivers

Participant and parents/guardians will sign an intake waiver outlining the following:

- All participants must follow the NWSRA Participant Code of Conduct.
- Recognition of the inherent risk of injury when choosing to participate in recreational programs.
- Sole responsibility for determining if the participant is physically fit or posse the skills necessary to perform the activity.
- Participants and/or legal guardians will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your participant might sustain as a result of participating in any and all activities connected with NWSRA.
- If participant displays interfering behaviors (i.e., mental health crisis, sensory issues, sexual behaviors and behaviors due to medical issues), they will be reported to the risk

management association and all applicable forms will be submitted to the Human Resource Superintendent.

- NWSRA virtual programs will remain full-service via telehealth.
2. Non-discrimination policy
 - NWSRA exists to provide outstanding recreation for children and adults with disabilities and does not and shall not discriminate based on race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, or military status, in any of its activities or operations.
 3. Safety inspections
 - Safety inspections will be conducted on an ongoing basis. Risks will be evaluated and corrected by the management. Safety inspections include:
 - Overseeing compliance with agency policies and procedures.
 - Compliance with current legislation.
 - Professional codes regarding staff behavior and recreational therapy practice.
 4. NWSRA will obtain the following types of insurance:
 - Accident- covers accidents and injuries.
 - Malpractice- protects healthcare providers against patients who file suits against them under the complaint that they were harmed by the professional's negligence or intentionally harmful treatment decisions.
 - Property loss- covers equipment, signage, inventory, and furniture in the event of a fire, storm, or theft.
 - Cyber liability- covers financial losses that result from data breaches and other cyber events.
 - Liability Insurance- covers negligence.

Reporting

All reportable incidences, accidents, emergencies, or other situations will be reported to management in accordance to NWSRA reporting guidelines. The report should be accurate, objective, complete, and factual. Incident reports will be used to collect and analyze data for determination of future risk, and/or the risk management needs of the organization. (Weiss et al., 2019; seen in Carter, et al., 2014).

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FACT SHEET

Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

<p>What is the Joint Commission?</p>	<p>The Joint Commission (JCAHO) was founded in 1951 and is an independent non-profit organization that oversees a variety of health care services. JCAHO certifies and accredits more than 22,000 health care organizations and programs in the United States. The Joint Commission has a board of 21 members that includes administrators, nurses, physicians, employers and educators. The organization helps others provide the safest and most effective care and their accreditation and certification is recognized as a “gold standard.”</p> <p>The mission of JCAHO is “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.”</p> <p>The vision statement of the Joint Commission on Accreditation of Healthcare Organizations is “all people always experience the safest, highest quality, best-value health care across all settings.”</p>
<p>Who is served by the Joint Commission?</p>	<p>The Joint Commission on Accreditation of Healthcare Organization serves many populations such as: Assisted Living, Ambulatory Care, Networks, Behavioral Health Care, Home Care, Hospitals, Long and short-term rehabilitation, Office-Based Surgery Practices and Laboratory Services. People that can receive services are all populations such as children through elderly individuals with illness, disability, addictions, or rehabilitation.</p>
<p>What entities e.g. agencies or people or services are covered by JCAHO?</p>	<p>Provide a summary of the agencies/delivery systems covered</p> <p>The Joint Commission accreditation is available to a wide variety of health care organizations. JCAHO offers assessment of organizations’ quality in patient care and safety which allows for great performance and improvement. The standards followed by Joint Commission aid their evaluation process and were developed by health care professionals, providers, consumers and various government agencies.</p> <p>Accreditation from Joint Commission can be earned by healthcare organizations/settings such as hospitals, nursing homes, doctor’s offices, behavioral treatment facilities, laboratory services, home care services and Opioid Treatment Programs. These accreditation and certifications 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. • 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.

	<ul style="list-style-type: none"> • Nursing Care Centers Accreditation: helps measure, assess and improve performance of organizations. The accreditation also assists develop and implement measures for accountability and quality improvement. • Bureau of Primary Health Care for Bureau of Primary Health Care supported health centers. • Disease Specific Certifications Includes: 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 Accreditations: Critical Access Hospital Accreditation, Home Care Center Accreditation, Hospital Accreditation, Laboratory Services Accreditation. • Other Certifications: Health care staffing services, integrated care, medication compounding, memory care, home primary care.
<p>What are the key points of Joint Commission?</p>	<ul style="list-style-type: none"> • The Joint Commission’s standards for care are individual centered and is designed to provide safe and highest quality care. • Accreditation: JCAHO’s accreditation process focuses on the safety and quality of care, treatment or services provided for the individual. Their accreditation provides a guideline to help manage risk and allow for safe treatment and services. • Certification: JCAHO’s certification is earned by programs or services that are apart of or are associated with a health care organization such as a Therapeutic Recreation Department. • Standards: The Joint Commission’s state-of-the-art standards focus on patient safety and quality of care. • Joint Commission has health care professionals, providers, experts, consumers and government agencies assist in developing their standards. • Joint Commission surveyors visit health care organizations and use their medical records as a guide to evaluate their compliance to the standards. Surveyors may also observe doctors and nurses providing care, and speak to patients too. • Joint Commission Quality Reports: These reports allow the public to be informed on the safety and quality of care for all Joint Commission accredited/certified health care organizations. • Performance Measurements: The JCAHO provides performance measure development in healthcare today and it is considered the “gold standard.” • Accountability Measures: The Joint Commission’s accountability measures have been shown to allow for the most positive impact on patient comfort

	and recovery when hospitals show improvement in these areas: research, proximity, accuracy and adverse effects.
How does Joint Commission apply to therapeutic recreation/recreation therapy?	<p>The Joint Commission provides accountability for a variety of health organizations and professionals where Therapeutic Recreation/Recreation Therapy is practiced. The JCAHO standards focus on patients, resident care, organization programs which are all essential to allowing for the safest and best quality of care. Surveyors that work for Joint Commission check on TR/RT professionals to ensure that their participants' needs are being met and that appropriate interventions are being planned and offered.</p> <p>American Therapeutic Recreation Association Standards that are also addressed by the JCAHO are:</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
Where can I learn more?	<p>https://www.jointcommission.org/about-us/#6c718fd9f0264da5aeeac427e0438128_08c52af447cb4954ad37facf678add20</p> <p>https://www.jointcommission.org/about-us/facts-about-the-joint-commission/</p>
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FACT SHEET

Commission on Accreditation of Rehabilitative Facilities (CARF)

<p>What is CARF?</p>	<p>CARF stands for Commission on Accreditation of Rehabilitative Facilities. It is an international/independent group of companies that includes CARF Canada and CARF Europe. It is a non-profit agency that exists to ensure that the best quality of services exists and it offers varying accreditations in eight different areas. These areas are: Aging Services, Behavioral Health, Continuing Care Retirement Communities (CCRC), Child and Youth Services, Employment and Community Services, Medical Rehabilitation, Opioid Treatment Programs, and Vision Rehabilitation Services. After reviewing an application and performing a site study, CARF determines if an organization will receive a one year, three year, provisional, or non-accreditation status. For a CCRC, a five-year accreditation or a non-accreditation will be determined after the application and site-study are completed. Once accreditation is achieved, the organization maintains contact with CARF for guidance and to ensure their practices and standards remain at a high quality. CARF also partners with the American Society of Addiction Medicine to provide a ASAM certification program for residential substance abuse treatment programs for adults. CARF's rigorous commitment to standards of care allow the individual and their family to be assured that the company they are receiving services from is committed and help to quality standards.</p>
<p>Who is served by CARF</p>	<p>CARF says in their mission statement that the primary consumers of their services are the "Persons Served". By choosing treatment with an organization or provider that has been accredited by CARF, the participant has the assurance that the organization has met rigorous standards. CARF's accreditation segments serve people young and old, with or without disabilities. Various populations with diverse needs are served by CARF and many kinds of services can fall under one of the accreditation categories. Participants can choose to allow family members, supports systems, and advocates to be involved in choosing their care. These individuals can have trust in agencies that have CARF accreditation by knowing they have conformed to proven standards and are committed to continuous quality improvement. Providers in the health and human services field can pursue this accreditation to ensure they are meeting standards to provide the best care to their participants. These include providers that serve individuals in recovery/treatment from a substance abuse disorder, individuals who are in rehabilitation associated with a disability, individuals in retirement communities, individuals who are involved with home and community services, and others serviced by the health and human services field. The CARF</p>

	<p>accreditation allows the providers to be assured they are providing quality care that meets proven and independent standards.</p>
<p>What entities e.g. agencies or people or services are covered by CARF?</p>	<p>CARF has accredited a wide variety of agencies and currently has over 62,000 accredited services at over 28,000 locations. These services and programs are listed on the CARF website. These providers range in services provided and are located over the world. The CARF website is a good reference to look to when trying to find an agency to refer someone to services, as they have a provider search tool. CARF lists several advantages to receiving their accreditation. These include:</p> <ul style="list-style-type: none"> • Monetary Savings- The CARF accreditation ensures the agency is meeting standards and is a sign of fiscal responsibility to banks and investors • Marketing edge- The CARF accreditation allow the agency to stand out as a reliable and trustworthy company in an array of options • Risk Management- Through the accreditation process, agencies must adhere to standards that may reduce future risk in areas of human resources, finance, healthcare and governance • Access to the CARF network- Agencies that are accredited can connect and collaborate with each other to provide cutting edge care.
<p>What are the key points of CARF?</p>	<p>CARF provides Accreditation in the following areas:</p> <ul style="list-style-type: none"> • Aging Services • Behavioral Health • CCRC (Continuing Care Retirement Communities) • Child and Youth Services • Employment and Community Services • Medical Rehabilitation • Opioid Treatment Programs • Vision Rehabilitation Services <p>To prepare to apply for Accreditation, the organization may need to prepare before the survey site and continue to make quality improvements after the survey has been completed. The steps to apply for accreditation follow:</p> <ul style="list-style-type: none"> • Consult with a CARF specialist to receive technical assistance and guidance on the process • Conduct a self study to evaluate the organization on its compliance to CARF standards • Submit a detailed survey application that includes descriptions about leadership and services that the organization provides • CARF will invoice the provider on the cost it will take to thoroughly perform the survey and this fee can range, according to the size of the agency and the amount of services provided • A survey team is selected and the survey is completed by CARF where on-site services are observed, documentation is reviewed, and interviews are conducted to determine the agency's conformance to all applicable standards

	<ul style="list-style-type: none"> • After 6-8 weeks, a determination of the length of accreditation is decided and communicated. One-year, three-year, provisional, or non-accreditation will be determined. Or in the case of a CCRC, five-year or non-accreditation. • Within 90 days of the accreditation decision, the agency must submit a Quality Improvement Plan (QIP) which outlines actions that will be taken in response to areas of improvement identified in the survey report. • Provider must submit an annual report to CARF to maintain their accreditation and are encouraged to contact CARF as needed to maintain conformance to standards <p>CARF also offers a certification program for residential substance abuse treatment programs for adults. This certification is completed with The American Society of Addiction and helps to build industry transparency and provides an independent assessment of a treatment program's ability to provide quality services. This requires an application and in-person survey as well.</p>
<p>How does CARF apply to therapeutic recreation/recreation therapy?</p>	<ul style="list-style-type: none"> • The American Therapeutic Recreation Association (ATRA) is a member of CARF's international advisory council. The ATRA is involved with creating the standards and ensuring the providers are educated on standards that relate to their practice as well as new standards that are introduced. The ATRA CARF committee exists to ensure ATRA members are familiar with CARF standards. It also participates in monitoring standard development and participating in standard reviews. • Therapeutic Recreation providers can look to refer participants to agencies that are accredited by CARF to ensure they recommending agencies that provide a high quality of care. Therapeutic Recreation specialist can work in all areas that can be accredited by CARF and should look for this accreditation to ensure a quality standard of care when seeking employment.
<p>Where can I learn more?</p>	<p>http://www.carf.org/home/</p>
<p>Resources for TITLE</p>	<p><i>ASAM Level of Care Certification.</i> American Society of Addiction Medicine. Retrieved November 20, 2021 from https://www.asam.org/Quality-Science/level-of-care-certification</p> <p><i>CARF® accreditation focuses on quality, results.</i> CARF International, www.carf.org, Commission on the Accreditation of Rehabilitation Facilities. (n.d.). Retrieved November 22, 2021, from http://www.carf.org/home/.</p> <p>Carter, M. J., Smith, C. G., & O'Morrow, G. S. (2014). <i>Effective</i></p>

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FACT SHEET

Americans with Disabilities Act (ADA)

<p>What is ADA?</p>	<p>The Americans with Disabilities Act (ADA) became a law in 1990 to make American Society more accessible to people with disabilities. It is a civil rights law that prohibits discrimination against individuals with disabilities in all areas of public life, including jobs, schools, transportation, and all public and private places that are open to the general public. This law was made to make sure that people with disabilities have the same rights and opportunities as everyone else.</p>
<p>Who is served by ADA?</p>	<p>The ADA serves all individuals with disabilities in the United States. The ADA defines a person with a disability as “someone who has a physical or mental impairment that substantially limits one or more major life activities, has a history or record of such an impairment (such as cancer that is in remission), or is perceived by others as having such an impairment (such as a person who has scars from a severe burn)” (U.S Department of Justice Civil Rights Division, 2021).</p>
<p>What entities e.g. agencies or people or services are covered by ADA?</p>	<p>In order prevent discrimination against people with disabilities, the ADA set requirements that apply to situations people encounter in their everyday life. This includes jobs, schools, transportation, and all public and private places that are open to the general public. The ADA is divided into five different sections that are called titles. Each title sets requirements for different kinds of organizations. The titles are:</p> <ul style="list-style-type: none"> • <u>Title I: Employment</u> • <u>Title II: State and Local Government Services</u> • <u>Title III: Public Accommodations</u> • <u>Title IV: Telecommunications</u> • <u>Title V: Miscellaneous Provisions</u>
<p>What are the key points of ADA?</p>	<ul style="list-style-type: none"> • <u>Title 1: Employment</u> <ul style="list-style-type: none"> - Employers with 15 or more staffers must provide accommodations for qualified applicants and employees. • <u>Title II: Public Services- State and Local Government</u> <ul style="list-style-type: none"> - All programs, services, and agencies ran through the government must have accommodations for all citizens. This includes all parks and recreational facilities. - Title II as well expands upon Section 504 of the Rehabilitation Act of 1973, which was the first piece of civil rights legislation to address disability. In this capacity, it extends funding and disability

	<p>protections to include all forms of public transportation, whether they are federal or private entities.</p> <ul style="list-style-type: none"> • <u>Title III: Accommodations and services offered by Private Entities</u> Any private entities providing a public service must provide modifications to the building to ensure equal access. This includes any restaurants, stadiums, stores. These places are prohibited from discrimination with any individual with a disability. • <u>Title IV: Telecommunications</u> Telecommunication companies must provide accommodations for people who have hearing or visual impairments to communicate over the phone. 911 or emergency telephone numbers also must have accommodations. Closed captioning is mandatory for any federal announcements over the television. • <u>Title V: Miscellaneous Provisions</u> Anything not included in what is above falls under the miscellaneous category. This means that any act of harm, abuse, or threatening language towards anyone a disability is prohibited.
<p>How does ADA apply to therapeutic recreation/ recreation therapy?</p>	<p>The Americans with disabilities act (ADA) is legislation that supports equal opportunity and inclusion. This is a big deal for people with disabilities and was a breakthrough for civil rights. Community integration occurs through this because it provides a community that is no longer divided. Title II and Title III apply to therapeutic recreation because it focuses on accommodations for things that can be done in the world. Therapeutic recreation can help provide a sense of normalcy for someone with a disability. An example of this is a state park providing those accommodations allowing someone with a disability to participate. TR services also require access to public and private areas, so the accommodations are necessary to perform TR services in the community. The ADA also gives an opportunity to for professionals in the therapeutic recreation world the ability to have their patients live a more integrated lifestyle.</p>
<p>Where can I learn more?</p>	<p>Official Website: https://www.ada.gov/ Phone Number: 800-514-0301 (Voice) 800-514-0383 (TTY) Mailing Address: U.S. Department of Justice 950 Pennsylvania Avenue, NW Civil Rights Division Disability Rights Section –NYA Washington, D.C. 20530</p>
<p>Resources for ADA</p>	<p>ADA National Network. (2021, November 23). <i>What is the Americans with Disabilities Act (ADA)?</i> ADA National Network. Retrieved November 23, 2021, from https://adata.org/learn-about-ada.</p> <p>U.S Department of Justice Civil Rights Division. (2021, November 18). <i>Introduction to the Americans with disabilities act</i>. Retrieved November 22, 2021, from https://beta.ada.gov/topics/intro-to-ada/.</p>

	U.S. Department of Labor. (2020). <i>Americans with Disabilities Act</i> . https://www.dol.gov/general/topic/disability/ada
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FACT SHEET



Home & Community Based Services (HCBS) & Long-Term Services & Support (LTSS)

<p>What is HCBS & LTSS?</p>	<p>Home & Community Based Services (HCBS) and Long Term Services & Support (LTSS) are services through Medicaid that allow for a variety of individuals with different disabilities or mental illness to receive services in various environments. HCBS allow for individuals to have the opportunity to receive services in their home or community, rather than being confined to isolated settings such as institutions. LTSS focuses on providing a longer continuum of care services due to the various disabling conditions and chronic illnesses that it serves. LTSS allows for coverage in a variety of environments such as institutional care or community-based care services. HCBS can be a form of LTSS as the overall classification is reliant upon the duration of services. In conclusion, HCBS services can be an independent program or be a category of LTSS if they meet the criteria.</p>
<p>Who is served by HCBS & LTSS?</p>	<p>Both the HCBS and LTSS serve a large variety of targeted populations that include all ages from children to seniors. Often, people that receive HBS and/or LTSS services have intellectual or developmental disabilities, physical disabilities, mental illnesses, or chronic illnesses. According to the AARP, reports in 2018 show that about 12.6 million American adults living in their communities needed LTSS and more than half of them (6.7 million) were over the age of 65 years old.</p>
<p>What entities e.g. agencies or people or services are covered by HCBS & LTSS?</p>	<p>HCBS first became available in 1983 when Congress added section 1915(c) to the Social Security Act, which permitted States to have the option of receiving a waiver of Medicaid rules regarding institutional care. HCBS became a formal Medicaid State plan option in 2005 and there are several HCBS options available to State Medicaid agencies. The HCBS options for State Medicaid agencies are</p> <ul style="list-style-type: none"> • 1915(c) Home and Community-Based Waivers • 1915(i) State Plan Home and Community-Based Services • 1915(j) Self-Directed Personal Assistance Services Under State Plan • 1915(k) Community First Choice <p>Forty seven states, along with DC are operating at least one 1915(c) waiver. People receive HCBS by paying for the support and service either privately, enrollment in public coverage, or through private long-term care insurance. Medicare does not cover most LTSS costs and only covers a portion of HCBS services for a limited duration of time. Medicaid is the primary source for public HCBS funding, estimating more than \$50 billion going toward HCBS in recent years. Federal Medicaid law includes HCBS as an optional benefit, which allows for individual discretion among the states due to the optional nature of services.</p>

<p>What are the key points of HCBS & LTSS?</p>	<p>Provide a</p> <ul style="list-style-type: none"> • Millions of Americans, ranging from children to adults, need long-term services within their homes and communities due to chronic illnesses and disabling conditions. • As HCBS reports show decades of growth, there is data highlighting the LTSS spending that comes specifically from 1915(c) HCBS waivers as recent as 2018. • In 2009, CMS published a rule with the 1915(c) waiver program that allowed states the option to combine existing waivers targeting groups. This change of rule allows the states to complete a waiver for an individual who meets the need of more than one targeted population rather than being confined to one of three target groups. • Because Medicaid services vary among the different states of the U.S., there is a Statewide Transition Plan (STP) that states must adhere to in sharing and collecting data. The approval process requires the states to submit their proposed plan to the CMS, from there it must be approved through modification requests or milestones before it can receive final approval to be shared with the other states in the Statewide Transitions Plans.
<p>How does HCBS & LTSS apply to therapeutic recreation/recreation therapy?</p>	<p>The partnerships between HCBS and LTSS apply to the field of therapeutic recreation because they support services for people with a wide range of disabilities in a variety of environments commonly serviced by recreational therapists. The LTSS programs are aligned with the values of therapeutic recreation in targeting practices that are person-driven, inclusive, effective and accountable, sustainable and efficient, culturally competent, as well as being coordinated and transparent. Individuals who would utilize therapeutic recreation will also commonly be utilizing the services that are home and community based, as well as needing a longer continuum of care. The HCBS & LTSS allow coverage for these services in communities with financial support and create a more accessible world where individuals in need can utilize recreational therapy, occupational therapy, physical therapy, and more in the environment of their choice.</p>
<p>Where can I learn more?</p>	<p>https://www.medicaid.gov/medicaid/home-community-based-services/index.html https://www.medicaid.gov/medicaid/long-term-services-supports/index.html</p> <p>Centers for Medicare & Medicaid Services. 7500 Security Boulevard Baltimore, MD 21244</p>

Resources for HCBS & LTSS	<p>AARP Public Policy Institute. (2021, November 17). <i>Home and Community-Based Services for Older Adults</i>. (2021). Retrieved November 20, 2021. https://www.aarp.org/ppi/info-2021/home-and-community-based-services-for-older-adults.html</p> <p>Hado, Edem, and Brendan Flinn. <i>Home and Community-Based Services for Older Adults</i>. Washington, DC: AARP Public Policy Institute, November 2021. https://doi.org/10.26419/ppi.00153.001</p> <p>Medicaid.gov Keeping America Healthy. <i>Long Term Services & Supports</i>. Retrieved November 20, 2021. https://www.medicare.gov/medicaid/long-term-services-supports/index.html</p> <p>Medicaid.gov Keeping America Healthy. <i>Home & Community Based Services</i>. Retrieved November 22, 2021. https://www.medicare.gov/medicaid/home-community-based-services/index.html</p>
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FACT SHEET



Centers for Medicare and Medicaid Services - Medicare

<p>What is Medicare?</p>	<p>Medicare is a federal health insurance program in the United States, which started in 1965. The Medicare program is broken down into four parts:</p> <ul style="list-style-type: none"> • Part A: Hospital Insurance • Part B: Medical Insurance • Part C: Medicare Advantage • Part D: Prescription drug plan <p>Medicare is impacted and governed by the following laws and regulations:</p> <ul style="list-style-type: none"> • Social Security Act Amendments (1972) • Health Care Quality Improvement Act (1986) • Patient Self-Determination Act (1991) • Health Insurance Portability and Accountability Act (HIPPA) (1996) • Uniform Health Care Information Act (1997) • Patient Safety and Quality Improvement Act (2005) • Health Information Technology for Economic and Clinical Health Act (2009) • Affordable Care Act (2010) • Improving Medicare Post-Acute Care Transformation (IMPACT) Act (2014) • 21st Century Cures Act (2016)
<p>Who is served by Medicare?</p>	<p>Medicare is intended for individuals who are 65 and older maintain affordable health care insurance. Medicare is also designed to assist individuals 65 years of age who have disabilities.</p> <p>Individuals who are 65 and older qualify if they are/have been:</p> <ul style="list-style-type: none"> • A U.S. citizen or permanent legal resident for at least 5 years. • Receiving Social Security or Railroad Retirement benefits or qualify to receive those benefits and have not started collecting them yet. • The individual or their suppose is a government employee or retiree and has paid Medicare payroll taxes while employed. • If an individual meets the age of citizen requirements, they may buy into the benefits without meeting other criteria (premiums will be determined based on income, work credits, etc.). <p>Individuals who are under the age of 65 with a disability qualify if they have been:</p> <ul style="list-style-type: none"> • Entitled to Social Security disability benefits either consecutively or non-consecutively for at least 24 months. • Receive a disability pension form the Railroad Retirement Board and meet quality conditions. • Diagnosed and have Amyotrophic Lateral Sclerosis (ALS) or permanent kidney failure.

<p>What entities e.g. Agencies or people or services are covered by Medicare?</p>	<p>Medicare is able to cover a wide variety of healthcare services. This includes inpatient hospital care, skilled nursing care, preventive services, home health care and ambulance transportation. Additionally, Medicare covers vision and dental care through its Medicare Advantage plan. Medicare also covers occupational, physical, and speech therapies. Additionally, home health aides (part-time) medical social services, and skilled nursing care (part-time). Services that are covered by Medicare are Telehealth, substance use disorder treatments, pain management, Medicare diabetes prevention programs, consultations with registered dietitians, transitional care management, and obesity screenings and counseling.</p>
<p>What are the key points of Medicare?</p>	<ul style="list-style-type: none"> • Open Enrollment takes place from October 15th to December 7th every year in addition to Medicare Advantage Open Enrollment taking place from January 1st to March 13th. Select individuals will be automatically enrolled, while others will need to be aware of their eligibility upon turning 65 and seek out enrollment. • Medicare can be used in combination with other health insurance plans. However, it is the responsibility of individuals to understand which insurance is covering the cost of medical procedures. • Almost all individuals will pay a premium, deductibles, co-pays, and/or co-insurance that will vary based on the part(s) of coverage they are receiving. • In 2021, all beneficiaries will have the right to virtual check-ins with doctors and other healthcare providers. • Each part of Medicare is funded in different ways: <ul style="list-style-type: none"> ○ Part A is funded by payroll taxes that go to the Hospital Insurance Trust Fund. ○ Part B is funded by the general revenues and premiums paid by beneficiaries ○ Part D is funded by the general revenues, premiums, and state payments.
<p>How does Medicare apply to therapeutic recreation/recreation therapy?</p>	<p>The rationale for therapeutic recreation as an adjunctive therapy under Medicare for inpatient psychiatric services, partial hospitalization services, inpatient physical rehabilitation services, and acute care services maintains that the following conditions apply:</p> <ul style="list-style-type: none"> • Services are offered during active treatment • Services are part of an individualized treatment plan • There is a functional outcome goal • Services are initiated by physician’s orders • Services are supervised by a physician <p>Additionally, inpatient physical rehabilitation setting also require the following:</p> <ul style="list-style-type: none"> • “3-hour Rule” of relatively intense levels of rehabilitation services that are not activity therapy based. • Close medical supervision • 24-hour rehabilitation nursing • Multidisciplinary team collaboration

	<ul style="list-style-type: none"> • Coordinated care program • A reasonable expectation to improve the participants condition • Realistic treatment goals and objectives <p>Individual settings have pre-established regulations that govern covered therapeutic recreation services. All settings require the Assessment, Planning, Implementation, and Evaluation (APIE) approach to be take when administering treatment. Coverage will be assed under the following conditions:</p> <ul style="list-style-type: none"> • Physician’s order/referral • Assessment • Goals and objectives • Treatment plan • Delivery of services or interventions • Documentation of provision of services • Re-evaluation • Discharge recommendation and summary
Where can I learn more?	<p>www.cms.gov www.medicare.gov</p>
Resources for Medicare	<ul style="list-style-type: none"> • Bunis, D. (2020, October). Medicare Enrollment: How to Sign Up20. AARP. https://www.aarp.org/health/medicare-insurance/info-2020/enrolling-inml • Bunis, D. (2021, January). What to Know About Medicare Health Insurance Coverage. AARP. https://www.aarp.org/health/medicare-insurance/info-2020/what-is-medicare.html • Carter, M. J., Smith, C. G., & O'Morrow, G. S. (in press). Effective Management in Therapeutic Recreation Service (4th ed.). Venture Publishing, Inc. • Fort Wayne Parks and Recreation. (2020). Rise to Thrive: Pursue Your Super power. Cortland, NY: SUNY Cortland • IHC Specialty Benefits, Inc. (2020, August 1). What is Medicare? Medicareresources.org https://www.medicareresources.org/basic-medicare-information/what-is-medicare/ • Northwest Special Recreation Association (2021). Plug into Play: An NWSRA Virtual Program. Cortland, NY: SUNY Cortland. • U.S. Centers for Medicare & Medicaid Services. (n.d.). What Part A covers. Medicare.gov. https://www.medicare.gov/what-medicare-covers/what-part-a-covers • U.S. Centers for Medicare & Medicaid Services. (n.d.-b). What Part B covers. Medicare.gov. https://www.medicare.gov/what-medicare-covers/what-part-b-covers • United Healthcare Services. (2021, January 7). Medicare Part C Coverage Part C Costs. Medicare Made Clear. https://www.aarpmedicareplans.com/medicare-education/medicare-costs.html
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FACT SHEET

NRPA-COAPRT Accreditation

<p>What is NRPA-COAPRT Accreditation?</p>	<p>NRPA-COAPRT stands for National Recreation and Park Association (NRPA) and Council on Accreditation of Parks, Recreation, Tourism and Related Professions (COAPRT). Part of the same organization until 2019, NRPA and COAPRT currently operate as separate entities providing two types of accreditation. The Commission for Accreditation of Park and Recreation Agencies (CAPRA) operates under the NRPA to recognize parks and recreation agencies in the United States that meet a certain set of standards. COAPRT Accreditation recognizes bachelorette programs at colleges and universities that meet a certain set of criteria.</p>
<p>Who is served by NRPA-COAPRT Accreditation?</p>	<p>CAPRA Accreditation through the NRPA serves the community of people that participate in programs at accredited parks and recreation agencies. It ensures they receive quality instruction and programming through the accredited agencies. Employees of the agencies also benefit from accreditation since it improves the overall operation of the agency and can often help bring in additional funding.</p> <p>COAPRT Accreditation serves the students of accredited education programs by ensuring they are provided quality education that allows them to succeed in their parks, recreation, tourism, or related professions. In turn, the future employers and community served by these students also benefit from COAPRT accreditation.</p>
<p>What entities e.g. agencies or people or services are covered by NRPA-COAPRT Accreditation?</p>	<p>CAPRA Accreditation through the NRPA covers parks and recreation agencies in the United States who apply for accreditation and meet all criteria.</p> <p>COAPRT Accreditation covers bachelorette degree programs in parks, recreation, tourism, sport management, event management, therapeutic recreation, and leisure studies offered at qualifying colleges and universities in the United States, Canada, and Mexico.</p>
<p>What are the key points of NRPA-COAPRT Accreditation?</p>	<p>Key points of CAPRA Accreditation through the NRPA:</p> <ul style="list-style-type: none"> • Quality assurance and quality improvement process that measures agencies against an established benchmark of standards • There are 154 standards agencies are evaluated against during the accreditation process • Includes a thorough agency self-assessment, onsite visit by CAPRA reviewers, and final commission review to determine how well the agency meets the standards and if accreditation is granted • Reaccreditation is required every five years, in addition to annual update reports in between accreditation cycles <p>Key points of COAPRT Accreditation:</p> <ul style="list-style-type: none"> • Voluntary

	<ul style="list-style-type: none"> • Purpose of accreditation is to assure quality and improvement of the education program • Standards include statements of quality covering seven sections of educational programs (1. Eligibility Requirements, 2. Mission, Vision, Values, and Planning, 3. Administration, 4. Faculty, 5. Students, Instructional Resources, 6. Learning Outcomes, 7. Specialty Profession Learning Outcomes) • Accreditation process includes a self-review and peer-review of the program • Accreditation requires annual update reports from the accredited institution and a thorough review process to be completed every five years
<p>How does NRPA-COAPRT Accreditation apply to therapeutic recreation/recreation therapy?</p>	<p>CAPRA Accreditation through the NRPA applies to therapeutic recreation because accredited agencies must meet CAPRA Standards for all of their recreation programs and services, including therapeutic recreation services. Additionally, accreditation Standard 4.6.2 in the CAPRA National Accreditation Standards requires professional staff such as Certified Therapeutic Recreation Specialists (CTRS) be active members of their professional organizations and pursue professional certifications within their respective disciplines.</p> <p>Therapeutic recreation falls into the category of Related Professions under COAPRT, therefore, bachelorette programs in therapeutic recreation can achieve accreditation from COAPRT. In 2011, the <i>Guidelines for Learning Outcomes for Therapeutic Recreation Education</i> were developed specifically to provide guidance for therapeutic recreation programs at institutions to ensure students graduating from accredited programs will be capable of success in the field of therapeutic recreation.</p>
<p>Where can I learn more?</p>	<p>https://www.nrpa.org/certification/accreditation/CAPRA/ https://accreditationcouncil.org/</p>
<p>Resources for NRPA-COAPRT Accreditation</p>	<ul style="list-style-type: none"> • Council on Accreditation of Parks, Recreation, Tourism, and Related Professions (COAPRT). (n.d.). <i>About COAPRT</i>. COAPRT. https://accreditationcouncil.org/About/About-COAPRT. • COAPRT. (n.d.). <i>COAPRT accreditation process overview</i>. COAPRT. https://accreditationcouncil.org/About/COAPRT-Accreditation-Process-Overview. • COAPRT. (April, 2021). <i>Guidelines for learning outcomes for therapeutic recreation education</i>. COAPRT. https://accreditationcouncil.org/Portals/0/Documents/TR Resources/TR Guidelines for Learning Outcomes 2021 Final 4-12.pdf?ver=2021-04-14-115536-997. • COAPRT. (September, 2019). <i>Learning outcomes standards and assessment</i>. COAPRT. https://accreditationcouncil.org/Portals/0/Documents/Standards/2020-10-COAPRT%20Standards.pdf?ver=2020-10-17-071539-023.

	<ul style="list-style-type: none"> • COAPRT. (n.d.). <i>Therapeutic recreation accreditation fact sheet</i>. NRPA. https://www.nrpa.org/uploadedFiles/nrpa.org/Professional_Development/Accreditation/COAPRT/TR-COAPRT%20Fact%20Sheet.pdf. • National Recreation and Park Association (NRPA). (n.d.). <i>CAPRA Agency Accreditation</i>. NRPA. https://www.nrpa.org/certification/accreditation/CAPRA/. • NRPA. (December, 2019). <i>CAPRA national accreditation standards</i>. NRPA. https://www.nrpa.org/contentassets/30f03182dc3343e7800380a1211d889a/capra-national-accreditation-standards-master-document-2021.pdf. • National Recreation and Park Association (NRPA) and Council on Accreditation of Parks, Recreation, Tourism and Related Professions (COAPRT). (April 2019). <i>NRPA and COAPRT announce separation agreement</i>. NRPA. https://www.nrpa.org/about-national-recreation-and-park-association/press-room/nrpa-and-coaprt-announce-separation-agreement/.
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FACT SHEET

Individuals with Disabilities Education Act (IDEA)

What is IDEA?	<p>Individuals with Disabilities Education Act (IDEA) was legislation that was passed in 1990 that standardized having public education for students with disabilities. The goal of this bill was to create more equitable access in public education, ensuring that students with disabilities were entitled to equal opportunities as the students without disabilities. This legislation continued in this form until 2004, when the congress passed an amendment to this legislation. The amendment addressed a few main issues, such as the disproportionate amount of African-Americans being misidentified as having special needs and requiring teachers to achieve highly qualified status in order to teach special education. The major issue that was addressed was requiring states to individually establish and align performance goals for students with disabilities with the goals of their peers without disabilities, afterwards reporting the progress of students with disabilities through standardized testing.</p>
Who is served by IDEA?	<p>IDEA was passed to protect the rights of infants, toddlers, children, and youth with disabilities and their families. School-aged children, between the ages of 3 and 21, with developmental disabilities are provided services free of charge through the public school system.</p>
What entities e.g. agencies or people or services are covered by IDEA?	<p>Under IDEA, all children with disabilities are entitled to special education. Under that umbrella, the services that are covered are:</p> <ul style="list-style-type: none"> • Transportation • speech-language services • psychological services • physical therapy • occupational therapy • therapeutic recreation • social work services • adapted physical education • counseling services • school nurse services • supplementary aids and services, such as adaptive equipment or special communication systems.
What are the key points of IDEA?	<ul style="list-style-type: none"> • Individualized Education Program (IEP) • Free Appropriate Public Education (FAPE) • Least Restrictive Environment (LRE) • Appropriate Evaluation

	<ul style="list-style-type: none"> • Parent and Teacher Participation • Procedural Safeguards
How does IDEA apply to therapeutic recreation/recreation therapy?	<p>IDEA specifically identifies “recreation, including therapeutic recreation” services as a part of student’s related services.</p> <ul style="list-style-type: none"> • Meets IDEA requirements for a <i>highly qualified teacher</i> in the related service of Recreational Therapy by having a Certified Therapeutic Recreation Specialist (CTRS). • CTRS is nationally credentialed through the National Council for Therapeutic Recreation Certification (NCTRC). • Students require Individualized Educational Programs (IEPs) and Recreational Therapists function as a member of a student’s IEP team, alongside Speech/ Language Pathologists, Occupational therapists, Physical therapists, Social Workers, and School Psychologists. • As a member of the IEP team, Recreational Therapists assess, plan, implement, and evaluate services for students including setting goals, using therapeutic activities, monitoring progress on levels of performance toward success in school settings, and coordinating service delivery between school, community recreation programs and other community organizations.
Where can I learn more?	<p>https://sites.ed.gov/idea/about-idea/</p>
Resources for IDEA/IDEA/EAIA	<ul style="list-style-type: none"> • <i>About idea. Individuals with Disabilities Education Act. (2020, November 24). Retrieved November 23, 2021, from https://sites.ed.gov/idea/about-idea/.</i> • <i>American Psychological Association. (n.d.). Individuals with disabilities education act (ACT). American Psychological Association. Retrieved November 23, 2021, from https://www.apa.org/advocacy/education/idea.</i> • <i>Become a recreational therapist - atra-online.com. (n.d.). Retrieved November 23, 2021, from https://www.atra-online.com/?page=BecomeAnRT.</i> • <i>Centers for Disease Control and Prevention. (2020, December 31). Individuals with disabilities education act (IDEA) services. Centers for Disease Control and Prevention. Retrieved November 23, 2021, from https://www.cdc.gov/ncbddd/cp/treatment.html.</i> • <i>Google. (n.d.). Black males and racism. Google Books. Retrieved November 23, 2021, from https://books.google.com/books?id=h9fOCgAAQBAJ&pg=PT97&lpg=PT97&dq=IDEAIA&source=bl&ots=7em-zTpmYu&sig=ACfU3U0aQHRiEiCha7R3FxDgbU5zS5z6ksQ&hl=en&sa=X&ved</i>

	<p>=2ahUKEwjL-bWOna30AhXuGTQIHeOoCNoQ6AF6BAg4EAM#v=onepage&q=IDEAIA&f=false.</p> <ul style="list-style-type: none"> • Lee, A. M. I. (2021, July 12). <i>What is The Individuals with Disabilities Education Act (IDEA)? Understood</i>. Retrieved November 23, 2021, from https://www.understood.org/articles/en/individuals-with-disabilities-education-act-idea-what-you-need-to-know. • <i>Reauthorization of the IDEA 2004. Reauthorization of the IDEA 2004 - Laws, Regulations, & Policies (CA Dept of Education)</i>. (n.d.). Retrieved November 23, 2021, from https://www.cde.ca.gov/sp/se/lr/ideareathztn.asp. • Renner, R. (2021, November 5). <i>The similarities & differences between idea and Ideia. The Classroom Empowering Students in Their College Journey</i>. Retrieved November 23, 2021, from https://www.theclassroom.com/similarities-differences-between-idea-ideia-8397136.html.
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FACT SHEET

Individuals with Disabilities Education Act & Individuals with Disabilities Education Improvement Act (IDEA & IDEAIA)

<p>Individuals with Disabilities Education Act (IDEA)</p> <p>&</p> <p>Individuals with Disabilities Education Improvement Act (IDEAIA)</p>	<p>Congress enacted the Education for All Handicapped Children Act (Public Law 94-142), also known as the EHA, in 1975 to support states and localities in protecting the rights of, meeting the individual needs of, and improving the results for infants, toddlers, children, and youth with disabilities and their families. This landmark law’s name changed to the Individuals with Disabilities Education Act, or IDEA, in a 1990 reauthorization. The law was last reauthorized in 2004, and the department has periodically issued new or revised regulations to address the implementation and interpretation of the IDEA. (The US Department of Education IDEA)</p> <p>The Individuals with Disabilities Education Act (IDEA) is a law that makes available a free appropriate public education to eligible children with disabilities throughout the nation and ensures special education and related services to those children. The IDEA governs how states and public agencies provide early intervention, special education, and related services to more than 7.5 million (as of school year 2018-19) eligible infants, toddlers, children, and youth with disabilities. (The US Department of Education IDEA)</p> <p>President Bush signed the Individuals with Disabilities Education Improvement Act, which reauthorized the Individuals with Disabilities Education Act (IDEA), on December 3, 2004. The President stated, "The Individuals with Disabilities Education Improvement Act of 2004 will help children learn better by promoting accountability for results, enhancing parent involvement, using proven practices and materials, providing more flexibility, and reducing paperwork burdens for teachers, states and local school districts." (The US Department of Education IDEA)</p> <p>Before EHA, many children were denied access to education and opportunities to learn. In 1970, U.S. schools educated only one in five children with disabilities, and many states had laws excluding certain students, including children who were deaf, blind, emotionally disturbed, or had an intellectual disability. (The US Department of Education IDEA)</p> <p>Amendments to the Individuals with Disabilities Education Act (PL 105-17, June 1997) and the Individuals with Disabilities Education Improvement Act of 2004 (IDEAIA, PL 108-446, December 2004) required transition planning to be in effect with the IEP (individual education plan) when a child is 14. Such transition could include community experiences that promote movement from school to post-school activities. With IDEAIA also came the requirement that all related services included in the IEP (e.g. recreation including therapeutic recreation) must be supported by peer-reviewed research—a criterion reflective of the move toward evidence-based practices and one the profession continues to address (Etscheidt, & Curran, 2010; Carter & Van Andel, 2020).</p> <p>Congress most recently amended the IDEA through Public Law 114-95, the Every Student Succeeds Act, in December 2015. (The US Department of Education IDEA)</p>
<p>Who is served by IDEA & IDEAIA?</p>	<p>Infants and toddlers, birth through age 2, with disabilities and their families receive early intervention services under IDEA Part C.</p>
	<p>Children and youth ages 3 through 21 receive special education and related services under IDEA Part B. (US Department of Education IDEA)</p>

What entities are covered by IDEA & IDEAIA?	<p>The IDEA authorizes:</p> <p>Formula grants to states to support special education and related services and early intervention services.</p> <p>Discretionary grants to state educational agencies, institutions of higher education, and other nonprofit organizations to support research, demonstrations, technical assistance and dissemination, technology development, personnel preparation and development, and parent-training and -information centers.</p> <p>Congress reauthorized the IDEA in 2004 and most recently amended the IDEA through Public Law 114-95, the Every Student Succeeds Act, in December 2015. In the law, Congress states: Disability is a natural part of the human experience and in no way diminishes the right of individuals to participate in or contribute to society. Improving educational results for children with disabilities is an essential element of our national policy of ensuring equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities. (US Department of Education IDEA)</p>
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<p>What are the key points of IDEA & IDEAIA?</p>	<p>The stated purpose of the IDEA is:</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 of early intervention services for infants and toddlers with disabilities and their families; ● 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. (US Department of Education IDEA) <p>In 2004, the IDEA reauthorization aligned the IDEA with the No Child Left Behind Act requirements. The 2004 reauthorization called for:</p>
	<ul style="list-style-type: none"> ● Early intervening services for children not currently identified as needing special education but who need additional academic and behavioral support to succeed in a general education environment, ● Greater accountability and improved educational outcomes, and ● Raised standards for instructors who teach special education classes. (US Department of Education IDEA)

<p>How does IDEA & IDEAIA apply to therapeutic recreation/ recreation therapy?</p>	<p>The Education for All Handicapped Children Act of 1975 (PL 94-142), which defined recreation as a “related service” that should be included as part of the individual educational plan (IEP) if it would enhance the special educational experience of the student (Bullock & Mahon, 2017). As a related service, recreation included the assessment of leisure function, therapeutic recreation (specific, goal-oriented interventions), general recreation programs in schools and communities, and leisure education (Carter & Van Andel, 2020)</p> <p>Amendments to the Education for Handicapped Children Act in 1983, 1986, and 1990 recognized the need to initiate intervention services for infants and toddlers as early as possible while expanding services to youth with autism, serious emotional disturbances, and traumatic brain injury. The 1990 amendment (PL 101-476) also renamed the act the Individuals with Disabilities Education Act (IDEA), replacing handicapped with the more politically correct term disability; additionally, transition and assistive technology services were to be included in the IEP (Bullock & Mahon, 2017). TRSs who became familiar with the law were able to develop programs in selected school systems. (Carter & Van Andel, 2020).</p> <p>The primary purpose of Recreational Therapy in schools is to help students develop and enhance necessary skills for successful participation in the school setting through purposeful recreation and leisure interventions, as well as to facilitate the transition from school into community programs. (American Therapeutic Recreation Association)</p>
<p>Where can I learn more?</p>	<p>The US Department of Education IDEA: https://sites.ed.gov/idea/</p> <p>New York State Education Department: http://www.nysed.gov/budget-coordination/individuals-disabilities-education-act-idea</p> <p>American Recreational Therapy Association (ATRA): https://cdn.ymaws.com/www.atra-online.com/resource/resmgr/sections/atra_info_schools_08.30.17_.pdf</p>
<p>Resources for IDEA & IDEAIA</p>	<ul style="list-style-type: none"> ● American Recreational Therapy Association. Recreational Therapy and School Systems. Retrieved from: https://cdn.ymaws.com/www.atra-online.com/resource/resmgr/sections/atra_info_schools_08.30.17_.pdf ● Carter, M.J. & Van Andel, G.E. (2020) <i>Therapeutic Recreation a Practical Approach</i> (5th ed). Waveland Press Inc ● Etscheidt, S., & Curran, C. M. (2010). <i>Peer-reviewed research and individualized education programs (IEPS): An examination of intent and impact</i>. <i>Exceptionality</i>, 18(3), 138–150. https://doi.org/10.1080/09362835.2010.491988 ● New York State Education Department (2015-2019). Retrieved from: http://www.nysed.gov/budget-coordination/individuals-disabilities-education-act-idea

	<ul style="list-style-type: none"> ● US Department of Education. Individuals with Disabilities Improvement Act (IDEA). (2020, Nov. 24) Retrieved from https://sites.ed.gov/idea/ ● U.S. Department of Education, Office of Special Education and Rehabilitative Services. "History: Twenty-Five Years of Progress in Educating Children With Disabilities Through IDEA." ● U.S. Department of Education, Office of Special Education Programs, Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, selected years, 1979 through 2019. ● U.S. Department of Education, EDFacts Data Warehouse (EDW): "IDEA Part B Personnel Collection" 2011-12 to 2017-18. Data from 2011 includes US and Outlying areas data from 2012 – 2017 includes the US, Outlying Areas, and Freely Associated States. ● U.S. Department of Education, EDFacts Data Warehouse (EDW): "IDEA Part B Exiting Collection," selected years, 1996 through 2018.
Author	Deirdre Ryan



FACT SHEET

Developmental Disabilities Assistance & Bill of Rights Act of 2000 (DD Act)

<p>What is the DD Act?</p>	<p>The Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act) is a piece of federal legislation originally passed in 1963 and most recently authorized in 2000. Its documented goal is to: <i>“assure 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”</i> (Developmental Disabilities Assistance and Bill of Rights Act of 2000).</p> <p>Included in this piece of legislation is also the “Bill of Rights,” which was first established in a 1975 reauthorization of the act. It calls for increased oversight of funded programs pertaining to participant care.</p> <p>The 1984 amendments were the first to use People First Language and further defined goals and services to include independence, productivity, and integration. These goals were later shifted towards interdependence, inclusion, and recognition of contributions beyond productivity in the 1990 amendments.</p> <p>The 1987 amendments began to require two reports that served as reviews, analysis, and benchmarks and recognized individuals, their families, and neighbors as the central role. The 1994 law also started to emphasize individual preferences, dignity, and decision-making, as well as that of their families, for the services, support, and assistance provided to them.</p> <p>Under amendments implemented in 2000, participant rights have expanded to include: <i>“care that is free of abuse, neglect, sexual and financial exploitation, and violations of legal and human rights and that subject individuals with developmental disabilities to no greater risk of harm than others in the general population”</i> (Developmental Disabilities Assistance and Bill of Rights Act of 2000).</p>
<p>Who is served by the DD Act?</p>	<p>The Developmental Disabilities Assistance and Bill of Rights Act of 2000 provides services to nearly 5 million children and adults with developmental disabilities living in the United States, as well as their families. This piece of legislation affords participation in the design of community services, individualized support, and assistance, and promotes independence, productivity, and inclusion in all areas of community life.</p>

What entities are covered by the DD Act?

The following programs and initiatives have been funded by the Developmental Disabilities Assistance and Bill of Rights Act of 2000. Under the auspices of each program, there are a variety of agencies and organizations, which serve as covered entities:

- State Councils on Developmental Disabilities (Councils)
DD Councils conduct *“advocacy, systems change, and capacity building efforts that promote self-determination, integration, and inclusion. Key activities include conducting outreach, providing training and technical assistance, removing barriers, developing coalitions, encouraging citizen participation, and keeping policymakers informed about disability issues”* (Administration for Community Living, 2021).
- State Protection and Advocacy Systems (P&As)
Independent agencies created to protect the personal and civil rights of individuals with developmental disabilities at the state level.
- University Centers for Excellence in Developmental Disabilities Education, Research, & Service (UCEDDs)
University affiliates that serve as a liaison to the community, by researching, identifying issues, and finding solutions for individuals with developmental disabilities and their families. This is facilitated through the sharing of disability-related information between the community and universities.
- Projects of National Significance (PNS)
Projects that focus on important issues affecting people with developmental disabilities, as well their families, to create a variety of *“opportunities for individuals to contribute to, and participate in, all facets of community life”* (Association of University Centers on Disabilities, 2011).

What are the key points of The DD Act?

Key Aspects of Benefit within the Law, Standards, and Regulations:

- **Redefining Developmental Disability:**

Historically, individuals with developmental disabilities have been abandoned, stigmatized, socially excluded, and mistreated. The DD Act of 2000 represented a change in policy, which ultimately correlated with a shift in public perception. The vision of the DD Act therefore spurred a new awareness of “disability.”

“A natural part of the human experience that does not diminish the right of individuals...to live independently, to exert control and choice over their own lives, and to fully participate in and contribute to their communities through full integration and inclusion in the economic, political, social, cultural, and educational mainstream of United States society” (Developmental Disabilities Assistance and Bill of Rights Act of 2000).

- **Empowerment:**

The DD Act of 2000 has programs in every state that seek to “empower individuals...and their families to help shape policies that impact them” (Administration of Community Living, 2019). Additionally, legislation provides funding for research and assists in developing a network of resources, so that individuals with disabilities can feel empowered and supported.

- **Vision of Inclusion:**

The DD Act of 2000 propagates “a vision of inclusion.” This means that there is a common purpose in “working to bring the latest knowledge and resources to those who can put it to the best use, including self-advocates, families, service providers, and policymakers” (Administration for Community Living, 2019). Targeted programs and initiatives, sponsored through this piece of legislation, also help to ensure that this “vision” is achieved.

- **Advocacy:**

P&As began operating under the Developmental Disabilities Act in 1974. Comprised of a national network of members, many of whom with disabilities, P&As are sanctioned by Congress to function as legal authorities in investigating matters of discrimination. Additionally, as a collective body, P&A’s work to “amplify the voices of the disability community, engage in systems change work, and educate policymakers on the concerns of people with disabilities” (Administration for Community Living, 2019).

- **Human Rights:**

The “Bill of Rights” addendum mandates that individuals with developmental disabilities be treated with dignity and respect. The DD Act of 2000 allocates funding to programs in investigating cases of maltreatment and abuse.

<p>How does the DD Act apply to therapeutic recreation/ recreation therapy?</p>	<p>The Developmental Disabilities Assistance and Bill of Rights Act of 2000 reflects both the person-centered and strengths-based approach of Therapeutic Recreation (TR), as it emphasizes inclusion, independence, and self-determination.</p> <p>The findings and language used in this piece of legislation closely align with the goals and ideals of a strengths-based approach. Some examples include: <i>“make informed choices and decisions about their lives,” “pursue meaningful and productive lives,” “exercise their full rights and responsibilities as citizens,”</i> and <i>“contribute to their families, communities, and States, and Nation”</i> (Developmental Disabilities Assistance and Bill of Rights Act of 2000).</p> <p>The purpose of this law is to ensure access, as it relates to assistance through community services and supports for individuals with developmental disabilities. Individuals are also provided with the opportunity to participate in the design of their lives per this law.</p> <p>This piece of legislation provides the support necessary to foster self-determination, independence, and inclusion in community life. Not only can goals be achieved through the provisions afforded in this law, but many services are also delivered within the Therapeutic Recreation profession: community resources, individual supports, and assistive technology.</p> <p>Within the DD Act, there are referenced activities which may apply to Recreational Therapy practice. Assistive technology, leisure-based activities, personal skill-building (self-determination), and transportation are all addressed. Additionally, the recreational activities section specifically incorporates community recreation, leisure, and social activities into its definition. Accessing these services also requires advocacy, capacity-building, and systemic change activities, which are all closely related to the Therapeutic Recreation profession. Within this field, individuals work with participants to help them build upon their strengths and emphasize the “whole person” when making positive changes.</p> <p>This law ensures that individuals with developmental disabilities can engage in meaningful and purposeful activities, services, and supports, and participate in ways that focus on inclusion, self-determination, independence, productivity, and integration.</p>
<p>Where can I learn more?</p>	<p><u>Official Website(s):</u> U.S. Department of Health and Human Services Administration Community Living (ACL): https://acl.gov/ <i>DD Assistance & Bill of Rights Act of 2000:</i> https://acl.gov/about-acl/authorizing-statutes/developmental-disabilities-assistance-and-bill-rightsact-2000</p> <p><u>Phone Number:</u> Administration for Community Living Offices: 202-401-4634 (Voice)</p> <p><u>Mailing Address:</u> Administration for Community Living 330 C St. SW Washington, D.C. 20201</p>

<p>Resources for the DD Act</p>	<p>Administration for Community Living. (2017, Dec 1). <i>History of the DD Act</i>. https://acl.gov/about-acl/history-dd-act#ftn2</p> <p>Administration for Community Living. (2021, March 25). <i>The Developmental Disabilities Assistance and Bill of Rights Act of 2000</i>. https://acl.gov/about-acl/authorizing-statutes/developmental-disabilities-assistance-and-bill-rights-act-2000</p> <p>Administration for Community Living. (2020, Sept 24). <i>Projects of national significance</i>. https://acl.gov/programs/strengthening-aging-and-disability-networks/projects-national-significance</p> <p>Administration for Community Living. (2021, Feb 12). <i>Why the Developmental Disabilities Act matters</i>. https://acl.gov/about-acl/why-developmental-disabilities-actmatters</p> <p>Association of University Centers on Disabilities. (2011). <i>About UCEDD</i>. https://www.aucd.org/template/page.cfm?id=667</p> <p>Developmental Disabilities Act. (1995, Jan 1). <i>TEACHING Exceptional Children</i>, 27(2), 78–80. https://doi.org/10.1177/004005999502700223</p> <p>Developmental Disabilities Assistance and Bill of Rights Act of 2000. Pub. L. 106-402, 114 Stat. 1677. https://www.congress.gov/bill/106th-congress/senate-bill/1809</p>
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