

Good Life

Therapeutic Recreation Services



Operational Manual

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Introduction and Goals

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Introduction and Background

Good Life Therapeutic Recreation Services is a private practice with programs designed to meet the needs of participants by improving leisure well-being and cultivating a flourishing life. Leisure involvement is an important aspect of health, wellness, and quality of life (Stumbo & Peterson, 2013). Services are provided to participants with a wide range of needs and differences across the lifespan. The needs of our participants are discovered through referrals, assessments, and evaluations. Good Life Therapeutic Recreation Services is an evidence and strengths-based practice, providing strengths-based services seeking participants through traditional, as well as, park and play prescription referrals. Strengths-based services emphasize the individual's strengths and capacities, as opposed to a deficits-based paradigm, which focuses on the medical model's perspective of disability and illness (Heyne & Anderson, 2012). Participants are able to utilize our services after a thorough evaluation and assessment of his/her individual needs. Good Life Therapeutic Recreation Services programming focuses on well-being, movement, community inclusion, leisure education, and transition/discharge, all of which can be modified and refined to better serve the individual.

In addition, we have designed comprehensive plans for evaluation, budgeting, financing, risk management, marketing, organizational structure, and other requirements.

Needs Assessment

Therapeutic recreation services have much to offer individuals in developing their leisure lifestyle and improving their psychological, physical, and social well-being (Stumbo & Peterson, 2013). In 350 B.C.E. Aristotle wrote "If, then, there is some end of the things we do, which we desire for its own sake (everything else being desired for the sake of this), and if we do not choose everything for the sake of something else... clearly this must be the good and the chief good. Will not the knowledge of it, then, have a great influence on life?" (p. 1). We have taken this to mean that individuals across their lifespan deserve a good life and this "good life" must include leisure well-being. Attaining leisure well-being and a flourishing life include developing or refining skills in community inclusion, leisure education, and movement programs. Therapeutic Recreation Specialists at Good Life Therapeutic Recreation Services have created a plan to provide services to help participants build their strengths in the following areas:

- Improved stress management
- Community inclusion
- Transitioning through different phases of life
- Exercise promotion
- Adaptive equipment and modifications
- Education of leisure, barriers, and available resources
- Financial aid
- Knowledge and awareness of leisure opportunities
- Decreased symptoms of depression and anxiety
- Decrease in use of psychotropic medications
- Improved memory
- Improved communication with peers and circle of support
- Improved intrinsic motivation

These are some of the areas that will be strengthened to ensure that Good Life provides the highest quality of services for each participant. By focusing on these areas, our practice will enable participants to achieve a flourishing life, as well as leisure well-being.

Theory Base and Guiding Principles

Good Life Therapeutic Recreation Services is founded upon several theoretical frameworks. The information below explains the theoretical frameworks and principles contributing to the foundation of Good Life Therapeutic Recreation Services. The chosen theories for this project are derived from positive psychology and the strengths based approach, which is further outlined within the guiding principles section.

Broaden-and-Build Theory of Positive Emotions

Dr. Barbara Fredrickson is the developer of the Broaden-and-Build Theory of Positive Emotions. The Broaden-and-Build Theory of Positive Emotions was established to emphasize the importance of positive emotions (Anderson & Heyne, 2012). The essence of the Broaden-and-Build Theory of Positive Emotions is that positive emotions “broaden” our lives cognitively, emotionally, and socially, and consequently positive emotions develop or “build” these benefits (Anderson & Heyne, 2012; Heyne & Anderson, 2012). In accordance with this theory, “positive emotions expand cognition and behavioral tendencies” (Anderson & Heyne, 2012, p.100). The overarching concept of this theory is that even though emotions fluctuate, positive emotions have long lasting inherent value with numerous benefits for our lives.

Leisure Coping Theory

The Leisure Coping Theory states that leisure may be utilized as a means of managing internal and external challenges and enabling the cultivation of positive resources (Anderson & Heyne, 2012; Heyne & Anderson, 2012). Lazarus and Folkman (1984) define coping as, “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (p.41 as cited in Anderson & Heyne, 2012, p.116). Because Good Life Therapeutic Recreation Services focuses on enhancing well-being and health through therapeutic recreation, providing clients with positive resources through leisure will enable effective coping as outlined through the Leisure Coping Theory. Further, leisure as coping is empirically supported as Hutchinson, Bland, and Kleiber wrote, “...a person-centered approach to designing and delivering leisure-based coping interventions is warranted” (p.16).

Self-Determination Theory

Self-Determination accounts for when an individual feels in control of his/her life, which has numerous benefits relative to, “sense of motivation, competency, and autonomy” (Anderson & Heyne, 2012b, p.118). Gaining awareness of our, “values, beliefs, and preferences...enables us to participate more fully in life, including leisure...” (Anderson & Heyne, 2012b, p.118). Further, motivation related to healthcare behavior change has been linked to autonomy or being self-determined (Williams, 2002). Self-Determination Theory encompasses both extrinsic and intrinsic motivation with the most self-determined form of motivation being intrinsic motivation (Deci & Ryan, 2000). Self-Determination Theory has been commonly applied to recreation research (Hill & Sibthorp, 2006).

Guiding Principles

“Leisure participation for the purpose of well-being is at the heart of the profession of therapeutic recreation” according to Anderson and Heyne (2013, p.119). Thus Good Life Therapeutic Recreation Services has several guiding principles, stemming from the theoretical frameworks described above as well as models, which relate to well-being in therapeutic recreation, which impact our service protocols and ideals.

One such model, the Leisure and Well-Being Model (LWB) focuses on “cultivation and expression of one’s full potential including strengths, capacities and assets” (Carruthers & Hood, 2007, p.280 as cited in Hood & Carruthers, 2016, p.104). The Flourishing through Leisure Model pushes forward the LWB, through specifically focusing on utilizing leisure pursuits as a means of building upon inherent strengths through positive experiences (Anderson & Heyne, 2016). This model is

of importance to the guiding principles of Good Life Therapeutic Recreation because it is grounded in a social or ecological model of understanding the disability experience (Anderson & Heyne, 2012a).

- Individuals shall be perceived holistically as unique individuals to be treated with dignity and respect.
- All clients will receive therapeutic interventions within the scope of the strengths-based approach.
- All assessments will be done through a strengths-based approach hence searching for, “the dreams, goals, and strengths in participants and the environments in which they live, work, and play” (Anderson & Heyne, 2013, p.91).
- Treatments will be client-centered (Anderson & Heyne, 2012a) while promoting shared decision-making.
- All employees, volunteers, and interns will prescribe to a transdisciplinary team approach in order to more effectively enhance client treatment outcomes.
- Disability will be perceived through the biopsychosocial model and the International Classification of Functioning (ICF) as outlined by the World Health Organization.
- The definition of well-being as defined by Carruthers and Hood (2007) as, “a state of successful, satisfying, and productive engagement with one’s life and the realization of one’s full physical, cognitive, and social-emotional potential” (p. 280) will guide staff, volunteers, and interns to promote well-being for clients and his/her selves.
- All staff, volunteers, and interns, as per the Flourishing through Leisure Model, will understand and promote that leisure will be treated as a, “strength in and of itself and a context to build other strengths” (Anderson & Heyne, 2016, p.120).

Purpose

The drive behind Good Life Therapeutic Recreation Services comes from our desire to create a space that is inclusive, safe, and effective where an individual can achieve his or her goals, dreams, and aspirations. We are here to assist participants in developing physical, psychological, social, spiritual, and cognitive strengths through movement, well-being practices, community inclusion, and leisure education. We are committed to helping participants improve the quality of their lives through the therapeutic application of recreation and leisure pursuits by taking a whole-person, strengths-based approach.

Goals

- To provide therapeutic recreation services in the following areas: mind/body practices, physical activity, community inclusion, and leisure education.
- To provide evidence-based services based on a foundation of continual improvement through ongoing evaluation.
- To provide strengths-based therapeutic recreation services through assessment, planning, implementation, and evaluation practices.
- To seek out and encourage collaborations across our community to better serve our participants through inclusive practices.
- To improve the quality of life and well-being for all our participants, ensuring an atmosphere that is inclusive to all.
- To assist participants in identifying and achieving autonomy, self-efficacy, self-determination, and self-advocacy through theory based and therapeutic interventions.
- To help participants recognize and further develop their personal strengths through recreation and leisure.
- To develop and enhance participant’s skills in community engagement.
- To encourage autonomous and confident utilization of community recreation and leisure opportunities to enhance community inclusion.
- To educate participants on the benefits of recreation and leisure.
- To promote an appreciation for the fundamental rights of all individuals to enjoy recreation and leisure pursuits.

Outcomes

Through participation in Good Life Therapeutic Recreation Services:

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

Vision, Mission and Values

Vision

“Flourish across your lifespan – enjoy a good life through recreation and leisure.”



Mission

Our mission is to ensure quality recreation and leisure experiences, optimizing your well-being and improving the quality of your life through safe, effective and goal oriented practices.

Values

At Good Life Therapeutic Recreation Services we value:

- Advocacy
- An ecological approach to helping participants
- Collaboration across and throughout our community
- Community resources
- Creativity in our work
- Efficacy in our practices
- Inclusivity
- Integral worth in leisure participation
- Intrinsic motivation
- Privacy and confidentiality for our participants
- Quality in our work
- Quality of life for all
- Recreation and leisure appreciation
- Self-efficacy inherent in our participants
- Taking a strengths-based approach to our work
- Well-being in all its forms and nuances

Program Impact Statement

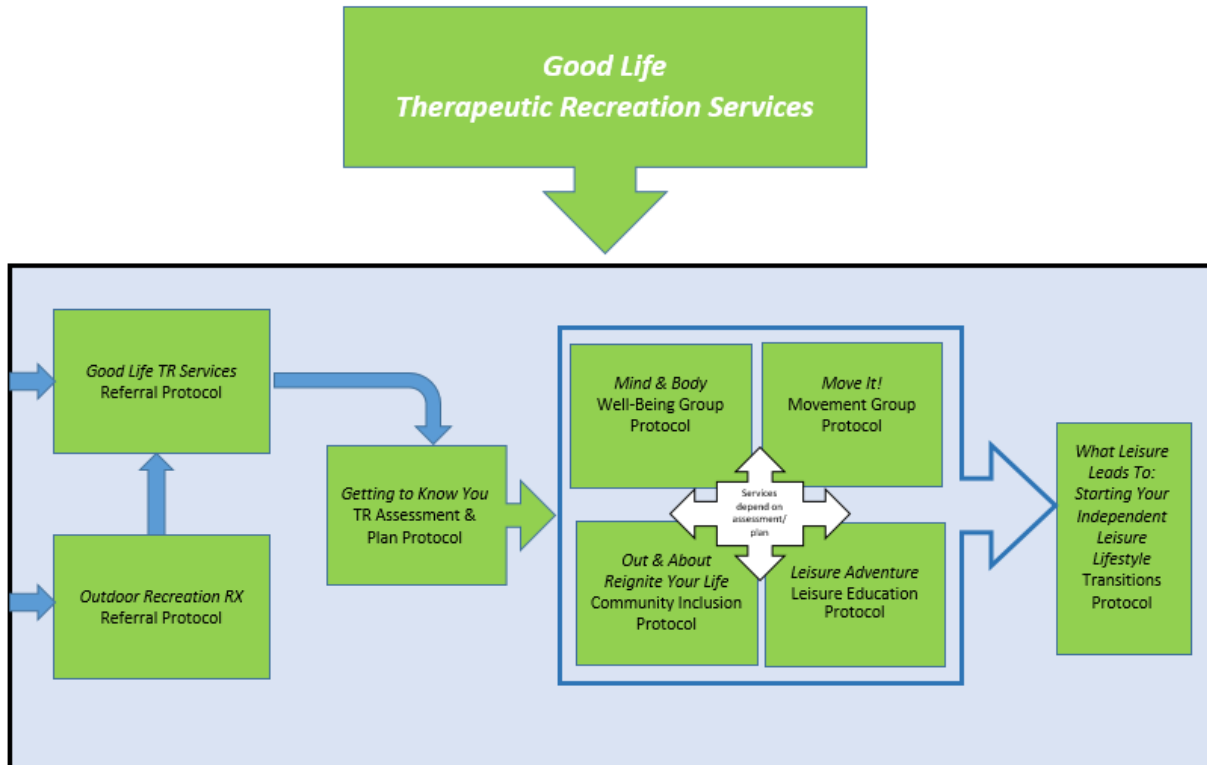
Participants at Good Life Therapeutic Recreation Services will have the opportunity to engage in programming that is individualized and goal oriented. Taking part in mind and body, movement, cognitive enhancement, and community inclusion programming will lead to positive outcomes in the lives of participants including good physical health, reduced stress, lifelong recreation and leisure skills, improved cognitive functioning, autonomy in using community recreation resources, improved quality of life and overall well-being. Post-transition from services, participants will be enabled to continue appreciating and using skills learned while under our care, leading a self-determined leisure lifestyle.

References for Introduction

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Good Life Therapeutic Recreation Services: Specific Program/Service Protocols



Title

Good Life Therapeutic Recreation Services Referral and Intake Form

Brief Description of TR Service/Program

A comprehensive referral and intake form that can be used as a self-referral or as a referral from parents/guardians, physicians, health care professionals or other professional sources.

Research on Efficacy/Literature Review Summary

The American Therapeutic Recreation Association (ATRA) defines a referral as “a request or recommendation to initiate services, including an evaluation of the patient/client and interventions determined to be necessary or beneficial to reach planned outcomes” (ATRA, 2015). A referral to therapeutic recreation (TR) services may be made on behalf of an individual or a person may self-refer for services; being admitted for services in some settings may also constitute a referral on behalf of an individual (ATRA, 2015).

The referral/intake process for Therapeutic Recreation services may seem like it is a trivial step, but in reality it is the first step toward achieving the participant’s goals, dreams and desires. A referral for TR services will help practitioners identify the direction of treatment (Stumbo & Peterson, 2009). Often referrals by other professionals (e.g., psychiatrists, social workers, physicians) will specify diagnoses or conditions which need treatment; these referrals may also indicate what programs and interventions are desired by the professional (Stumbo & Peterson, 2009).

At times, allied professionals may make suggestions for treatment or programming which may be inappropriate; it is the responsibility of the therapeutic recreation specialist to educate these professionals about the specific services that his or her agency offers to avoid miscommunication and misdirection (Stumbo & Peterson, 2009). Further, Stumbo and Peterson (2009) encourage therapeutic recreation specialists to be realistic when a referral is made for a service that cannot be provided at their agency. It is suitable to make a referral to a more appropriate setting when necessary.

In keeping with best practices, a referral form should include the option to self-refer, meaning that the participant has the chance to be an advocate for themselves. Self-advocacy is the ability to speak up for one’s wants and needs and it has been said that self-advocacy is an essential skill to live the best life possible (Stuntzner & Hartley, 2015). Self-advocacy can yield many benefits, including positively altering one’s view of themselves and also developing leadership capabilities (Ryan & Griffiths, 2015). These benefits have been proven through research done with individuals with mental illness (Pickett et al., 2012) and individuals with intellectual disabilities (Feldman, Owen, Andrews, Hamelin, Barber, & Griffiths, 2012). In both studies, the groups received either self-advocacy/empowerment training (Pickett et al., 2012) or self-advocacy training with a focus on rights and responsibilities in relation to healthcare (Feldman, Owen, Andrews, Hamelin, Barber, & Griffiths, 2012). The results for both studies indicated that those groups that received the specialized training were better able to advocate for themselves, had higher self-esteem (Pickett et al., 2012) and were more knowledgeable when it came to answering healthcare related questions, indicating that they would be advocates for themselves in a healthcare or other type of setting (Feldman, Owen, Andrews, Hamelin, Barber, & Griffiths, 2012). These are all important outcomes and reasons that show that there should be more opportunities for self-advocacy provided to all individuals, but in particular to those of different abilities since they usually face the most barriers to self-advocacy (Stuntzner & Hartley, 2015).

Referral Criteria

Individuals may self-refer. Referrals may also come from parents/guardians and professional sources such as physicians, health care providers (e.g. nursing, PT, OT), school administrators and recreation agencies (e.g. YM/WCA).

Goals

- Provide initial referral to TR services
- Gather preliminary reason for referral
- Determine if practice is appropriate referral

Measurable Objectives

- The number of total referrals received will be counted, when the referral/intake process is reviewed.
- The different sources of referral (self, professional, etc.) will be quantified and documented, when the referral/intake process is reviewed.
- In order to determine appropriateness of services offered, the different concerns marked on the referral form will be quantified, when the referral/intake process is reviewed.
- The number of participant referrals that we cannot accommodate based on services needed will be counted, when the referral/intake process is reviewed.

Time Required

Completion of the referral/intake form should take approximately 5 minutes when completed with paper/pencil.

Materials, Equipment, and Resources Needed

- Paper copies
- Clipboard
- Pens

Activities

When an individual requests services from our private practice, the referral form will be provided via email or in person. A representative will be available in person or over the phone to answer questions and to assist with the completion of the referral form if necessary.

Methods

We will collaborate with allied health professionals to inform them of our services and provide them with an initial supply of forms (which can be duplicated) along with information on when, why and how they would refer to our services. This collaboration will take place with many different settings within the community that may make referrals including:

- Acute care hospitals
- Free standing rehabilitation hospitals
- Rehabilitation from units in acute care hospitals
- Long-term care facilities or skilled nursing facilities
- Comprehensive outpatient facilities
- Inpatient and outpatient mental, behavioral health/psychiatric facilities
- Addiction/substance abuse rehabilitation facilities
- Home health care agencies
- Residential facilities for persons with disabilities
- Adult day care centers
- Centers for independent living
- Public and private school systems
- Non-profit disability related/recreational agencies

Methods for completing the referral form include*:

- completing the referral in person while in the office
- receiving, completing, and submitting via mail (US Postal System/Service) or email

Once the referral for recreational therapy is made, an assessment will be completed by the TRS.

Our practice will refer individuals to other more appropriate settings/agencies/organizations when appropriate.

*Eventually, we anticipate creating an online web-based referral form in addition to having the form available on an iPad for individuals to submit electronically.

Leadership Variations

It is anticipated that an adult will be completing the referral form, especially if the participant is under the age of 18. If vision is diminished, there is a language barrier or some other difference in ability, the referral form may be read to the participant and completed by a proxy representative.

Expected Outcomes and Contraindications

Expected outcomes include providing quality therapeutic recreation services using best practices for each participant. Also, it is expected that the referral process will increase efficacy and efficiency of services and decrease improper/ineffective services being provided.

Contraindications could include confusion on the part of the person filling out the form (participant themselves or other referring source) when determining the needs/concerns. This can be rectified by the Assessment and Plan Protocol.

Documentation

The referral/intake form asks for the following demographic information:

- Name
- Address and contact information (phone, email)
- Family contact in case of emergency and applicable phone number
- Relation to individual requesting services (if not completed by participant)
- Legal guardian if participant is under 18 years of age (including address of guardian)
- Referring person and agency contact information if applicable
- Self-referral indicator check box
- Prescribing physician, diagnosis, contact information, and physician's order for TR (if applicable)
- Insurance information for billing purposes

The back side of the form has many indicators where interested participants can select areas of interest or need (interventions) covering the following areas:

- Cognitive Concerns
- Community Inclusion
- Physical Concerns
- Psychosocial Concerns
- Aquatic Therapy Interests

The form concludes by providing a free-write area asking if the interested participant would like to share any additional concerns or issues they would like to address. This area will help with evaluation of the referral/intake form - to include modifications if necessary.

Individuals completing the form are advised that if they are not completing the form in person, that a representative will contact them in three business days to schedule an appointment.

The referral form will be continuously monitored. Requests for services will be tracked in a spreadsheet to keep a tally of each type of request. Requests for services that are not normally provided will also be tracked in a spreadsheet to consider for inclusion into practice, if practical. Requests resulting in referrals to other agencies/organizations will be tallied in the spreadsheet. Based on these outgoing referrals, TRS will consider implications of possible collaborations.

Evaluation Plan

Referral/Intake forms will be reviewed for completeness and understanding. The TRS tasked with formative evaluation of the referral protocol will monitor the referral/intake forms on a regular basis (as they are received) to determine if any updates/changes or deletions are required. The request checkboxes will be monitored for possible

interventions to be included in practice. Referrals to other agencies will also be formatively evaluated to determine if there are opportunities for collaboration or inclusion in our practice.

Staff Qualified to Deliver Service

No specific training is required to provide the Referral/Intake form, except for staff to be familiar with the items on the form, in the case of questions. All representatives in the practice at any level, however, will have received Disability Awareness Training as a general overview of being able to work with individuals of different abilities. The form should be reviewed by professional familiar with services provided.

Safety/Risk Management/Precautions

No safety issues are present.

Attachments

Attached please find the Therapeutic Recreation Services Referral/Intake Form

Reference List

- American Therapeutic Recreation Association (2003). *Recreational therapy treatment orders*. Retrieved from www.healthpronet.org/ahp_month/07_04.html.
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Good Life Therapeutic Recreation Services

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Referral/Intake Form

Name of Participant:		Birthdate:	
Address:			
Home Phone:		Other Phone:	
Email (if any):			
Family Contact Name:		Phone:	
Relationship to Participant:			
Legal Guardian:		Phone:	
Address:			

Referring Person:		Check here if self-referred:	<input type="checkbox"/>
Agency Name (if applicable):			
Address:			
Phone:			
Email:			

Prescribing Physician (if applicable):			
Diagnosis or Code (if applicable):			
Address:			
Phone:		Fax:	
Do you have a physician's order for therapeutic recreation services? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Insurance Information If you will be using insurance to cover services, we will make a copy of your insurance card(s).

Primary Health Ins Co.:		Phone:	
Policy #		Policy Holder's Name:	
		Relationship to client:	
Secondary Health Ins Co.		Phone:	
Policy #		Policy Holder's Name:	
		Relationship to client:	

Please complete the reverse side to help us understand your therapeutic recreation needs.
Thank you!

For Office Use Only

Reviewed by: _

Date: _

Action(s) taken: _

Referral Requests

Therapeutic Recreation services address various treatment areas, many listed below. Specific interventions vary depending on your needs and the availability of services. Our practice focuses on

Well-being/Stress Management – Movement – Community Inclusion – Leisure Education

Please tell us a little bit about what you would like to gain from therapeutic recreation services.

We reserve the right to refer you to other services we feel would better serve you.

Initial Referral

- Self-referred
- Referred by other

Cognitive Goals

- Problem Solving
- Decision Making
- Communication
- Orientation
- Executive Functioning
- Memory
- Attention to task
- Following Direction
- Judgment
- Reduction of Disturbing Behaviors

Physical Goals

- Sensory Integration
- Fine Motor Skill development
- Gross Motor Skill development
- Range of Motion
- Strengthening
- Flexibility
- Balance
- Falls prevention
- Exercise & weight management
- Pain Management
- Endurance
- Energy Conservation
- Wheelchair Mobility

Community Integration

- Accessibility
- Transportation
- Resource Awareness & Utilization
- Planning skills
- Community Outing

Community Integration (continued)

- Safety in community settings
- Needs Assessment
- Home Modification
- Home Management

Lifestyle Goals

- Relaxation
- Stress Management
- Family Education
- Assertiveness Training
- Values Clarification
- Leisure Education
- Leisure skill development
- Adaptive Recreation Skills Training

Psychosocial Goals

- Social Skills Development
- Social Pragmatics
- Coping Mechanisms
- Situation Analysis
- Attention Deficit
- Frustration Tolerance
- Prioritization
- Task Management
- Crisis Management
- Coping skills
- Anxiety reduction
- Enhanced self-esteem
- Body image improvement
- Adjustment to disability

Aquatic Therapy

- Sensory Stimulation
- Range of Motion/Strengthening
- Neuro Re-education
- Pain reduction
- Adaptive Swim skills

Please share with us any additional goals or requests you would like to address today:

Thank you for completing our referral form. If you are not submitting this in person, a representative will contact you within 3 business days to schedule an appointment.

Title

Outdoor Recreation Rx Referral Protocol

Brief Description of TR Service/Program

Outdoor Recreation Rx is a nontraditional referral source for XXX Recreation Therapy Services. This protocol cultivates valuable community partnerships, particularly with local health care providers (HCP's). Health practitioners can prescribe recreation to patients who would benefit from participation. It is a combined effort to improve health and wellness at an individual and community level. The written prescription functions as a simple but formal referral to our private practice.

Research on Efficacy/Literature Review Summary

According to "Chronic disease prevention, health improvement, childhood obesity". The health community is looking to Parks & Rec to contribute to national solutions. Helping children and adolescents to achieve their fullest potential is of utmost importance and doctors aren't sure how to fully treat the epidemic. Outdoor play and its health benefits have been studied for many years. Some of the most notable and well known research has been done by Richard Louv who coined the term nature deficit disorder referring to children who as a result of spending less time outdoors have an increase in behavioral disorders. Research into Park and Play Rx yields six observations that can guide future implementation of this program. These six observations are 1) There is tremendous enthusiasm to link outdoor/nature-based recreation with health care 2) Park programs are often easily converted to health programs 3) Many non-park programs have tools that can inform Park and Play Rx 4) Incentives increase participation 5) There is a need for sharing lessons learned 6) Evaluation of Park and Play RX is in its infancy.

Referral Criteria

- The referral comes from any participating healthcare professional who believes outdoor recreation will improve well-being and decrease chronic illness.
- Participants should be willing to participate and choose activities based on interest and free will.

Goals

- Connect participants with nature for health benefits (physical, mental, and emotional)
- Build community partnerships with health care providers
- Build community partnerships with local parks and recreation sites
- Increase awareness of and participation in affordable and accessible wellness activities and programs

Measurable Objectives

- The department will establish a partnership with at least two local parks/outdoor trails that are wheelchair accessible
- The department will establish a partnership with at least two local parks/outdoor trails that are safe and suitable for children
- The department will establish a partnership with four local healthcare providers who are willing to write referrals/prescriptions.
- The department will develop a prescription form that is electronically available to health care providers.
- The department will establish an electronic communication channel to manage referrals from health care providers.
- The partnership between the department and the health care provider will decrease reported preventable illnesses by 25% in a year.

Time Required

The referral process itself should take very little time. Health care providers typically spend an average of fifteen minutes with each patient. Developing a printable and electronic prescription form will allow doctors to choose between printing and signing prescriptions and/or sending the private practice an electronic referral. The form itself

should be simple and clear to facilitate quick and unambiguous explanations of the purposes and opportunities associated with the prescription.

Materials, Equipment, and Resources Needed

- List of programs and resources in the area
- Pamphlets, brochures, posters to advertise community resources
- Registration forms for activities (as needed)
- Referral form for health care provider to fill out
- Access to local parks and trails
- Access to local community and recreation centers

Activities

There are numerous different activities that *can* occur with an outdoor rec prescription. XXX Recreation Therapy Services focuses on four main areas: well-being, movement, community inclusion, and leisure education. Health care practitioners and park departments should be aware of our program services so patient interests and needs are appropriately offered and supported. Within each of these service areas, the following activities are often associated with outdoor recreation prescriptions:

- Well-Being:
 - Wellness fairs: Health Care providers work with the community parks department to co-host an events. HCP's can then prescribe participation in these events. For example, the park department can host a swimming day at the beach and participating HCP's can teach/promote proper sun protection to prevent skin cancer.
- Movement:
 - Trail walks: Healthcare workers provide patients with maps of local trails. The physician will recommend a certain distance to be walked on the trails. The park department is available for participants to get information on what trails are the most compatible for the participant.
- Community Inclusion:
 - Walking Clubs: Local health care systems help sponsor and advertise walking clubs that occur in the community. If a healthcare provider believes a low impact physical activity and one that is socially stimulating would be beneficial for the patient, they would prescribe them to be a part of the group. The recreation department runs the group.
- Leisure Education:
 - Adaptive equipment expo- The local adaptive resources will put together a fair that demonstrated different types of recreation equipment to make activities more accessible to people with different needs. The healthcare provider will then prescribe a patient with an new disability to attend the fair so they can learn about new ways to recreate.

These specific activities can be refined or added to as other program protocols develop. Content should always be accurately reflected in the prescription form.

Methods

1. A health care provider discusses the health benefits of nature exposure and recreation participation.
2. The health care provider helps the patient identify which activities are of greatest interest and benefit to them, filling out the prescription form together.
3. The health care provider gives the patient information on the program and provides any necessary details.
4. Electronic referrals and patient history forms are sent to our department.
5. Once participants connect with the program, detailed information and support will be given.
6. Assessment begins, utilizing the patient history form provided by the HCP.

Leadership Variations

Variety should be offered from the very beginning. Upholding the principle of self-determination requires that we have a variety of options. Some program content will always be available. Other activities may be seasonal. As

community partnerships develop, some events may only be offered once. The Outdoor Rec Rx department is responsible for providing community partners with updated program content options that continually give participants choice.

- Variety of places: Playgrounds, walking paths, or a frisbee golf course? We should identify locations that are appropriate for children, families, and adults with and without disabilities. Variety should also apply to the geographical area to provide access to individuals with transportation barriers.
- Variety of activities: What is allowed in each outdoor area? Biking, walking, running, animals, and swimming are permitted in some areas and not others. We want to provide choices for participants.
- Participant ideas should always be welcomed and considered as well.

Expected Outcomes and Contraindications

Outcomes:

- Decreased need for prescriptions medication
- Increased recreation participation
- Increase in park programs offered
- Improved community connectedness and professional collaboration

Contraindications:

- Increased competition between private and community recreation programs - health care providers should not be pressured to prescribe to one certain organization

Documentation

- Current program content information - to be shared with community partners
- Prescription form (electronic and physical) - as a referral source
- Environmental History form - to communicate important patient information from healthcare practitioners to therapeutic recreation specialists
- Database to manage incoming prescriptions and process referrals over to the traditional referral protocol

Evaluation Plan

There will need to be a close relationship between the community health care system and the department to evaluate how well the Outdoor Rec Rx is doing. Evaluation will require:

- Documentation of prescribed activities
- Documentation of attendance/participation
- Feedback from HCP's about improved health and decreased chronic illness in patients
- Feedback from HCP's about the usability of forms and communication channels
- Statistics on park utilization

Staff Qualified to Deliver Service

- All staff in the referral department should:
 - Effectively communicate face-to-face and electronically
 - Accurately represent and promote XXX Recreation Therapy services and protocols
 - Nurture mutually beneficial community partnerships
- Community partners should:
 - Be informed about available activities
 - Respect the principle of participant self-determination
 - Have training in Outdoor Rec Rx protocol
 - Use designated referral processes and channels

Safety/Risk Management/Precautions

Managing risk in outdoor recreation activities:

- Informed consent and allergy awareness
- Safety of recreation equipment and environments

- Response to accidents and emergencies

Managing risk in the prescription process:

Clearance for physical activity or community inclusion

Attachments

Example of an informational pamphlet:

<https://www.nps.gov/indu/planyourvisit/upload/ParkPrescriptionBrochureForWeb.pdf>

Prescription form: See attached

Environmental history form: See attached

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**Outdoor Recreation Rx
Referral to Good Life Therapeutic Recreation Services**

Participant Name

Chooses to participate in...

- Well-being group: wellness fair
- Movement group: trail walks
- Community Inclusion group: walking club
- Leisure Education group: adaptive equipment expo

- Other: _____

Notes:

Date of Referral

Participant signature

Health Care Provider signature



Environmental History
Reference for Good Life Therapeutic Recreation Services

Where do you spend most of your time?

Estimated number of hours each week:

- ___ Screen time
- ___ Outdoor leisure, play, or recreation
- ___ Work
- ___ At home

Presence of indoor/outdoor environmental hazards:

- Poor air quality
- Tobacco use/exposure
- Chemical exposure
- Food/water contamination
- Mold/water damage
- Wood stove/fireplace
- Pests
- Other: _____

List any existing medical diagnoses:

List any recurrent symptoms

Questions or concerns about your environment?

Title

Getting to Know You Assessment and Plan Protocol

Brief Description of TR Service/Program

Getting to Know You is the first step of the therapeutic recreation process focusing on identifying goals, strengths and resources of the participant. In collaboration with the therapeutic recreation specialist, and the participant's circle of support, participants will establish their goals and develop a program plan to address any gaps identified. The Getting to Know You process incorporates a variety of tools that focus on discovering internal and external strengths and goals as well as an ecological look at the participant's environment to determine community resources and opportunities. "This approach assumes the participant is, or has the potential to be, the expert on his or her own life" (Anderson & Heyne, 2013, p. 91).

Research on Efficacy/Literature Review Summary

"Assessment is the cornerstone of the therapeutic recreation process." (Anderson & Heyne, 2013, p. 90). It helps establish relationships and rapport, provide the baseline for evaluating services, inform planning, and meet standards of practice. Additionally, it supports person centered planning and is strength based. There are many different assessments available to address a variety of needs, goals, and desires. According to Stumbo and Peterson (2009), one of the most important considerations when planning assessments is the type of services offered within the agency or by a program. The TRS should consider the content of the program, such as leisure education, and the purpose of the program, such as functional improvement or skill building. Because this program offers four specific services, assessments have been selected to address each service. These assessments have been selected because their content aligns with the programs offered which is a crucial component of assessment planning (Stumbo and Peterson, 2009).

To assess well-being/stress management, the Well-Being Index (WBI) and the Values in Action Strengths (VIA) Assessment will be utilized. Topp, Østergaard, Søndergaard, & Bech (2015) conducted a systematic literature review regarding the WBI and found that the tool has high validity and has been applied successfully across a wide range of fields. Specifically related to TR/RT, Witman, Jacob, Anderson, Heyne, & Malcarne (2014) found that the WBI appears to be valid and reliable for comparing perceptions of the various components of well-being. The Values in Action Strengths (VIA) Assessment helps participants discover their strengths and virtues. This information is helpful for assisting someone in utilizing their strengths everyday regardless of the activity they are participating in and contributes to well-being. The VIA is available for both youth and adults (Anderson and Heyne, 2012). More information can be found at <http://www.viacharacter.org/>.

To assess movement, the Functional Fitness Assessment for Adults Over 60 Years (FFAA) and The President's Challenge Fitness Test will be utilized. The FFAA is specifically designed for adults over the age of 60 and helps determine the functional capacity of older adults in six areas of function relative to established norms (burlingame and Blaschko, 2010). The President's Challenge can be utilized by people of all ages and all abilities and measures aerobic fitness, muscle strength and endurance, flexibility and body composition (PCP, n.d.). This information is useful to assist individuals with carrying on with activities of daily living, and will help ensure that proper safety precautions are considered before getting involved in a movement program.

To assess community inclusion, the Circle of Friends Assessment (CoF) will be utilized. The CoF is useful for identifying an individual's current and potential network of friends and others that they view as important people or groups in their lives. It can help determine one's level of community inclusion and where they would like to have more inclusion (Anderson and Heyne, 2012).

To assess leisure education, the Leisure Diagnostic Battery will be utilized. This assessment is designed to determine an individual's leisure functioning and the areas that need improvement. It measures perceived leisure competence, perceived leisure control, leisure needs, depth of involvement in leisure, and playfulness. It also explores perceived barriers to leisure experiences, and leisure preferences (Burlingame and Blaschko, 2010).

The Community Integration Program (CIP) will be utilized to assess both community inclusion and leisure education. The CIP consists of 22 modules designed to assess an individual's knowledge and functional skills related to accessing community resources. Not all 22 modules need to be used for any given individual. Modules regarding different skills and knowledge areas can be utilized for specific assessment needs. If the TRS wanted to know more about an individual's knowledge or skill regarding safety in the community, they could use community environment modules. If they wanted to know more about someone's leisure awareness, they could use physical and cultural activity modules (Burlingame and Blaschko, 2010).

Leisure Resource Asset Mapping will also be utilized to address both community inclusion and leisure education. Also known as community asset mapping, this tool helps people identify what recreation resources are available including individual, institutional, organizational, governmental, physical, and cultural assets. This information can be used to help put a participant's plan into place by knowing where and how to increase desired community inclusion and identifying what areas of leisure resource knowledge can be increased (Burns, Paul, & Paz, 2012; Crane & Skinner, 2003).

The Leisure Competence Measure (LCM) will be utilized to categorize and summarize information gained through the assessment process. After completing initial assessments, the LCM allows the CTRS to evaluate skills and/or behaviors across eight domains which relate to the four services offered by our program. The LCM has been rigorously tested and has good reliability and validity and can be applied in a variety of setting and to a variety of populations (Burlingame and Blaschko, 2010).

To develop a therapeutic recreation plan, the Personal Futures Planning (PFP) process will be followed. The information gathered from the assessments can be used to complete this process. This process consists of three phases. In the first phase, the person's background, capacities and accomplishments, and preferences and desires are gathered. In the second phase, information is reviewed and action steps are identified. In the third phase, a social network is formed to help the individual achieve their goals and dreams, and the circle of support commits to the plan (Anderson and Heyne, 2012).

Referral Criteria

All people who have been referred by either the traditional pathway or the park/play prescriptions pathway.

Goals

1. To identify participant's goals and dreams
2. To develop a program plan to achieve leisure well-being
3. To include the participant's circle of support in the *Getting to Know You* and planning processes

Measurable Objectives

1. a. Participant will communicate at least one dream or goal that they would like to learn more about when asked by the facilitator.
1. b. The TRS will make an initial assessment of record review and interview, of each person referred, within 1 week of the referral date.

2. a. Participant will communicate at least one leisure; attitude, interest, motivator, and/or item that leads to leisure satisfaction that they would like to learn more about when asked by the facilitator.
2. b. Participant will communicate at least one community based leisure skill that they would like to learn about when asked by the facilitator.
2. c. The TRS will complete a comprehensive program plan, in collaboration with the participant and their circle of support and within three weeks of the referral.
3. a. The TRS will include participant's circle of support in meetings and activities when approved by the participant

Time Required

Record review: 30 minutes

Initial interview: TBD based on participant needs.

Assessment: TBD based on assessment used and outcome of the interview.

Planning: TBD based on individual; at least one hour.

Materials, Equipment, and Resources Needed

- Record review form
- Discover Your Passions Interview questions
- Pens, paper, quiet space where participant feels comfortable
- Assessment tools as needed
- Adaptive equipment if necessary

Activities

PHASE ONE:

"Welcome to our program, and I'm looking forward to working with you. We will spend some time getting to know you, so we can work together on a leisure plan for you. Today's meeting is about discovering your passions, and I have a few questions I'd like to ask. Are you OK with us proceeding? Do you have any questions? Let's get started."

"What lights you up?"

What do you spend a lot of your time anticipating and getting excited about?

When do you seem most focused and unaware of distractions?

When do you seem and feel most alive?

What helps you feel a sense of purpose?"

NOTE: Use Discovery questions from Anderson & Heyne, 2012, p, 217.

"Now that we have discovered your passions for leisure, I'd like to spend a bit more time exploring areas you have identified. Before our next session, I will spend some time pulling together some tools we can use to zero in on a few areas. Can we set up a next meeting time? Is there anyone you would like to join us?"

PHASE TWO:

"I reviewed the material we discussed and would like to do some more work in the following areas. It should take about 3 more meetings to complete these activities, so let's get started." (NOTE: use chosen assessment tools)

"It has been great spending time with you and I feel I have a better picture of the things you would like to do. To summarize we have discovered XXXX about you. This leads us to starting the Personal Futures Planning process. We will spend our next session on completing the Personal Futures Planning process."

PHASE THREE:

The Personal Futures Planning process consists of three phases. First we will develop a personal profile including your background, capacities, accomplishments, preferences and desires. Second, we will develop a plan of you personal future where we will review your profile, review environmental trends, find desirable images, identify obstacles and opportunities as well as strategies to overcome obstacles, identify action steps and get started. Finally, we will work on developing your social network and strengthening your circle of support.

Methods

- Complete a record review within one week of receiving the referral. Completing a record review will offer more insight into the participant's current status thus lead to preparing a strengths approach quality assessment plan.
- Contact the participant to; establish that the referral has been received, share general program information, and offer options related to the assessment process to be sure that it will be conducive to participant's needs and preferences. This will ease the participant's stress level to have the opportunity to ask any questions prior to enrollment.
- Once enrollment is established, the initial interview should be focused on discovering their personal thoughts related to their; goals, strengths, and current social and community resources. Conduct the *Discover Your Passions Interview* using open ended questioning format in a setting that is acceptable to the participant.
- Once information is learned about the participant's various passions, a transition towards specific program assessments can take place. Select program assessments that correlate to the participant's interests and are in agreement with the participant's requests/choices. Having a variety of assessment tools within each of the program's services; well-being, movement, community inclusion and leisure education will be essential to ensure an individualistic plan is developed and will best assist the participant to reach their goals and dreams;
- Choose assessments from the following toolbox:
 - WELL-BEING:**
 - Values in Action Strengths Assessment
 - Well-Being Index
 - MOVEMENT:**
 - Functional Fitness Assessment
 - The President's Challenge Adult Fitness Test
 - COMMUNITY INCLUSION:**
 - Circle of Friends Assessment
 - Community Integration Program
 - Leisure Resource Asset Mapping
 - LEISURE EDUCATION:**
 - Leisure Diagnostic Battery
 - Leisure Resource Asset Mapping
- Organize all that has been learned from the program specific assessments and *Discover Your Passions* interview with the Leisure Competence Measure in order to begin to develop a comprehensive plan using the PFP process. Once the participant's goals/dreams are cultivated within the appropriate program areas it will be helpful to organize a brainstorming session. This session will focus on developing a strengths based intervention plan with the participant leading the process.
- Once this plan is developed the participant can be guided into the various program areas that will support their dream pathway.
- Encourage the participant to invite all social supports to attend the brainstorming PFP process collaboration.
- Upon conclusion of the PFP process the participant's goals should be evident as well as a supportive system that will promote achievement of participant's expressed dreams.

Leadership Variations

- Throughout the assessment process it is essential that the participant is the leader and has the ability to make decisions and choices. This will ensure that the plan is always reflective of their dreams/goals.
- It is important to become familiar with the participant's goals, strengths, and resources prior to initiating the assessment process. The traditional or the park/play prescriptions referral will offer only a basic introduction to the participant.

- It is important to always offer the option for the participant to invite social supports that they perceive to be supportive to their dreams to attend assessment and planning processes. This will ensure that these positive social support systems will be maintained throughout this process.
 - The reading and writing ability of the participant will determine the amount of oversight needed by the leader.
 - Formal versus informal approaches will need to be considered relative to the age of the participant.
 - Communication abilities will determine the most effective and beneficial way to carry out the assessment process.
- Motivational Interviewing will be an imperative skill for the facilitator to use in order to ensure that the participant's goals are developed especially during the PFP process.

Expected Outcomes and Contraindications

- Changes in participant's abilities might positively and/or negatively affect his/her current social status.
- The level of success within this program might positively and/or negatively affect his/her self-esteem.
- Reality orientation to participant's leisure abilities may positively and/or negatively affect his/her view of self.

Documentation

All assessments used during the initial phase of the, "Getting To Know You" can be periodically introduced back to the participant as the facilitator observes the need throughout the process of the comprehensive program plan. Using the assessments after interventions are put in place can be used to; prove to the participant that progress is being made, ensure that the interventions continue to be in alignment with the participant's pre-determined goals, track the rate of efficacy to continue to maintain a realistic timeline of goal achievement so that communication of realistic expectations can take place between the facilitator and the participant.

Evaluation Plan

The PFP process can be used periodically post assessment to ensure that the interventions in place are continuing to lead the participant to their pre-determined goals.

Staff Qualified to Deliver Service

CTRS or Therapeutic Recreation trained personnel

Safety/Risk Management/Precautions

- Ensure that facilitator is aware of all medical needs prior to executing any assessments and/or interventions.
- Ensure that all necessary parties are involved throughout the process that will maintain a positive support system for the participant that will lead to successful achievement of participant's personal goals.

Attachments

- Record Review Form (see attached)
- PFP outline (Anderson & Heyne, 2012, p.262)
- Values in Action Strengths Assessment (<https://www.authentic happiness.sas.upenn.edu/questionnaires/survey-character-strengths>)
- Well-Being Index; Witman et al., (2014).
- Functional Fitness Assessment (burlingame & Blaschko, 2010)
- The President's Challenge Adult Fitness Test (PCP, n.d.).

- Circle of Friends Assessment (Anderson & Heyne, 2012, pp. 222-23)
- Community Integration Program (burlingame & Blaschko, 2010)
- Leisure Resource Asset Mapping (Anderson & Heyne, 2012, pp. 222-23)
- Leisure Competence Measure (burlingame & Blaschko, 2010)
- Leisure Diagnostic Battery (burlingame & Blaschko, 2010)

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Record Review Form

Participant's Name:
 Referring Person/Agency:
 Reason for referral:
 Background Information:

Title

Mind, Body, and Smell: Effective Mindful Coping Skills, Yoga, and Aromatherapy

Brief Description of TR Service/Program

Program participants will meet 1:1 with the recreational therapist prior to program participation. Each client will experience three one-time sessions focused on yoga, aromatherapy, and basic coping techniques to assist with stress management and increase overall well-being. Each session will build upon the next starting with learning about stress coping skills (CBT) and being mindful then using those skills during an aromatherapy session, and finally learning restorative yoga practices to engage in a holistic mind and body approach to managing stress and maintaining wellness.

Research on Efficacy/Literature Review Summary

Effective Stress Coping Skills and Mindfulness (CBT & Mindfulness)

“Mindfulness training is a potentially powerful therapeutic recreation (TR) intervention that can enhance the well-being of clients” (Carruthers & Hood, 2011, p.171). According to Galla et al. (2015), “poorly managed stress leads to detrimental physical and psychological consequences...” (p.36). Programming focused on stress reduction has the potential to prevent diseases and improve overall well-being (Galla et al., 2015). Research on mindfulness-based programs has shown promising stress reduction results (Omid & Zargar, 2015). Mindfulness typically includes educating clients on becoming aware of their, “thoughts, feelings, and physical sensations nonjudgmentally” (Omid & Zargar, 2015, p.1060). Further, mindfulness, “leads to increased awareness for what is happening in each moment, with an accepting attitude, without getting caught up in habitual thoughts, emotions, and behavior patterns.” (Omid & Zargar, 2015, p.1062). Thus mindfulness parallels conceptually with Cognitive Behavioral Therapy (CBT), which encompasses thoughts/beliefs, emotions, behaviors/actions, and physical sensations (NAMI, 2016). According to NAMI (2016), CBT has proven effective therapeutic treatment for, “a wide variety of mental illnesses, including depression, anxiety disorders, bipolar disorder, eating disorders and schizophrenia”. Both CBT and mindfulness focus on the process of gaining awareness of one’s thoughts, emotions, behaviors, and physical sensations in the moment. Overall, mindfulness and CBT have both been connected with successful anxiety reduction interventions (Gala et al., 2015; NAMI, 2016; O’Callaghan & Cunningham, 2015; Rector, Man, & Lerman, 2014). Lastly, “Mindfulness skills are not practiced solely for their own sakes, but to facilitate progress toward a life that is meaningful to the client” (Baer & Krietemeyer, 2006, p.26). The program outlined within the scope of this project aims to provide education on mindfulness to encourage clients to apply these learned skills to their lives and enhance their well-being and quality of life.

Aromatherapy

Aromatherapy is an art and science that “seeks to unify physiological, psychological and spiritual processes to enhance an individual’s innate healing process (NAHA, 2016).” The art of aromatherapy involves the use of aromatic substances in ways that are medicinal or therapeutic (NAHA, 2016). Aromatic substances used for aromatherapy are also known as essential oils. According to the National Association for Holistic Aromatherapy (2016), an essential oil is “a product made by distillation with either water or steam or by mechanical processing of citrus rinds or by dry distillation of natural materials.” Today, aromatherapy is a commonly used method for stress relief (Tang et. al., 2014). In their study that examined pain, depression, anxiety and stress in community-dwelling older adults, Tang et. al. found that participants’ level of stress, pain, depression and anxiety decreased when they were taught about aromatherapy and given aromatic sprays to self-administer at home (2014). Through this program, participants were empowered and given the skills necessary to manage their own health issues. Some studies suggest that the greater the level of anxiety that one experiences, the greater the effect aromatherapy will have on their well-being (Lee et.al., 2011). Lee et. Al. examined the effect of aromatherapy treatment on individuals with anxiety symptoms and found that, through the use of aromatherapy massages, inhalation, internal application and footbaths, individuals with higher levels of anxiety showed a greater response to treatment compared to those with lower levels of anxiety

(2011). Such studies highlight the positive effects that incorporating aromatherapy as a treatment modality can have on individuals that experience significant stress and anxiety.

Yoga

Yoga is a well-known means of relaxation and stress reduction. Meditation, an aspect of yoga, allows participants to clear the mind while focusing on the breath. Deep breathing allows for increased stress reduction (Reddy and Ammani, 2013, 46). Yoga focuses on this type of breath consistently as one flows through their practice. Deep inhalation and exhalation is emphasized in all poses, providing stress release. Unlike typical meditation, yoga is also a form of physical activity. Physical exercise also plays a role in reducing and preventing stress (Reddy and Ammani, 2013, 46). According to Villate's study on college students, yoga has been shown to provide many benefits including increased calmness, focus, empowerment, and perspective (2015). Increased calmness is indicative of stress reduction and relaxation. The other benefits can be linked to the deep focus one has during yoga that is often extrapolated into daily life off the mat. A short-term study measured cortisol and endorphin levels of eighty six patients, both before and after completing a yoga program (Yadav, et. al., 2012, 662). The results of this study showed that even a brief (10 day) yoga intervention can reduce markers of stress and inflammation (Yadav, et al., 2012, 662). As observed from the study, the benefits of yoga on well-being and stress management can be quickly observed. This emphasizes the positive impacts that consistent yoga practice can have on both the body and mind. Adding yoga, in any capacity, to one's lifestyle can improve their overall health and provide stress reduction.

Referral Criteria

Participants will be referred if they are diagnosed as having general anxiety disorder, social anxiety, depression, or are experiencing a significant amount of stress in their everyday life. Program participants will be placed in an adolescent 14-18 year old group or adult group.

Goals

- To introduce and educate participants on effective stress coping skills and mindful activities.
- To increase participant's awareness on how to enhance well-being.

Measurable Objectives

- Clients will describe to the group two ways that they can incorporate aromatherapy into their daily lives when prompted by the CTRS during the debrief 100% of the time.
- Clients will describe two aspects of yoga that helped them to feel relaxed when asked by the CTRS during the debrief 100% of the time.
- During processing, the client will be able to effectively describe two coping skills he/she is going to practice after program participation a minimum of 70% of the time.

Time Required

Clients will meet 1:1 with the Recreational Therapist in order to complete an intake assessment and the Mindfulness Awareness Attention Scale (MAAS) prior to participating in the program. There will be a total of three, 60 minute sessions, each with a specific focus on different modalities of effectively managing stress and enhancing well-being.

Session 1: Effective Stress Coping Skills and Mindfulness (60 minutes)

Session 2: Aromatherapy (60 minutes)

Session 3: Yoga (60 minutes)

Materials, Equipment, and Resources Needed

- Open room with ample space
- Essential Oils
- Diffuser
- Yoga mats
- Relaxing music

- Music player with speakers
- Towels
- Paper
- Pencils/Pens
- Chairs
- Tables or desks
- Yoga mat cleaning spray
- Mindful tools (Thinking putty, frozen oranges/lemons, stress balls, journals)
- Yoga Exercise Handout
- School Stress Management Packet
- Stress Management Tools and mindfulness tips Handout
- Aromatherapy Handout

Activities

Session 1: Effective Stress Coping Skills and Mindfulness

The adolescent group will focus on how to manage stress with an emphasis on academic stress management if appropriate. The session will include education based on Cognitive Behavioral Therapy (CBT), which has been proven effective on individuals with anxiety and mood disorders (Rector, Man, & Lerman, 2014). The adult group will focus on similar concepts but through a broader application. Group members will learn about CBT and how it can be applied to their lives through discussion and experiential activities. Group members will also be introduced to several mindful stress coping techniques they may use to reduce anxiety.

Session 2: Aromatherapy

Aromatherapy, according to the National Association for Holistic Aromatherapy, is the art of using naturally extracted aromatic essences from plants to balance, harmonize and promote the health of the body, mind and spirit.

Aromatherapy has been found to successfully reduce symptoms of stress and anxiety and help individuals to increase their well-being (Fayazi et. al., Lee et. al. & Tang et. al.). In this activity, participants will learn about various essential oils that can be used to reduce stress. In particular, participants will be presented with samples of Lavender and Bergamot essential oil and taught how they can incorporate these oils into their everyday life. Participants will learn that they can simply inhale the oil or they may choose other methods such as adding a few drops of oil to the floor of their bathtub for a soothing effect while they shower. In this activity, participants will learn how to use a diffuser to disperse the scent of their essential oils into the environment surrounding them.

Session 3: Yoga

Yoga is a form of exercise that emphasizes the mind-body connection (Villate). Yoga can be practiced by many age groups, and physical capabilities due to the modifiability of the poses. There are different types of yoga, each with their own practice benefits and focuses. In this yoga segment, the primary focus will be on stress-management. The practice will have an emphasis on restorative yoga along with basic yoga poses that can be modified. Participants will be led through the poses, one at a time, with a continuing focus on the breath. This aspect of yoga is vital for optimal relaxation. The session will begin with yoga poses such as child's pose, forward bend, legs-up-the-wall, and cat pose. The session will end with restorative yoga and corpse pose. After the session, participants will be given a handout of poses that they can use to further their practice for stress management.

Methods

Session 1: Effective Stress Coping Skills and Mindfulness (Adolescent and Adult)

*Note for the adolescent session there may be more of an academic focus on how to apply these skills, whereas, for the adult session the skills may be applied more broadly. The concepts are the same but the examples and discussion of how to apply skills may differ slightly.

Brief Session Description

The Effective Stress Coping Skills and Mindfulness session will begin with a basic session description including an explanation of why the session is relevant to the overall program goals. For example, explaining that the purpose of this group is to teach Cognitive Behavioral Therapy (CBT), the ABC Method, and mindfulness. The CTRS will go over the three parts of CBT and the ABC Method and participants will be able to practice how they can apply CBT and the ABC Method to their life. Participants will also talk about mindfulness and discuss ways they can be mindful in their day-to-day lives. CBT and mindfulness is taught within our program because it has specially been found to be helpful for people with anxiety and has reduced stress in their lives. Being mindful and practicing CBT can help one to become more aware of and change their beliefs, feelings, or actions in order to create a more balanced life.

Next, a brief warm-up activity will be utilized to introduce all group members and facilitators to one another and to break the ice and create a comfortable, informal discussion. After all group members and facilitators have been introduced, the group will be educated on cognitive behavioral therapy and the ABC method, which is an easier way to synthesize and apply CBT. Once the education portion has been completed, group members will begin experiential activities including how to apply the ABC method into their lives realistically and effectively. Various experiential activities may be utilized depending on the intake surveys and the age group of the participants. After the activity has been completed, discussion questions will be asked to group members in order to process the activity and for the facilitator to ensure that the group is understanding CBT and the ABC method.

The next component of each group will focus on education and a discussion surrounding mindfulness. In an information discussion format, the facilitator will guide a discussion that explains what mindfulness is, how it can be used, and include the option of trying out various mindful tools. Group participants will be able to open up about which mindful skills they want to try, which skills they connect with, and how/when they can use the skills in their life. The group will end after debriefing occurs. During the debrief, the facilitator will process the education, skills, and activities completed throughout the entire session. The facilitator will be provided with specific discussion questions but will be able to use his/her knowledge of the group and informal assessments to gauge which questions to ask and to cultivate a productive processing group while keeping in mind that the group should finish in a timely manner.

Session 2: Aromatherapy

Brief Session Description

The CTRS will set up the essential oils with the diffuser and play relaxing music. As participants enter the room, the CTRS will greet them warmly and invite them into the relaxing environment. The CTRS will begin the session with a brief warm up activity. For the warm up, the CTRS will simply ask participants to describe a scent that they recognize as natural or one that they once smelled in nature and how that scent made them feel.

After the warm up activity, participants will be given a pamphlet describing aromatherapy, a few common essential oils used for stress management, and how to use such essential oils. When reviewing the pamphlet with participants has concluded, the CTRS will pass out lavender and bergamot samples for each individual to experience. The CTRS will allow participants the time necessary to truly experience the essential oils and become relaxed.

Once all of the essential oils have been experienced by each participant, the CTRS will pass out paper and pencils to each participant. Participants will then be asked to write down how they currently feel after experiencing the essential oils. They will also write down two ways in which they can incorporate essential oils into their everyday lives. The session will end with a debrief that consists of relevant questions that are sure to engage participants in a meaningful discussion on aromatherapy and how it can enhance their well-being.

Session 3: Yoga

Brief Session Description

The CTRS will warmly greet all participants as they enter the room and prepare for the yoga session. The CTRS will ask participants to get a yoga mat and lay it out on the floor. The facilitator will then give participants the following instructions:

“Begin by sitting cross-legged (can be on a blanket or towel), eyes closed, remain conscious of your breath. Focus on your breath as you inhale and exhale, filling your lungs on the inhale and emptying on the exhale. Breathe like this for five breaths. On the next inhale, open eyes, reach up with your arms, hands towards the sky. Bring them down on the exhale and twist arms to the left side slowly. Inhale and exhale. Do the same on the right side. Come to center and reach up to sky again. Bring arms down on exhale and round back, bringing chin towards your chest. Do this motion ten times. Progress to hands and knees. Round your back, into cat pose for twenty breaths, focusing on the breath. Push back on an exhale into down-dog. Hold this position for ten breaths. Pulse feet for five breaths. Go into plank and back into down dog for ten breaths. Go into plank, set knees wide, and fold into child’s pose. Remain here for twenty breaths. Go back into plank position, down-dog, then go into pigeon for ten breaths to release tension in your hips, left leg, then repeat for right leg. Go back into plank, jump or walk feet to hands. Inhale reach up, exhale, hands down. Repeat for five breaths. On the last exhale swan dive your arms and fold into a standing forward bend. Inhale halfway up; exhale go deeper into the stretch. Repeat for ten breaths. After last exhale, make your way to lying on your mat. Lay into corpse pose. Relax, close eyes, and breath for twenty breaths.

When ready, bring yourself up to a sitting position. Sit in this position through guided restorative yoga introduction. Lay back and bring left leg up to your chest. Hold for ten breaths. Repeat for right leg. Bring legs to center at a right angle and rotate for ten breaths. Rotate knees to left side and twist upper body to right side. Hold for ten breaths. Repeat for knees on the right side and upper body to the left. Move to the wall and slowly climb your legs up until you are sitting at a right angle, or as close as possible. Hold this pose for twenty breaths, with eyes closed. Gently lower legs back down back into corpse pose for twenty more breaths, keeping eyes closed. When ready, rise into a seated position, then gently stand.”

The CTRS will end the session a debrief that engages participants in a meaningful discussion on yoga and how yoga can impact their well-being.

Leadership Variations

Accommodations within each session are available upon request. The sessions can be adapted to accommodate for a wide-range of abilities. Potential accommodations may include but are not limited to large print handouts, sign language interpreters, adapted yoga positions, and a note taker during the stress coping and mindfulness session. Clients are also welcome to take a timeout during any session if it is needed and numerous stress reducing materials will be available as well such as stress putty, stress balls, or frozen oranges. If any clients have cultural or language concerns they may speak with staff and appropriate modification will be made on an individual basis. The building being used will have a physically accessible entrance and restroom. Directions to and from the building as well as public transportation information can be provided.

Expected Outcomes and Contraindications

Benefits:

Increase ability to cope with stress effectively.

Increase knowledge of ways in which stress can be effectively managed.

Improved sense of well-being.

Potential Harms:

Clients may have allergic reactions to some of the essential oils introduced in the session.

Clients may have sensory sensitivity concerns that may need to be accommodated (ie. using essential oils on a small piece of paper instead of skin contact)

Clients may physically over exert themselves during yoga

Documentation

There will be an initial intake survey that will be completed when each client meets one on one with a CTRS in order to learn about each client and what they hope to get out of participation in the program. SOAP notes, narrative notes, and discharge summaries will be utilized for each participant. Documentation will occur after each program in order to accurately chart client progress. Additionally, having clear information and formal assessments will assist in adequately selecting appropriate program participation and developing individual treatment plans.

Evaluation Plan

Initial Intake Form

Clients will be asked to fill out an initial intake form in order to gather information on why they want to participate in the program. It will also allow for any necessary modifications to be planned for and provide information related to participants' needs.

Mindfulness Awareness Attention Scale (MAAS) to be completed prior to the intervention and then again after completion of the three sessions. This short fifteen-item scale will assess the client's dispositional mindfulness and awareness/attention to what is taking place in the present or his/her mindfulness.

Progress Notes

The CTRS will utilize SOAP notes and Narrative notes in order to document client progress after each session throughout the three session program.

Discharge Summary

Each client will receive a discharge summary upon the completion of their three session intervention participation. The discharge summaries provide individualized suggestions for further interventions and resources to continue towards managing stress and well-being.

Post-Program Survey for clients to share their experiences with the program and any suggestions for improvements for quality control purposes.

Staff Qualified to Deliver Service

Certification of completed yoga teacher training.

Certified Therapeutic Recreation Specialist (CTRS).

CPR, AED, CPI, and First Aid certification for all frontline employees.

Staff must also be educated on and become proficient at SOAP notes, 1:1 client meetings, group facilitation, and CBT/Mindfulness.

Safety/Risk Management/Precautions

CTRS must make sure none of the participants have any allergies to the essential oils used during programming.

CTRS should monitor participants for safe physical movements during yoga practice, and ensure that modifications are demonstrated and utilized when needed throughout the session.

All employees will have CPR, AED, and First Aid certification training.

Attachments are Located in Appendix B

Intake Form

SOAP Form

Yoga Handout

Aromatherapy Handout

Adolescent Effective Stress Coping and Mindfulness Packet

Adult Effective Stress Coping and Mindfulness Packet

Mindfulness Awareness Attention Scale

Post-Program Survey

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Protocol Authors

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Title

Move it! Movement Group Protocol

Brief Description of TR Service/Program

Move it! is a service that will introduce and support daily physical movement while incorporating mindfulness, savoring, and positive emotion. This can include a variety of physical activities such as walking, jogging, yoga, tai chi, dance, range of motion exercises, and many more.

Research on Efficacy/Literature Review Summary

Incorporating daily physical activity or movement into individuals' routines has been shown to have positive effects on health, wellness, and overall quality of life. These benefits have been observed in a wide range of populations and using an array of physical activities. According to the article "Recreation and Leisure Expertise Needed in Obesity Battle," (2007) the greatest barrier for individuals to commit to engaging in at least 30 minutes of physical activity per day is the missing element of fun and enjoyment. Wilhite, Martin, & Shank (2016) examined facilitators to physical activity participation in adults with disabilities and found that a variety of factors influenced enhanced physical activity participation, including enjoyment, personal agency, support of groups and individuals, and many more. As Mobily (2009) argues, recreation therapists are in the best position for delivering ongoing, lifetime programs of regular physical activity because TR services are frequently tailored to participant interests and enjoyment, leading to increased participation outside of the TR services. This review includes several articles that examined the effects of physical activity such as walking, yoga, and other physical recreational activities on a variety of populations. Focht (2013) and Diehr & Hirsch (2010) found that an increase in walking for women who were overweight and led a sedentary lifestyle (Focht, 2013) and for older adults, aged 65 and older (Diehr & Hirsch, 2010) was associated with improvements in affective responses and other positive health benefits, respectively. These effects were still significant with as little as ten minutes of walking incorporated into the individuals' routines. Yoga is explored as a beneficial physical activity by Patel, Newstead, & Ferrer (2012) for older adults, described in this study as age 60 and older, and by Curtis et al. (2015) for persons with spinal cord injury. The systematic review and meta-analysis completed by Patel, Newstead, & Ferrer (2012) suggests that yoga interventions may be superior to aerobic exercise interventions for improving self-rated physical and mental health status. Similarly, Curtis et al. (2015) state "yoga appears to be a promising intervention post-SCI" due to benefits regarding emotional, mental, and physical domains. Both studies suggest further research with larger clinical trials to investigate objective and subjective benefits. Wilhite, Biren, & Spencer (2012) explored the results of a fitness intervention for persons with intellectual and developmental disabilities and their caregivers, finding statistically significant improvements in total cholesterol, resting diastolic blood pressure, flexibility, muscular strength, and cardiovascular strength. Participants reported improved strength and muscle tone, improved mood, and improved health awareness. Additionally, caregivers reported that the fitness intervention allowed for the opportunity to do something positive for themselves while spending quality time with their adult child or sibling. The studies mentioned above have demonstrated that physical leisure interventions have the potential to improve health and wellness; however, it is important to note that each study emphasized the need for further research in these areas to develop more sound conclusions of individual intervention benefits.

Referral Criteria

Participants who are interested in beginning or increasing their daily physical movement, those who would like to explore new physical/movement activities, and/or those who would like to increase positive experiences during movement/physical activity.

Goals

- Increase knowledge of available movement activities
- Increase amount of time engaging in physical movement
- Increase positive feelings and experiences during regular physical movement

Measurable Objectives

- Participant will select at least one to two physical movement activities to participate in regularly each week. When requested by participant, the recreational therapist will provide options for physical activity
- Participant will engage in physical movement activity for a set amount of time each week and will increase to incorporating daily physical movement activities into routine
- Participant will document movement in attached exercise log independently or with assistance from the recreational therapist
- Participant will complete the Positivity Self Test daily independently or with assistance from the recreational therapist

Time Required

The program time will be based on the activity in which the individual chooses to participate in. For example, if the participant wants to garden/mow their lawn. For a rather small yard this can take up to an hour; however, for a larger yard, it may take up to two to three hours. This is the same for many of the other activities; the time of the activity is dependent on the individual and the activity itself. Ideally, individuals would gradually increase to a total of 150 minutes of physical activity per week (30 minutes per day for five days of the week).

Materials, Equipment, and Resources Needed

- The type of equipment, material, and resources needed for a participant's activity of choice depends on the activity they select. This may include but is not limited to: appropriate clothing and footwear for physical activity of choice; equipment such as jump ropes, yoga mats, fishing poles, roller blades, etc.; access to a gym, fitness, or recreation center; means of transportation to/from chosen activity; and/or adaptive technology or supports.
- To document amount of time and chosen activity, participants will need a copy of the exercise log and writing utensil or a digital version of the exercise log.
- To document daily emotions, participants will need access to the internet and a profile to take the Positivity Self Test or a written copy of the test and writing utensil.

Activities

Possibilities for Physical Activity:

- Walking
- Dancing
- Jogging, sprinting
- Swimming, treading water
- Kayaking, canoeing, white water rafting, paddle Boat
- Jumping rope
- Fishing and hunting
- Sweeping, vacuuming, mopping floors
- Carrying groceries, boxes
- Horseback riding
- Mountain Biking
- Ice skating
- Playing on playground
- Washing the dog
- Digging in the garden

There are many more activities that raise one's heart rate. It's the increase in heart rate that physical activity causes that results in profound health benefits. Not only does an increase in heart rate burn fat (weight loss) but it also reduces and helps fight bad cholesterol (LDL) while raising good cholesterol (HDL). High LDL levels puts individuals at a greater risk for heart attack due to a build-up of cholesterol collecting on the walls of blood vessels which may lead heart attack from a blood clot forming. Physical activity lowers one's blood pressure, blood sugar, body fat, anxiety

and depression, and fatigue (as we typically see in older adults). Over time, avoiding a sedentary lifestyle has a positive effect on one's mental and physical health.

Introductory Session

Specific content of the activity will vary slightly based on the participant's chosen movement intervention. The first session will include an introduction to the chosen activity that focuses on descriptions and demonstrations of proper technique and form during warm up, activity, and cool down. All introductory sessions should include information on the need to stay hydrated and eat regularly to prevent illness, injury, or extreme fatigue during *Move It!* sessions. This session should also include probable expectations or outcomes, such as soreness, increased endurance, increased flexibility, change in appetite, feelings of fatigue or energy, etc. The recreational therapist and participant will create a plan in case the participant becomes too fatigued during following sessions (examples: take deep breaths, take a break/sit down, grab a drink of water, etc.). **It is important that all participants take part in an introductory session for each activity chosen, even if they have participated in it in their past**

Subsequent Sessions

Generally, each session following will consist of a warm up, the chosen activity, a cool down, and a discussion of the activity. For example, a participant who chose walking as their activity would begin with stretching and possibly breathing exercises. Following that, they would walk for the amount of time (or distance) agreed upon, and stretch again afterwards. Fill out exercise log & take Positivity Self Test. Discussion questions could include: Do you have positive or negative feelings after completing this activity and why? What could we do next time to make this a more positive experience?

Methods

- Evaluation of participant's health, desires, and level of mobility and fitness before determining together which level or type of movement session they would like to participate in
- Timely progress notes and consultation with care team and supports as needed
- Recreational therapist will give descriptions and demonstrations of chosen activity in introductory session and as needed throughout the course of the program, including training and use of any equipment needed, adaptive or otherwise.
- Recreational therapist will give feedback in-the-moment as well as in traditional documentation
- Provide information regarding fitness and activity procedures to participants. Ensure that the participant understands the information given. If needed, provide additional information in written, audio, or visual forms
- Provide on-site assistance for participants who are not technologically savvy
- Provide resources for participants to maintain the healthy lifestyle they began with our program (brochures, contacts, literature, dietary logs, etc...)
- Recreational therapist will participate with or assist the participant as needed during the session as well as give encouragement and instruction when appropriate
- Recreational therapist will be aware and remind participant of the developed plan in case the participant becomes fatigued
- Participant will complete log entry after activity and take the Positivity Self Test; recreational therapist will provide assistance as needed
- Discuss participant's feelings and outcomes with participant after completion of activity
- Adjust activities as needed to improve the quality of each session as participants progress or plateau

Leadership Variations

Because interventions in this protocol are based on the individual's interest, skills, attributes, and personal choice, it is likely each program will have to be tailored to the individual participating. The CTRS will help to ensure the participant is adequately challenged to avoid boredom but participates at a skill level that will not cause anxiety. These variations may include but are not limited to: providing demonstrations and descriptions in a variety of formats, utilizing

adaptive sports equipment, adjusting time spent on activity due to possible limitations or progression, adapting rules for specific activities, including family members or social supports, and many more.

Expected Outcomes and Contraindications

Evidence shows that regular exercise has numerous health benefits. The minimum level of physical activity for health benefits for adults is 150 minutes of at least moderate-intensity activity each week or at least 75 minutes per week of vigorous activity. The idea is that regular participation in any type of physical activity reduces sedentary behavior. The 2011 Quantity and Quality of Exercise for Developing and Maintaining Cardiorespiratory, Musculoskeletal, and Neuromotor Fitness in Apparently Healthy Adults: Guidance for Prescribing Exercise position stand of the American College of Sports Medicine acknowledges that “in addition to exercising regularly, there are health benefits in concurrently reducing total time spent in sedentary pursuits and also by interspersing frequent, short bouts of standing and physical activity between periods of sedentary activity, even in physically active adults.” So far, studies show that in order to address the world spread health concern, we need to focus our attention on too much sitting. Too much sitting is now being recognized as a prevalent health concern. Moving more is one of the best things individuals can do for their health.

Physical Activity helps to:

- Control weight
- Reduce your risk of cardiovascular disease
- Reduce your risk of type 2 diabetes and metabolic syndrome
- Reduce your risk of some cancers
- Strengthen your bones and muscles
- Improve mental health and mood
- Improve your ability to do daily activities and prevent falls (especially for older adults)
- Increase chances of living longer

According to the Center for Disease Control and Prevention, if individuals have chronic health conditions such as arthritis, diabetes, or heart disease, it's important that participants talk with their doctors to find out if there are any limits on their ability to become active. The CDC suggests that even if a participant's condition stops them from meeting the minimum requirements for health benefits (150 minutes a week of moderate intensity or 75 minutes of vigorous activity), they should try to do as much as they can. What is most important is that participants avoid being inactive. Even if a individual can only be physically active for 50 minutes of aerobic activity a week, it still is good for them.

Documentation

- Each participant will be required to fill out a Physical Activity Readiness Questionnaire PAR-Q form prior to beginning the movement program.
 - Other pre-exercise screening tools may also be used: ACSM guidelines for Exercise Testing and Prescription
- Although this may not be likely at the beginning stages of the program, participants in the movement program will partake in some form of movement 4-5 days of the week. This form of movement may be yoga, tai chi, walking, jogging, ROM, swimming, horseback riding, gardening, etc.
- Participants will document their exercise movements with an exercise log. A copy of the exercise log will be giving to each participant at evaluation. (See attached)
- Positive emotion will be documented by taking the Positivity Self Test available at: <http://www.positivityresonance.com>

Evaluation Plan

- Physical activity will be measured by the observation of the CTRS and staff members. Activities will be logged in the exercise provided to each participant including the time, brief description of the activity, and the individuals heart rate (before and after)

- Pedometers, fitness trackers, rate of perceived exertion may be used to measure physical activity objectives. Information from such tools, such as heart rate and steps, should also be recorded in the individuals exercise log
- Weekly progress notes will be conducted by the Recreation Therapist for each individual participant as well as group notes so that intervention plans can be re-evaluated and participant's goals can be met.
- RT will meet with staff for further input and evaluation of participant's well being and progress.
- Staff will discuss the effectiveness of program activities and make any changes necessary as it pertains to the welfare of the participants and upholds CTRS ethical standards.
- Emotions will be tracked using the Personal Graphs feature from <http://www.positivityresonance.com>

Staff Qualified to Deliver Service

Qualified staff will have a background in exercise and fitness. The ideal Recreation Therapist or qualified staff member (s) will enjoy working with a diverse group of individuals of all ages and all fitness levels. Although not a requirement, it is highly desirable that the CTRS or staff member hold a certification in group fitness or personal training from an accredited organization such as ACSM, ACE, or NASM. All staff will have CPR, AED, and First Aid training.

Safety/Risk Management/Precautions

- Use pre-exercise screening to identify whether you may be high risk of experiencing a health related problem during physical activity
- When deciding if exercise is safe, consider the technique used as well as individual condition, such as fitness level
- Be aware that increasing speed of any exercise increases the risk of injury
- Consult with your therapist or qualified fitness instructor on proper use of exercise equipment
- Avoid or modify exercises that cause pain or discomfort
- Stop exercise immediately if you are experiencing any of the following symptoms:
 - Discomfort or pain
 - Chest pain or other pain such as neck and jaw, pain travelling down the arm or pain between the shoulder blades which can be an indication of an heart attack

Attachments

- Par-Q Form (Pre-exercise screening): <http://www.csep.ca/cmfiles/publications/parq/par-q.pdf>
- Exercise log: See attached
- Positivity Self Test: <http://www.positivityresonance.com>

Reference List

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Physical Activity Readiness
Questionnaire - PAR-Q
(revised 2002)

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	QUESTION
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of any other reason why you should not do physical activity?

If you answered YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Inform Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.


"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____ DATE _____

SIGNATURE OF PARENT _____ WITNESS _____
or GUARDIAN (for participants under the age of majority)

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.



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EXERCISE CHART

Structure your weekly exercise plan.



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WEEK / / to / / PREPARED BY _____
 GOALS _____ [Title, Organization]
 _____ FOR _____

WARM UP DAYS: _____

ACTIVITY	TIME / DIST		SETS / REPS		INTENSITY*	NOTES

STRENGTH TRAINING DAYS: _____

EXERCISES	SETS / REPS		WEIGHT	REST TIME	NOTES

CARDIO TRAINING DAYS: _____

EXERCISES	TIME / DIST		TARGET HR	INTENSITY*	NOTES

COOL DOWN DAYS: _____

ACTIVITY	TIME / DIST		SETS / REPS		INTENSITY*	NOTES

* Intensity: easy/medium/hard or poor/good/excellent

Title

Leisure Adventure Leisure Education Protocol

Brief Description of TR Service/Program

Do you consider your life to be an adventure? Some words that can be thought of in association with the concept of adventure are anticipation, experience, adrenaline rush, and exploration. Many people do not see their lives in these terms at all and instead may describe day-to-day existence as unexciting or boring. Well-being can be achieved through adventure, and the good news is that there is a pathway to adventure through leisure.

Through group activities, participants in the Leisure Adventure program will acquire knowledge of leisure, become aware of their personal attitudes and values related to leisure, and gain knowledge of resources to facilitate their leisure involvement. Participants will acquire a personal understanding of leisure and how it can be utilized to create a life full of adventure!

Research on Efficacy/Literature Review Summary

Baldwin, Cheryl K, et al. Preliminary Effects of a Leisure Education Program to Promote Healthy Use of Free Time among Middle School Adolescents. *Journal of Leisure Research*. 36.3 (Third Quarter 2004): 310-335.

This study documented the development and first year education of the TimeWise: Learning Lifelong Leisure Skills curriculum, which wants to increase positive free time use and prevent the initiation of substance use. The study included 634 students attending 9 middle schools in a rural area in the Eastern United States. Results indicated that students who received TimeWise reported being more motivated by identified forms of motivation. Students reported better abilities to turn boring situations into more interesting experiences; having higher levels of decision making skills, initiative, community awareness; and participating in new interests, sports, and nature-based activities.

Chang, Liang-Chih. (2014). Leisure education reduces stress among older adults. *Aging & Mental Health*. 18(6). 754-758.

A study was performed using an experimental group of 30 older adults and a control group of 30 older adults randomly selected from over 100 people over the age of 65. A 12-unit program of education was presented to the experimental group. The results indicated that leisure education could significantly reduce the stress of the subjects and their leisure competence had a significant negative correlation with their stress.

Cory, Lynne, et al. Effects of a Leisure Education Program on Social Knowledge and Skills of Youth with Cognitive Disabilities. *Therapeutic Recreation Journal*. 40.3 (Third Quarter 2006): 144-164.

This study used a single subject multiple baseline design across four participants (one girl, three boys, ages 11-13) with cognitive disabilities was used to assess effects of a leisure education program on social knowledge and skills demonstrated during leisure participation. A computer-assisted leisure education program and experiential learning activities were used during assessment. Social knowledge was assessed using a computer program and their social skills were examined using videotaped observations of participants during recreation activities. Although increases in social knowledge scores were maintained 10 weeks post intervention and the project goals and intervention were reported to be socially significant, appropriate, and important by staff and family members. However, participants didn't demonstrate improvements in targeted in social skills used in leisure participation. Future research and implications for practice have been discussed.

Dattilo, John and Hoge, Gail. Effects of a Leisure Education Program on Youth with Mental Retardation. *Education and Training in Mental Retardation and Developmental Disabilities*. 34.1 (March 1999): 20-34.

This study examines the effects of the TRAIL (Transition through Recreation and Integration for Life) leisure education program on participants' achievement of objectives, and two face-to-face surveys with participants, family members, and teachers determined the social validity of the program. This study was conducted in the public school system and the community for youth with mental disabilities and proved that those involved in the TRAIL leisure education program enjoyed themselves and gained social skills and knowledge.

Dyck, Joanne van, et al. Examining the Long Term Effects of Leisure Education on a Sense of Independence and Psychological Well-Being Among the Elderly. *Journal of Leisure Research*. 30.3 (Jan 1, 1998): 331.

This study reports on a 16-18 week follow-up with 22 participants. Results of the follow-up study showed that the original effects were sustained with the exception of life satisfaction. The experimental group subjects experienced a greater sense of general control over their lives. Results also suggested that leisure education has the potential to impact an older adult's sense of independence and that skills learned through leisure education may generalize over time to other life domains.

Jessup, Glenda M., Cornell, Elaine, Bundy, Anita, C. (2010). The treasure in leisure activities: fostering resilience in young people who are blind. *Journal of Visual Impairment and Blindness*. 104 (7). 419 – 430.

A study of eight people who are blind found that the benefits of leisure activities contributed to resilience by facilitating relationships, contributing to a desirable identity, giving a sense of power and control, and enhancing resistance to stereotypes of disability.

Mitchell, Elizabeth J., Veitch, Craig, Passey, Megan (2014). Efficacy of leisure intervention groups in rehabilitation of people with an acquired brain injury. *Disability & Rehabilitation*, 35 (17), 1474-1482.

A study of eight men and four women aged 19-49, who had recently received brain injury rehabilitation service, participated in a weeklong leisure education intervention program. Significant improvements were found in leisure satisfaction and self-esteem.

Reichow, B., Steiner A. M., & Volkmar, F. (2012). Social skills groups for people aged 6 to 21 with Autism Spectrum Disorders (ASD). *Cochrane Database of Systematic Reviews*. Issue 7.

This article explains the importance and evidence that social skills groups may help children with Autism Spectrum Disorders and their social competence, communication and quality of life. Many individuals with Autism Spectrum Disorders struggle with their social skills. A significant intervention to help treat this is through social skills groups. This article concludes that "there is some evidence that social skills groups can improve social competence for some children and adolescents who have ASD".

Rothwell, E., Piatt, J., Mattingly, K. (2006). Social Competence: Evaluation of an Outpatient Recreation Therapy Treatment Program for Children with Behavioral Disorders. *Therapeutic Recreation Journal*. 241-254. Volume 40. No.4.

This journal article explains how important social competencies are in child development. Recreation therapy and therapeutic recreation programs help facilitate social skills in children as they develop. "The overall consensus was that the recreation therapy program had a positive impact on the social skills of the participants" (pp. 250). This article entry studied the effects of a recreation therapy program on children with various behavior disorders.

Stumbo, N. J. Assessment of Social Skills for Therapeutic Recreation Intervention. *Annual in Therapeutic Recreation*. (1994/95). Volume 5.

This article elaborates on the significance of social skills in leisure and recreation. This article explains that social skills can be assessed and taught through therapeutic recreation services. "The purpose of this article is to provide an overview of various literature about social skills and social competence, and individuals with disabilities" (pp.69). There is definitely a need for social skills assessments for clients and professionals in therapeutic recreation. This article also lists available social skills assessments for learners.

Tate, Robyn, Wakim, Donna. Genders, Michelle (2014). A systematic review of the efficacy of community-based, leisure/social activity programmes for people with traumatic brain injury. *Brain Impairment*, 15 (3), 157-176.

This study provided some evidence for the effectiveness of community based interventions for leisure/social activity for people who have had a TBI. Many people who have had a severe traumatic brain injury may need guidance in learning how to engage in meaningful activities. In this case, leisure education can be an important intervention.

Referral Criteria

- The participants will be referred to the program by their physicians, case managers, CTRS, schools, or family members.
- The referral will be considered in relation to the appropriateness and capacity to benefit for the participant.
- Participants' safety will be assured by determining in advance if one-on-one preparation will be required before joining a larger group.

Goals

Leisure Appreciation Session (Leisure Bingo)

- Goal 1: To learn about new or interesting recreation activities
- Goal 2: To improve verbal communication skills

Leisure Activity Skills Session (Leisure Collage)

- Goal 1: To gain ability to express a satisfying leisure lifestyle through choice
- Goal 2: To improve on self-determination

Leisure Social Skills Session (Leisure Talk)

- Goal 1: To learn about the importance of social skills in leisure.
- Goal 2: To improve one's positive thoughts on social skills in leisure to self and others.

Measurable Objectives

Leisure Appreciation Session

- Goal 1: Objective 1: Participant will be able to name at least one activity that is interesting to him/her when asked by the therapeutic recreation specialist
- Goal 1: Objective 2: Participant will be able to describe at least two benefits associated with the leisure activity of interest when asked by the therapeutic recreation specialist
- Goal 2: Objective 1: Participant will interview at least three group members after being given instructions by the therapeutic recreation specialist
- Goal 2: Objective 2: Participant will be able to explain the benefits of at least one activity of interest when prompted by the therapeutic recreation specialist

Leisure Activity Skills Session:

- Goal 1: Objective 1: Participants will be able to express at least 6 activities one would be interested participating in, through Leisure Collage activity or when prompted by CTRS
- Goal 2: Objective 2: Participants will identify at least 3 activities one enjoys doing, through Leisure Collage activity or when prompted by CTRS

Leisure Social Skills Session

- Goal 1: Objective 1: Participants will identify at least two strong social skills in their current leisure lifestyle, after completing the social skills worksheet.
- Goal 1: Objective 2: Participants will identify at least two social skills they need more support with, in their leisure lifestyle, after completing the social skills worksheet.
- Goal 2: Objective 1: Participants will share at least one strong social skill in their leisure lifestyle with the group, when asked by the CTRS.

- Goal 2: Objective 2: Participants will share at least one social skill that needs more support in their leisure lifestyle, when asked by the CTRS.

Time Required

A 1-hr Leisure Appreciation session
 A 1-hr Leisure Activity Skills session
 A 1-hr Leisure Social Skills session

Materials, Equipment, and Resources Needed

Leisure Appreciation

- Quiet room with 15 chairs
- Pencils
- Leisure Appreciation Bingo sheet
-

Leisure Activity Skills

- Quiet room with large, round table and 6 chairs
- Markers, colored pencils, crayons
- Variety of construction paper
- Scissors
- Glue/glue stick
- Numerous pictures of various leisure activities (sports, dancing, arts and crafts, music, games, hobbies, cooking, etc.)

Leisure Social Skills

- Quiet room with round table and 5 chairs
- Pencil/Pen
- Leisure Social Skills Worksheet

Activities

Leisure Appreciation

Leisure is associated with many positive benefits such as pleasure, happiness, and satisfaction. Leisure Bingo will help participants become aware of leisure and gain a deeper understanding of it. Finding out the leisure experiences that other group members enjoy can help each participant discover new and meaningful activities.

Leisure Activity Skills

Living a satisfying leisure lifestyle enables the participant to have freedom and choice in his or her leisure involvement. Selecting and developing the right skills in numerous activities that could bring joy and satisfaction for the participant is important. Creating a Leisure Collage will enable participants to fully understand and become aware of what he/she already enjoys doing, while also encouraging choice by adding variety to his/her leisure lifestyle.

Leisure Social Skills

Social skills are very important in many aspects of life, especially in leisure. Some may need more support with specific social skills and functioning to strengthen their overall quality of life. This social skills talk activity focuses on social skill awareness in leisure.

Methods

Leisure Appreciation – Leisure Bingo

- Have participants sit in a circle.
- CTRS hands each participant a pencil and a Leisure Appreciation Bingo sheet with different leisure activities written in each square.
- CTRS explains to participants that when prompted, their task is to find people who have participated in various activities on their cards, and to ask what benefits they received from participating in a specific activity.
- Benefits should be written in the square with the activity to which it corresponds.
- Each person can supply a benefit for only one square on their Bingo sheet.
- When the card is complete or the half hour time period has elapsed, the participant will return to his/her seat.
- If someone completes his/her card before the half hour period is over, he will yell "Bingo!" And then all of the group members will return to their seats.
- During the debriefing, participants will be asked to name any new or interesting recreation activity they learned about, and to describe its benefits.
- Participants will be encouraged to participate with other group members who are interested in the same activity.
- Participants will be asked if they intend to make plans to investigate this activity further.

Leisure Activity Skills- Leisure Collage

- Have activity supplies easily accessible in the middle of the table.
- Have the participants sit at the table.
- CTRS explains to the participants the goals and purpose of the activity (each participant will create a collage by gluing different leisure pictures of interest and enjoyment on a piece of construction paper).
- Participants will use social skills to share supplies and ideas.
- Once each participant completes his/her collage, they will be asked to share their current interests and skills, as well as what experiences they would like to learn.
- Participants will be continuously encouraged to share and display positive and appropriate leisure experiences/activities.
- Participants will be asked if they enjoyed the activity and what benefits they see and/or feel after completing the activity.

Leisure Social Skills- Leisure Talk

- Participants will sit around the table.
- CTRS will introduce and review session to participants.
- A quick warm-up activity will start off session, consisting of three personal questions to get to know group.
- Each participant will receive a social skills worksheet and a pen/pencil, which they will fill out.
- Participants will answer three questions:
 - 1) What is your favorite leisure activity to do with others? Please explain.
 - 2) What is your strongest social skill in leisure? Please explain.
 - 3) What social skill needs more support in your leisure lifestyle? Please explain.
- Participants will answer these three questions to each other in an open conversation.
- Participants will then participate in a group role play, addressing strong and weak social skills.
- The session will end with a debriefing activity, consisting of questions regarding their thoughts on this activity, as well as how to strengthen their social skills in leisure for the future.

Leadership Variations

Be sure to clearly state the goals and purpose of the activity, as well as what leisure education is. Be sure participants know that they only need to share what they are comfortable sharing. Allow one-one assistance for those who may need help understand the concepts of the activity or help doing the activity. Plan to have adequate time for the participants to complete the activity, as well as time for meaningful discussion. If one looks uncomfortable with sharing, do not target or pressure him/her. Instead, allow time for the participant to become comfortable enough to share on his/her own.

If the group is younger, provide bright colors and allow them to draw and color to express their leisure knowledge and abilities. For older adults, encourage them to reminisce on past experiences that were positive, affirming, and enjoyable.

Be sure all participants have equal opportunities to participate and the leader is not dominant

Expected Outcomes and Contraindications

Benefits of intervention/program are to provide education of leisure and the benefits leisure provides, as well as the components of leisure and how to have appropriate and positive leisure experiences. Participants will be able to identify proper leisure activities, how to express choice, how to utilize resources, and how to build relationships. Possible harms include discouragement due to not understanding leisure concepts or knowing what one enjoys (emotional harms). Participants could feel intimidated, which could lead to frustration and exclusion.

Documentation

Frequency of Individual Evaluation Plan:

- Weekly: keep weekly notes reflecting the participants and progress made in each session
- Mid: halfway through programming plan, summarize progress noted in a mid-progress report
- Final: notes kept will be the final evaluation summary, which will result in the final evaluation report. It will cover the goals of the Leisure Adventure program

Frequency of Program Evaluation Plan:

- Evaluation of program should be continuous

Evaluation Plan

For all sessions in this program, the CTRS will follow the steps of evaluating individual participant progress, as well as evaluation of service and programs.

At the individual participant level, the referral will be evaluated, assuring that the referral is appropriate and it is the right intervention at the right time for the participant; the referral and reason for referral will be documented. The CTRS will then assess the participants by providing a pre-survey to assess current knowledge and skills, the assessment will also be documented. The CTRS will then plan the sessions in relation to the intervention. During the plan, the CTRS will provide goals, objectives, and actions and will evaluate these components to determine how effective the session is; the plan is to be documented. The CTRS will then complete progress notes, which will provide feedback on the progress towards goals and if the intervention is successful, this will be documented using SOAP notes, which include subjective data, objective data, assessment of the data, and a plan update. A post-assessment/survey will be given to evaluate what goals have been met and what was learned.

For evaluation of the program, a logic model can be used. A logic model displays the key elements of the program and helps the CTRS choose evaluation criteria and methods. The logic model will show the inputs, process and outputs (activities and participation), and the outcomes (what was learned, what participants do, and the ultimate benefit/impact). The evaluation will show criteria, goals and focus, and data and evidence.

Individual Evaluation:

Evaluations help us to judge how well our programs are contributing to our participants' progress towards his or her goals. It is an ongoing process that includes the participant assessment, the leisure education session plans, all resources used and/or needed for implementation of the program, the intervention process, as well as the outcome. Evaluations should be done throughout the Leisure Adventure program to keep track of progress made towards goals.

Objectives:

- To learn to plan and implement evaluation process with participants
- To determine the effectiveness of the program
- To learn to document, use, and report the results of evaluations

Time Required:

Weekly updates and notes should utilize at least 30 minutes.

The mid and final evaluations (progress notes) should require 2 hours.

Materials and Preparation:

Notebook or computer (laptop) for notes

Methods:

- Keep notes of interactions with participants, as well as progress of skills sessions
- Intervention process: will need to evaluate programming plan regularly and the progress of the program and participants. This should be in your notes, identifying the following:
 1. Are the goals attainable?
 2. Is the intervention leading to knowledge and skills in Leisure Education?
 3. Are the resources currently available, should there be more?
 4. Are the participants investing in the program?
- Notes should reflect the progress of the success of the intervention
- After sessions, complete an assessment reviewing goals and objectives met, should goals and objectives be reevaluated?
- Halfway through program duration, summarize assessments in a mid-progress report. Use the report to modify the rest of the program, if needed.

Outcomes:

Once the Leisure Adventure has been concluded, evaluate the overall goals and objectives:

- Were you able to meet goals and objectives?
- Do the participants have a better understanding of leisure skills? If not, why?
- Was the participant assessment accurate?
- What changes should be implemented?

This evaluation will be the final progress report

Program Evaluation:

Evaluating the program will determine the strengths and effectiveness of the programming and changes will improve it. Program evaluation should be done regularly and should include input of all participants and individuals involved in the program process, including any volunteers and staff.

Objectives:

- To understand how to evaluate a program/intervention continuously
- To gain knowledge on modifying or changing the programming based on results of evaluation
- To provide guidance on improving the program

Time Required:

- Ongoing

Materials and Preparation:

- Programming manual
- Assessment reports and session plans from participants
- mid and final progress reports
- notes kept by CTRS

Methods:

- from collected data, be able to answer:
 1. Program: does mission statement address desired outcome? were goals and objectives attainable? did goals and outcomes address needs of the participants?
 2. Assessment: did participants meet requirements for the program?
 3. Orientation process: were all involved aware of policies and procedures? Were participants informed of goals and process of the program? Were participants' support circle properly informed of goals and objectives?
 4. Participant Needs and Preferences: were assessments adequate in identifying participants' strengths, needs, and interests?
 5. Leisure Adventure plan: did the plan reflect preferences, strengths, and needs of participants? Were the sessions person-centered? Did program give proper information on how to develop appropriate knowledge and skills of leisure?
 6. Implementation: did intervention plans provide desired outcomes? Did the participants have access to necessary resources?
 7. Documentation: was documentation style used appropriate and accurate? Should it be more detailed? Was it accurate in recording the intervention process?

Documentation:

- Evaluation results should be written in a short, detailed, and accurate report that provides all information and recommendations for improvement of the program

Staff Qualified to Deliver Service (training or certification requirements)

The activities conducted in this program will be administered and monitored by Certified Therapeutic Recreation Specialists (CTRS). Each specialist will have a Bachelors and/or Masters degree in Therapeutic Recreation from an accredited program. At least 1 year previous experience working with individuals in a leisure/recreation program is required as well.

Safety/Risk Management/Precautions

For all activities in this program, the staff will encourage an open and non-judgmental atmosphere to share personal thoughts.

Attachments

Leisure Appreciation Session: Bingo card attached separately.

Leisure Activity Skills Session:

Leisure Social Skills Session: Social Skills Worksheet attached separately.

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Protocol Authors

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Leisure Education Survey (to be used in pre and post-evaluation)

Please answer the following questions by checking the box that most appropriately answers the statement.

1. I look forward to having time to enjoy leisure activities.

- Not at all true
- Somewhat true
- Mostly true
- Definitely true

2. I have at least one activity that I enjoy during my leisure time.

- Not at all true
- Somewhat true
- Mostly true
- Definitely true

3. I would like to make plans to try a new leisure activity that I have not tried before.

- Not at all true
- Somewhat true
- Mostly true
- Definitely true

4. I feel comfortable talking to others about our interests.

- Not at all true
- Somewhat true
- Mostly true
- Definitely true

5. I feel comfortable in social situations and I believe I can make a good impression on others.

- Not at all true
- Somewhat true
- Mostly true
- Definitely true

6. I have friends with whom I would like to enjoy leisure time.

- Not at all true
- Somewhat true
- Mostly true
- Definitely true

7. I have confidence in my decision making skills with regard to my leisure involvement.

- Not at all true
- Somewhat true
- Mostly true
- Definitely true

8. I am able to reduce and manage stress through conscious planning and decision making.

- Not at all true
- Somewhat true
- Mostly true
- Definitely true

9. I am comfortable asking for assistance when necessary.

- Not at all true
- Somewhat true
- Mostly true
- Definitely true

10. I am able to locate and evaluate accessible transportation options.

- Not at all true
- Somewhat true
- Mostly true
- Definitely true

Performance Tracking Sheet (to be filled in after each session)

Participant	Date	Goal Objective	Goal Objective	Goal Objective	Goal Objective	Goal Objective	Goal Objective

Title

Out and About: Reignite Your Life Community Inclusion Protocol

Brief Description of TR Service/Program

Community reintegration training will begin when a discharge of the individual from the rehabilitation facility is one month away. This program model is to help individuals successfully reintegrate into their community and become actively engaged in leisure experiences independently. Individuals will be given the tools and resources to engage in freely chosen activities in their community. Emphasis will be on gaining physical, cognitive, emotional and spiritual independence.

Research on Efficacy/Literature Review Summary

Bullock and Howe implemented a community integration program with individuals who have recently suffered from spinal cord injury, physical injuries and progressive muscular diseases. They received referral from recreation therapists in local rehabilitation facilities. The first step was for them to meet with the individuals who will be discharged in the coming weeks. At this point they conducted a qualitative interview to further understand the individuals' recreation passion prior to the injury and moving forward. After the point of the discharge, some but not all individuals engaged in an eleven-part leisure education community integration program. Bullock and Howe worked with each individual for at least one year from discharge. Their instrumentation included pilot testing, internal records and client forms. Individuals were asked to keep a time budget sheet of their recreation time pre discharge and post discharge. In order to compile the data, they evaluated based on three qualitative forms; enumeration, constant comparison technique of content analysis and clustering. Enumeration counted the frequency of a unit or in this case a term or statement. Constant comparison is looking at the pattern of responses from individuals. Clustering was used when obtaining unexpected or unanticipated information during qualitative interviews, observations and more.

The overall results showed that individuals either started new activities with friends or rejoined recreation activities that they engaged in prior to injury. Individuals recognized that participation in this program helped them to do things that they never thought they could do or return to after their injury. Most individuals realized that with adaptations they could return to their beloved pastimes. All participants' self-directed their community recreation times and were able to engage in the activities through the use of the community integration program. Participants highly recommended engaging in this program to others who were in rehabilitation facilities. Participants commented that their suggestions for the program were to get individuals out in the community as soon as there are able to.

Based on the qualitative information collected from this study there is a positive connection between therapeutic recreation, recently discharged rehabilitation patients and community integration. This study shows hope for community integration programs. The limitations of the study include the lack of quantitative results, few participants and limited time frame. This study shows promise for the eleven-part leisure education community integration program but further research needs to be conducted.

Bullock, C., & Howe, C. (1991). A model therapeutic recreation program for the reintegration of person with disabilities into the community. *Therapeutic Recreation Journal*, 25(1), 7-17.

Baker-Roth et. Al, conducted a study on a middle aged woman who recently suffered from a hypoxic brain injury. Gabrielle was in a car accident in 1992 where her steering wheel hit her in the chest causing a tear to her heart. During her surgery to repair the tear she suffered from hypoxic brain and was in a coma for five days. Upon awaking she suffered from apraxia, physical and cognitive deficits. She was admitted to Craig Hospital for rehabilitation. This study focused on an empowerment model through multi-dimensional approaches to community involvement. During Gabrielle's initial assessment her abilities indicated the loss of the fine motor skills she used prior to do needle work activities. She was frustrated by her state of being and thought that others would look at her as being disabled. Prior to the injury she liked being independent and pushing herself in recreation activities. In outpatient rehabilitation Gabrielle was able to achieve walking with independence and increased coordination. At this point her motivation for

recreation was to return to her pre-injury condition. Through her outpatient program she took a one-day ski trip where she felt challenged in a recreation pursuit.

Gabrielle continued on to a more reduced outpatient treatment plan. At this point she was fearful of less therapies to help her achieve independence in her community. She would have reached out to the TR as needed for information and recreation offerings. Gabrielle showed initiative in choosing a recreation program of her choice- swimming. She was later able to sign up and complete the registration to attend the ski program again. Gabrielle was still self-conscious and compared herself to able-bodied participants when they were around. This created stress and self-consciousness and in some instances ended in her quitting the activity. Through therapeutic recreation services she was able to gain trust in new people in her community, such as on her mountain biking trip. Although the TR was present she was able to take help from others and be successful. She found a new passion in biking and shared that with her new boyfriend. She found an activity they could do together.

Gabrielle was completely discharged from therapies three years after her accident. Through the programs she was able to gain confidence, independence, learn new things, initiate experiences and improve social skills. Through the use of her therapeutic recreation specialist and recognized community programs she was able to engage in new activities that challenged her in new ways. This helped her gain independence and trust in strangers.

The limitations of this study were the lack of qualitative data, limited participation and limited time frame. This study shows promise for community integration in therapeutic recreation programs but more work still needs to be done in order to develop protocols and procedures in this area.

Baker-Roth, S., McLaughlin, E., Weitzenkamp, D., & Womeldorff, L. (1995). The impact of a therapeutic recreation community liaison on successful re-integration of individuals with traumatic brain injury. *Therapeutic Recreation Journal*, 29(4), 316-323

Referral Criteria

Referral will be integrated with intake procedures of the facility and TR/RT assessment. Components may include:

- Identification of individual for program by current staff, or family/guardian
- Referral forms completed by appropriate person (will include any pertinent information necessary to complete this program)
- Meeting with staff, family/guardian and individual to determine individual goals and objectives

Goals

- Learn where to obtain information of various recreation resources in the community
- Choose 1-3 social locations / activities / events to participate in based on leisure interests
- Gain knowledge of reputable pre-existing community recreation programs.
- Obtain the tools/knowledge to research, register and attend recreation opportunities independently.

Measurable Objectives

- Demonstrate ability to gain information of service offered in the community as judged by RT.
- Choose one (1) location / activity / event to attend during each outing
- Identify potential recreation activities to participate in (leisure participation)
- Increase appropriate social awareness and interactions in community settings.

Time Required

- Up to but not exceeding one (1) hour for appointment with RT, and/or up to, but not exceeding, ½ day for outing bi-weekly.
- Up to one year after discharge from rehabilitation/inpatient facility.

Materials, Equipment, and Resources Needed

- Transportation to and from community setting (or arrangement for public transportation)
- Trained staff to accompany/assist individual(s) during outing
- Necessary medical equipment for standard first aid
- Necessary medical equipment needed for each individual(s)
- Emergency contact information for individual(s)
- Waiver/release of liability for travel to and participation in recreation activities
- Physician written approval to participate in community activity (if necessary)
- Any adaptive tools or materials required for chosen activity, if not provided by activity site

Activities

- Activities within the surrounding community the individual is living in, to include:
 - Volunteer opportunities to give back to his/her community (ex: humane society, library, etc.)
 - Social settings
 - Educational seminars or classes
 - Community events
 - Spiritual events
 - Plans with family and/or friends

Methods

- 1:1 outing for a specific goal at a specific location for leisure education
- Group outing to create education of the community on a larger scale (locations could include: grocery stores, restaurants, etc.)

Leadership Variations

The leadership will follow the TR service delivery model. As the individual progresses through the community integration program the leadership style will change. Upon referral and initial assessment, the appropriate leadership style will be determined. The program will start with much assistance from the therapeutic recreation specialist and as the participant progresses more independence and decision-making will be handed over to the participant. Upon completion of the program the participant should be able to independently initiate and attend any recreation program of their choice with limited to no assistance from the RT, family and friends.

Expected Outcomes and Contraindications

Outcomes may include:

- Increased independence
- Increased self-efficacy
- Increased leisure awareness
- Increased self-initiation
- Increased social circles
- Empowerment
- Increased knowledge of leisure resources

Contraindications may include:

- Failure to thrive in community recreation setting due to barriers (physical, cognitive, social, etc.)
- Embarrassment
- Negative feelings towards leaving their comfort zone

Documentation

- Outing request sheets (has activity, location, time, cost, purpose, staff, supervision level, etc. All other details for the outing). Signed off by site supervisor

- Post-trip/outing evaluation sheet
- Attendance sheets, if same activity occurs happens on a regular basis
- Progress notes filled out for each session or activity

Evaluation Plan

- Pre and post activity tests
- Post trip/outing evaluation sheet
- Subjective self-assessment for the individual to fill out
- Appropriate documentation and progress notes completed by staff
- Team meeting with RT, site supervisor, community habilitation aide and other staff

Staff Qualified to Deliver Service

- Completion of Community Integration Training
- TR/RT (CTRS) personnel
- Certified to drive a wheelchair accessible vehicle
- Certified in First Aid (including Epi-Pen training), CPR, AED
- Other trainings as necessary; HIPAA, mandated reporter, WFR, etc.

Safety/Risk Management/Precautions

- Important health information: allergies, medical concerns, dietary needs
- Appropriate staff to individual ratios
- Appropriate trip-related paperwork filled out in a timely manner
- All incidents (minor or major) documented and reported to appropriate staff

Attachments

<http://www.rehabmeasures.org/PDF%20Library/Community%20Integration%20Questionnaire%20Testing%20Form.pdf>

Attachment #1: Managing Individual Risk Assessment Tool
 Attachment #2: Community Integration Support Plan- Part I
 Attachment #3: Community Integration Support Plan- Part II
 Attachment #4: Community Integration Support Plan Review
 Attachment #5: Community Trip Summary/Evaluation plan
 Attachment #6: Incident Report

Reference List

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*Additional references were used from personal experiences at specific organizations.

Protocol Authors

Alexis Lalor, Justin Miller, Dana Roberts

Managing Individual Risk Assessment Tool

Name: _____ Date: _____

Community Integration Domain- Activity or Goal: _____

Identification						
Skills & Strengths Resources/Supports						
Identified Risks						
Evaluation						
Likelihood & Frequency of the Risk						
Severity of Risk						
Is the risk worth taking (positive consequences?)						

Community Integration Support Plan- Part I

Name: _____ Goal: _____ Date: _____

Identified Risk (s)	Strengths/Resources and Supports	Additional Support needed	Action Steps & Time Frames	Review Date

Community Integration Support Plan- Part II (Contingency Plan)

Name: _____ Goal: _____ Date: _____

Identified Risk (s)	But "What if?" Scenario	Identified Supports and Resources	Crisis Plan and Action Steps

Community Integration Support Plan Review

Name: _____ Goal: _____ Date: _____

Identified Risk & Action Step	What happened?	What worked?	What did not work?	What was learned?	Next Steps: Adjust or add action steps? Try again?
1.					
2.					
3.					
4.					
5.					
6.					

2016

Community Trip Summary/ Evaluation

Type of Trip:					
OUT DATE/TIME:		RETURN DATE/TIME:		TRIP #	
VAN #		KEEPING		TRAILER	

STAFF	DRIVER	PHONE

	Participants	ALLERGIES/MEDS/NOTES
1		
2		
3		
4		
5		
6		
7		
8		

STAFF SIGNATURE

SUPERVISOR SIGNATURE

(Signing off on medical information, EPI pen and having had a review with Supervisor)

TRIP AGENDA

<i>Narrative of trip goals, destination and timing, etc.</i>
--

INCIDENT REPORT
(Must be sent to Compliance with five business days)

Incident Date: _____ Time: _____ AM/PM

Location: _____

Individual's Name: _____

Witnessed by (all staff names must be recorded):

What kind of incident was it?

____ Fall ____ Assault by self ____ Assault by Others
____ Accident ____ Other (please explain) _____

Please describe, in detail, what happened:

Please describe location of (on body) injury, including size, shape, color and other details:

If First Aid was given, what was done?

Who provided First Aid (signature and title)?

Notifications: _____ Time: _____

Other details:

Staff Filling out Report: _____ Date: _____

Title: _____

Please send to appropriate supervisor within 24 hours of incident. Original copy must be sent to Compliance within five business days.

Title

What Leisure Leads To: Starting Your Independent Leisure Lifestyle Transitions/Discharge Protocol

Brief Description of TR Service/Program

When clients are beginning their treatment in a facility, the therapeutic recreation specialist will start to create an individualized discharge plan for use when the client begins the transition from facility to future residence. This plan will include a list of leisure resources within the community where the client's future residence will be, a description of services received by clients, remaining problems or concerns that need to be addressed, and a plan for an independent leisure lifestyle after discharge. In addition, the clients will be set up with a way to access telehealth through the agency in order for the recreation therapist and the client to stay in touch after discharge.

Research on Efficacy/Literature Review Summary

The use of a discharge plan is a very important aspect of the therapeutic recreation program outcome. Within this discharge plan, the client's own goals and achievements will be addressed (Stumbo & Peterson, 346). Individualization is key in the discharge summary. Individualism is thought to be the transition from dependence to independence and self-reliance. Community support is also stressed while transitioning from dependent to independent (Leake et al., 2004). The "community" of people who should be involved in the discharge plan include the client, family members, significant others, and treatment team members. As many people as possible should be involved in the transition planning in order for the plan to be fully utilized and integrated into the client's independent leisure lifestyle (ATRA, 2013). Support for the client is essential for the discharge plan to have its full effect, and will also be essential in ensuring the client continues with his or her leisure activities in aftercare (ATRA, 2013). Supports should include involvement with family members, utilizing shared leisure resources, having adaptive equipment available to the client after discharge, and follow-up procedures (Anderson & Heyne, 340). The discharge plan should be well thought-out and begin to take effect immediately after the client leaves the facility.

Referral Criteria

What Leisure Leads To is designed for individuals who have successfully completed treatment within the therapeutic recreation facility. Individuals will have completed the necessary programs within the facility in order for them to move forward into an independent leisure lifestyle, which includes strong background in various leisure skills, knowledge of leisure resources within the community, and the motivation to participate in leisure activities.

Goals

- Client will be monitored after discharge
- Client will use leisure resources
- Client will utilize adaptive equipment (if applicable)
- Client will continue leisure participation

Measurable Objectives

- Following discharge, the client will be able to access and properly use the telehealth system every 3, 6, and 12 months, as judged by the CTRS.
- Following discharge, the client will be able to utilize recreation and leisure resources within the community, as judged by the CTRS.
- Following discharge, the client will be able to successfully use adaptive equipment within a leisure setting, as judged by the CTRS.
- Following discharge, the client will be able to carry out preferred leisure activities within a future residence, as judged by the CTRS.

Time Required

The discharge of a client will be different, depending on individual needs. The client and recreation therapist will start to plan for discharge as soon as the client is admitted into the facility, due to the ultimate goal being an independent leisure lifestyle. Transitions will happen within the various leisure programs within the facility. The transition from facility to future residence will be ongoing and monitored by the recreation therapist through a predetermined telehealth system or face-to-face meetings, if able, for the first 3 months, 6 months, and 12 months after discharge.

Materials, Equipment, and Resources Needed

- Adaptive Equipment (if applicable)
- List of numbers with community resource numbers including Telehealth
- Schedule of leisure activities pertaining to participant

Activities

Since transitioning into the community upon discharge can be overwhelming and nerve-wracking for clients. The CTRS will help clients ease into their transition by providing support as needed until clients feel comfortable on their own.

Methods

Clients will begin by checking in with the CTRS on a monthly basis via face-to-face meetings. They will provide the CTRS with a daily log of their leisure pursuits that they have successfully participated in on their own. Clients will also show the CTRS that they are able to take advantage of the community resources necessary to help them use the adaptive equipment necessary for them

Leadership Variations

Variations depend on the age of the client. For youth, the CTRS could have them “check-in” to an afterschool activities coordinator and school counselor each week for continued support and to show weekly logs. Depending on the physical limitations of an individual, making sure that they are aware and are taking advantage of the necessary resources to have adapted equipment available to them is another variation.

Expected Outcomes and Contraindications

Benefits:

- Clients will become comfortable participating in their preferred leisure activities in the community
- Clients will develop relationships with people in relatable situations by taking advantage of leisure resources.
- Clients will have a overall increased quality of life.

Contraindications:

- Depending on the client, they could return to harmful or unhealthful behaviors again.
- Discharge could feel too early depending on client and their needs
- Upon discharge clients may not take full advantage of leisure resources
- Clients may not have complete access to adapted equipment

Documentation

The Recreation Therapist must instruct the patient and all supports about the transition/discharge plan and the leisure resources in the community.

Documentation:

The transition/discharge Therapeutic Recreation plan is a document that includes information about the individual’s transition to different levels of therapeutic planning and eventually discharge. The transition/discharge plan includes information about the individual’s goals, supports (family and community), and therapeutic recreation recommendations and preferences, and barriers.

Forms:

- 1) Recreation Therapy Transition/Discharge Summary
- 2) Staff Evaluation Form
- 3) Client Evaluation Form

Frequency:

Each individual will be reviewed weekly during the early stages of transition progressing to monthly until a discharge date is effective.

Evaluation Plan

Transition/discharge information needs to be reviewed to evaluate the effectiveness of services and future planning. The information that is provided from the evaluation process allows the Recreational Therapist to monitor the client's progress with the recreational programming. The evaluation also provides an opportunity to revise the plan as necessary.

Staff Qualified to Deliver Service

The Recreational Therapy staff must meet and maintain the minimum professional qualifications for practice. Minimum qualifications range from certifications, appropriate credentials and must demonstrate competency in the TR profession.

A Certified Recreational Therapist will develop a transition/discharge plan and coordinate all programming and services for the client.

Under the supervision of a CTRS a Recreation Therapy Assistant may assist in the development, organization, implementation, and evaluation of the transition/discharge plan.

Safety/Risk Management/Precautions

As per all recreational programming it is the responsibility of the CTRS to provide a safe environment for the client free from potential harms and to eliminate negligence. The CTRS plans programming around the prevention and reduction of risk to prevent injury and reduce harm.

During the planning phase of programming the Recreational Therapist must provide an environment that promotes safety, minimizes risks and maximizes the benefits of the T.R. programming.

Safety Plans:

- 1) CTRS provides a safe environment for programming free of harm
- 2) Proper use of equipment and supplies must be maintained at all times
- 3) Proper attire must be worn at all times
- 4) Warm-Up activities must be conducted before physical activity to prevent injury

Attachments

With any type of physical exertion it is recommended that all individuals consult with a physician prior to participation.

Form Needed prior to program/service:

- 1) Up to date physical from physician
 - a. Restrictions/limitations must be included

Forms/Handouts etc., during transition and discharge:

- 1) Community Opportunities
 - a. Flyers for community outings
 - b. Penny Saver for activities in community
 - c. Local Newspaper
- 2) Local Recreation Facilities
 - a. School gymnasiums and playgrounds
 - b. YMCA'S
 - c. Parks (state and county)
 - d. Pools
 - e. Etc....

Reference List

- 1) Therapeutic Recreation Directory: Activity Area Safety Policy
- 2) ATRA website
- 3) www.recreationtherapy.com
- 4) Life Ways Community Health

Protocol Authors

Robert Darch, Monica Wiemer, Liz Kozminski

RECREATION TRANSITION/DISCHARGE PLAN

Participant Name: _____

Start Date of Service: _____

Discharge Date of Service: _____

Staff Signature: _____

Date: _____

Admission Status:

Discharge Status:

Recreation Goals and Objectives:

- 1. _____
 - a. _____
 - b. _____
- 2. _____
 - a. _____
 - b. _____
- 3. _____
 - a. _____
 - b. _____

Participants Supports:

Barriers to Participants Leisure:

CTRS Recommendations:

THERAPEUTIC RECREATION EVALUATION

Participant Name: _____ Date: _____

CTRS Name: _____ Date: _____

Describe in your own words in response to the questions asked in regards to the Therapeutic Recreation program.

1) The CTRS conducted his/herself in a professional manner and was well prepared?

YES or NO

2) The CTRS maintained a safe environment?

YES or NO

3) The CTRS developed programming around participant's goals and objectives?

YES or NO

4) Participant was given the opportunity to be involved in the process, development and implementation of recreation programming?

YES or NO

5) Were programs that were offered interesting and creative?

YES or NO

6) What were your expectations of the therapeutic recreation program? Were the met?

7) Were program goals met?

8) Was the proper equipment available for the programming?

9) Describe modifications made during the implementation of the recreation programming?

10) Was the recreation program successful and why?



Comprehensive Evaluation Plan

Written by Jordan Blum, Patricia Robson, and Elizabeth Kozminski

Brief Description

According to Patton, (1997) evaluation is the systematic collection of information to make judgments, improve program effectiveness and/or generate knowledge to inform decisions about future programs. In determining the focus of our evaluation, we use a logic model to guide us through the process of selecting appropriate questions for our evaluation and determining the indicators which provide the evidence to answer these questions. The model will help us decide on the timing for when to collect data, and the sources, methods, and instrumentation of data collection. With the logic model serving as the theoretical base for organizing the evaluation, overall program effectiveness, quality assurance, and reporting methods will be analyzed.

Goals

1. Determine overall program satisfaction of stakeholders (participants, circle of support members, TRS, staff)
2. Determine level of achievement of participant's personal planning objectives

Objectives

1. Each session of the program will seek feedback from participants regarding the effectiveness of the session.
2. The TRS will collect feedback from all stakeholders using feedback forms at the end of each program
3. The TRS, participant and circle of support will meet once a month to assess participant's Personal Futures Plan
4. The TRS will document any changes, modifications or updates to each participant's Personal Futures Plan after within 1 week of monthly meeting

Methods and Activities

Type of Instrument to be used:

1. Satisfaction surveys
2. Interviews
3. Observation
4. Pre and Post Assessments

Types of Questions

Both formative and summative questions will be used. Both closed-ended and open-ended questions will be asked. The attached evaluation worksheet will be utilized to organize questions and their associated indicators, timing, and data collection methods.

Questions Will Address:

- Needs (e.g. Such as what changes do people see as important?)
- Process (e.g. Who participates in what activities? Who does not? Does everyone have equal access?)
- Outcomes (e.g. What learning, action, and/or conditions have changed/improved as a result of the program?)
- Impact (e.g. Did we accomplish what we promised? What did we not accomplish?)
- Evaluation plan worksheet is attached separately

Size of Sample and Sampling Technique

- For goals being evaluated, the sample for observations will consist of three direct observations of sessions.
- Interviews and surveys will utilize a self-selected sample since all participants will be included.

Data Plan

- Participants will be interviewed formally and informally throughout programs to provide input into evaluation of sessions and the overall program
- Throughout all sessions,
 - participants will be observed for informal feedback
 - participants will be asked for their feedback on the value of the session
 - TRS will record participant comments and own evaluation notes on session plan
 - Participant, TRS and circle of support will review participant's Personal Futures Plan to evaluate if goals have been met, or if they need to be adapted/revised
- At the conclusion of the program,
 - participants will complete a satisfaction survey
 - participants will complete the same assessment tool as pre-program to determine level of improvement
 - TRS will summarize notes from each session
 - Participant, TRS and circle of support will review participant's Personal Futures Plan to evaluate if goals have been met

Audience

Information will be collected and synthesized and presented to participants, families, *Good Life* Therapeutic Recreation Services administrators, and community. Using the logic model, the audience can be divided into three groups:

- Context (e.g. medical professionals, uninsured residents, local media, and public officials)
- Implementation (e.g. funders, medical and administrative volunteers, participants, and families)
- Outcomes (e.g. Board, medical associations, and local businesses)

Report Format

A detailed written report that will address the interests of all audiences will be produced semiannually. Information will be organized as follows to meet the needs of various audiences:

- Context (e.g. measuring the level of community support and assessing the effectiveness of community outreach)
- Implementation (e.g. measuring participant, volunteer, staff, board, donors, and community satisfaction with program)
- Outcomes and Impact (e.g. Participant Satisfaction survey results used to improve participants' services and satisfaction)
- See attached surveys

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Program Satisfaction Survey

- 1. What kinds of activities did this program consist of?**
- 2. What were your feelings toward participating in these activities at the beginning of the program?**
- 3. Did you enjoy yourself?**
- 4. Were you able to participate in activities that you enjoy regularly, outside of this program?**
- 5. Were there activities that you wished had been included?**
- 6. How did you feel about the activities you participated in after the program was over?**

Program Pre/Post Assessment

1. I feel happy when I am participating in leisure activities that I enjoy.

Strongly Agree Agree Disagree Strongly Disagree

2. I participate in my favorite leisure activities three or more times per week.

Strongly Agree Agree Disagree Strongly Disagree

3. I feel comfortable participating in leisure activities.

Strongly Agree Agree Disagree Strongly Disagree

4. I am able to take full advantage of adaptive equipment that I need.

Strongly Agree Agree Disagree Strongly Disagree

5. I am comfortable taking advantage of community resources so I can participate in my favorite activities.

Strongly Agree Agree Disagree Strongly Disagree

6. I feel I can fully participate in leisure activities of my choice

Strongly Agree Agree Disagree Strongly Disagree

EVALUATION PLAN WORKSHEET

1. FOCUS What will we evaluate (which program or aspect of a program)?						
2. QUESTIONS What do you want to know?	3. INDICATORS-EVIDENCE How will we know it?	4. TIMING When should we collect data?	5. DATA COLLECTION			
			SOURCES Who will have this information?	METHODS How will we gather the information?	SAMPLE Who will we question?	INSTRUMENTS What tools shall we use?
1.	1. a b c					
2.	2. a b					
3.	3. a b c					
4.	4. a b c					
5.						

6. How will the data be analyzed?	7. How will the data be interpreted?	8. How will the results be communicated?	
		To Whom	When? Where? How?



Human Resources/Personnel

Written by Mindy Balk, Alexis Lalor, and Neetu Nair

Staffing Requirements

- Two (2) to three (3) Recreation Specialists
- Two (2) Recreation Managers or Supervisors
- Volunteers as needed

Qualifications, Education, and Experience

- Minimum Bachelor's degree required in Recreation, Therapeutic Recreation or equivalent
- Management level positions require degree in Recreation, Therapeutic Recreation or equivalent, in addition to three (3) to five (5) years of related experience
- Certified Therapeutic Recreation Specialist (CTRS) strongly preferred; or be willing to obtain certification
- Qualified Individual Disability Professional (QIDP) desired; or be willing to obtain
- Basic computer skills (Windows, Microsoft Word, Excel, Adobe Acrobat, Outlook, internet & e-mail; ability to utilize department software programs)
- This position has regular and substantial unsupervised and unrestricted physical contact with individuals receiving services and is required by law to be fingerprinted for a criminal history record check under OPWDD (Office for People with Developmental Disabilities)
- Experience working with individuals with disabilities required
- Travel is required. Must have valid NYS Driver's License
- First Aid/CPR/AED or able to obtain
- Some evening and weekend work is required
- Must possess the ability to make independent decisions when circumstances are warranted

Work Environments/Hazards

- Job related tasks involve exposure to blood, body fluids, tissue or the potential for skin or mucous membrane contact from spills or splashes of these substances. May have exposure to unpredictable individuals and situations when working at program sites.
- OSHA Exposure Category I

Physical Demands

- Must have full sight and hearing with fluency in the English language. Must be able to sit and stand for long periods of time, and lift 50 to 60 pounds. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of the position without compromising work-flow and efficiency.

Work Contact Group

- All staff, individuals at sites, visitors, family members, vendors, various regulatory and professional agencies.

Job Descriptions

Recreation Specialist

- Assess participant needs through a variety of means, including observation, interviews, reviewing medical records as needed, and communicating with family or other supports
- Comply with standards of practice set forth by ATRA as well as agency standards.
- Complete regular documentation of participant progress within the program
- Aid the Recreation Manager/Supervisor in the delivery of community based athletic, adventure, social and educational programs, events, trips and workshops
- Assist the Recreation Manager/Supervisor and or their designated program lead in the supervision of volunteers during the delivery of programs, events, trips and workshops
- Is accountable for securely handling financial transactions, accounting of receipts and appropriate documentation of program payments
- Assist the Recreation Manager/Supervisor or their designated program lead to ensure that the needs of participants are being met
- Ensure that the program environment is prepared, orderly and safe prior to the arrival of participants
- Maintain close contact with Recreation Manager/Supervisor regarding incidents, their documentation and is accountable for the submission of mandated reporting
- When acting in the program leader role the Recreation Specialist will additionally:
 - Lead the implementation and management of programs, community outings, events and workshops.
 - Oversee per diem staff and volunteers
- Assist the Recreation Manager/Supervisor by contributing input towards effective development and implementation of program and special events
- Account for attendance and program payment for each attendee at each session managed
- Aid the Recreation Manager/Supervisor with communications with participants, families, and support staff as well as with external organizations and agencies as needed

Disclaimer:

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

Recreation Manager/Supervisor

- Provide individual and/or group therapy sessions and activities with children and adults with disabilities
- Assess participant needs through a variety of means, including observation, interviews, reviewing medical records as needed, and communicating with family or other supports
- Identify current trends, develop new, goal-oriented programs for participants, and implement evidence-based practice in all programs
- Evaluate equipment and facilities, and adapt activities to meet participants' needs
- Coordinate program staff, logistics and locations
- Provide customer service and support to participants, family members, staff and all groups affected by programs
- Demonstrate financial accountability through management of program budgets, fee structures, and expenses
- Adhere to ATRA Standards of Practice and supervise all programs and staff to ensure compliance with ATRA and agency standards
- Recruit, train and evaluate staff as needed
- Enforce rules and regulations of recreational facilities to maintain discipline and ensure safety
- Organize, lead, and promote interest in recreational activities, such as arts, sports, games and hobbies
- Provide outreach to community partners and services, and serve as agency liaison
- Oversee the purchase, planning, design, construction, and upkeep of recreation facilities and areas

- Identify and apply good sustainable practices in all aspects of departmental operations
- Provide evaluations and ongoing services
- Complete appropriate individual and program documentation as needed
- Implement and train staff on risk management plan and procedures

Disclaimer:

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

Supervision

- Recreation Specialists will report to their assigned Recreation Manager/Supervisor
- No direct supervision of Recreation Specialists is required
- Volunteers will be supervised by a Recreation Specialist when in direct contact with participants
- Student interns may also be assigned to a Recreation Specialist by the Manager/Supervisor
- No more than three (3) program participants will be assigned to one (1) staff
- If applicable, 1:1 and 1:2 staff to participant ratios will be assigned and followed at all times

Volunteers (and Interns)

Requirements:

- At least 16 years old
- Completed application and health assessment on file
- HIPAA and Confidentiality session
- Attend an on-site orientation with supervisor
- Incident Abuse & Reporting, Corporate Compliance and Inclusion and Diversity trainings
- SCR clearance and fingerprinting, if required by program
- Drug testing, if required by program and/or event
- Up to date TB testing (Mantoux), if required by program and/or event
- Seasonal flu vaccination, if required by program and/or event
- Minimum time requirement of two hours per week for program/event consistency
- Must be able to work with a team, and able to interact with individuals of varying abilities

References for Human Resources

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Budget with Justification

Written by Jessica Jordan, Sara Mele, and Richard Paylor

BUDGET CATEGORY	TOTAL COST
Direct Costs	
Staff <u>Clinical Director</u> Lynn Anderson	\$65,500/year
Recreation Managers/ Supervisors (2 positions)	\$42,000/year
Certified Therapeutic Recreation Specialist (2-3 positions)	\$36,000/year
Volunteers/Interns	\$0
Transportation Dodge Sprinter (12 Passenger)	\$21,590
Equipment -Medical Supplies -NuStep (cardio) -Yoga Mats -Sound System -Jump Ropes -Fishing Poles	\$400 \$2,500 \$78 \$50 \$60 \$120
Supplies A. Office Supplies B. Program Supplies D. Gardening Supplies • Seeds, tools, mulch, fertilizer, etc. E. Adaptive Equipment (if necessary)	\$4,000 (6 laptops) \$2,000 \$250-300 \$300-400
Indirect Costs	
Rent -3,000 sq ft. (\$13/sq ft.) -includes space for gymnasium studio	\$3,250/month
Utilities	\$550/month
Vehicle Maintenance	\$8,698/year
Website Launch/Maintenance	\$7,000
TOTAL/year	\$313,696

Budget Justification

Direct Costs

Staffing:

In order for the project to be successful, we need to get the right people in place to help us meet our goals. Our current staff is based on the first year of the program running. After the first year, staffing may be adjusted to fit the needs of the participants and the growth or decline of the program. The course will need to have a program director that oversees and makes executive decisions about the program. The director will have two managers who will be responsible for groups, volunteers/interns, planning, and supervision of the staff. The managers will organize supervise and coordinate therapeutic activities such as, trips, games, and other programs that are in accordance with participants' needs and interests.

In the first year, the programs staff will also include two full-time professional (12 months) Certified Therapeutic Recreation Specialist (CTRS) and several volunteers and interns. Each CTRS will continue to research/evaluate the program during their 12 month employment with the program. The CTRS will assist in an array of activities and identify other activities that the participant may consider participating in. The volunteers and interns will preferably be college students pursuing a degree in recreation or recreation therapy.

Transportation:

The program will furnish transportation for participants to and from the activity site. The vehicle is a Dodge Sprinter with room for 12 passengers, including the driver. According to AAA, in 2015 the average vehicle maintenance costs were \$8,698, which includes the cost of gas. With the initial cost of \$21,590 and maintenance costs, the first year's cost will be \$30,288. The first year's cost is a lot, but will be maintainable the following years. The cost is offset by the benefits it provides to our participants by saving them money and planning time and keeping them focused on their goals.

Equipment:

The amount of equipment being used is a huge part of our program. From the yoga mats to the adaptive equipment we make for participants, it all will be become an important piece to helping participants reach their individual goals and pursue their interests. The equipment cost for the program may be considerably lower than what has been suggested. The cost listed may be how much the equipment could be if lightly used items were donated.

Supplies:

The program will need office supplies as well as activity supplies. The office will need supplies that consist of pens, papers, printer, printer ink, computers, and mailing costs. The supplies budget will also include program supplies such as assessment tools, clipboards, data collection (i.e. tape measures, door pressure checkers, and inclinometers).

Indirect Costs

Rent, Utilities, Vehicle Maintenance:

Indirect costs to keep Good Life Therapeutic Recreation Services going will account for a big portion of the budget, but they are definitely necessary. In order to accommodate the extent of services we plan to provide, a large facility will be required. We anticipate a 3,000 square foot facility with a gymnasium studio will be sufficient to allow us to house a greeting area, office space, room for participant assessments as well as our therapeutic services and programs. Utilities (gas, water, electric) will be necessary to maintain the facility.

In order to ensure safe transportation, the company van will need to be inspected and maintained monthly. A thorough six month service will also be required to ensure safety. Also, having a well-designed and functioning website will be necessary in order to promote the business and services offered. It will make the company more accessible to healthcare professionals and the general public.

Detailed Listing of Items Needed

WEBSITE

- Planning, design and launch of company website

OFFICE/SPACE

- Dance studio (enough space for yoga, ROM, Tai Chi, etc. to be taught)
- Office space for staff
- Closed off space for participants and staff (one-on-one or family of participant and staff)
- Outdoor garden

SUPPLIES

- Traditional referral forms and Outdoor RX forms
- Office supplies (black ink pens, pencils, clipboards, paper, folders, file holders, etc.)
- Chairs and tables
- Local trail guides
- Access to local parks and trails
- Access to local community and recreation centers
- Referral form for health care provider to fill out
- Registration forms for activities
- Pamphlets, brochures, posters to advertise community resources
- Record review form
- Discover Your Passions Interview questions
- Pens, paper, quiet space where participant feels comfortable
- Assessment tools as needed
- Waiver/release of liability for travel to and participation in recreation activities
- List of numbers with community resource number including Telehealth
- Schedule of leisure activities pertaining to participant
- Yoga handout
- Mindfulness handout
- Aromatherapy handout
- Exercise log/handout

Technology

- Sound system, computers or tablets, printer with connection to all computers/tablets

PROGRAM/THERAPY EQUIPMENT

Good life TR Services

- Refer to supplies section

Outdoor Recreation RX

- Transportation to and from community setting
- Refer to supplies section

Getting to Know You

- Adaptive equipment as necessary
- Refer to supplies section

Mind, Body, Smell

- Yoga- yoga mats, yoga mat cleaning spray, blocks, towels, refer to supplies section
- Mindfulness- yoga mats, mindful tools (stress balls, journals), refer to supplies section
- Aromatherapy- essential oils, diffuser, refer to supplies section

Move It

- Jump ropes
- fishing poles
- roller blades
- Refer to supplies section

Leisure Adventure

- Leisure Bingo- Leisure Appreciation Bingo Sheet
- Leisure Activity Skills- markers, crayons, colored pencils, construction paper, scissors, glue stick, magazines
- Leisure Social Skills- Leisure Social Skills worksheet

Out and About: Reignite Your Life

- Medical equipment for standard CPR/first aid (AED)
- Medical equipment catered for each individual
- Any adaptive tools or materials required for chosen activity, if not provided by activity
- Transportation to and from community setting

What Leisure Leads To: Starting your Independent Lifestyle

- Adaptive equipment as needed

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Finance/Revenue

Written by Nicole Bolan, Kelly Nolan, and Blake Propst

Pricing

Reference information related to rate per hour for services (\$34.60 is based on the approved reimbursement rates for recreational therapy outlined in the 2014 Home and Community Based Services: New York State waiver renewal):

Program Estimated Time For Each Program Segment:	Program individual fees based on rate of \$34.60/hour	Program group fees based on rate of \$17.30/hour
Program Types/Time	Individual Rates	Group Rates
<u>Intake Assessment</u> Record Review – 30 minutes Initial Interview - 1 hour Assessment – 3 hours Planning – 2 hours	<u>Intake Assessment</u> Record Review: \$17.30 Initial Interview: \$34.60 Assessment: \$103.80 Planning: \$69.20	<u>Intake Assessment</u> Record Review: \$8.65 Initial Interview: \$17.30 Assessment: \$51.90 Planning: \$34.60
<u>Mind, Body, and Smell: Effective Mindful Coping Skills, Yoga, and Aromatherapy:</u> Session 1: Effective Stress and Coping Skills and Mindfulness (1 hour) Session 2: Aromatherapy (1 hour) Session 3: Yoga (1 hour)	Session 1: \$34.60 Session 2: \$34.60 Session 3: \$34.60	Session 1: \$17.30 Session 2: \$17.30 Session 3: \$17.30
<u>Move it! Movement Group:</u> The goal is to at least participate in at least 30 minutes of activity a day and up to 150 minutes per week.	30 minutes/week = \$17.30 60 minutes/week = \$34.60 90 minutes/week = \$51.90 120 minutes/week = \$69.20 150 minutes/week = \$86.50	30 minutes/week = \$8.65 60 minutes/week = \$17.30 90 minutes/week = \$25.95 120 minutes/week = \$34.60 150 minutes/week = \$43.25
<u>Community Inclusion:</u> The time thus the rate will vary greatly related to the type of outing.	\$34.60 per hour	\$17.30 per hour
<u>Leisure Adventure Leisure Education:</u> Session 1: Leisure Appreciation Group (1 hour) Session 2: Leisure Activity Skills Group (1 hour) Session 3: Leisure Social Skills Training (1 hour)	Session 1: \$34.60 Session 2: \$34.60 Session 3: \$34.60	Session 1: \$17.30 Session 2: \$17.30 Session 3: \$17.30
<u>Transitions:</u> All transition fees will be determined between the RT and participant to accurately reflect the participant's goals and abilities to pay for services.	Fees based on \$34.60 per hour	Fees based on \$17.30 per hour.

Funding Sources/Insurance Payments

Insurance Funding Options	Rationale	Reference
Link up with a PPO (Preferred Provider Organization)	Connecting with a PPO will offer wider referral base. Thus assisting in marketing the program and maintain steady flow of referrals.	https://www.healthcare.gov/glossary/preferred-provider-organization-PPO/
Some Private Insurance Options: -Humana -Anthem Blue Cross Blue Shield -Aetna -CIGNA	The payment is more likely to be received timely and the highest reimbursement in comparison to other insurances. Once billing has been initiated by the program, then the insurance company will determine how much they will pay directly to the program and then sometimes require the participant to submit additional payment directly to the program through a co-pay.	https://www.humana.com/individual-and-family/ https://www.anthem.com/health-insurance/home/overview https://www.aetna.com/ http://www.cigna.com/ http://www.counseling.org/news/blog/aca-blog/2012/12/17/mental-health-billing-10-common-questions-and-answers
Cash, Check, Credit Card, Health Savings Account (HSA)	This is a quicker way to receive payments. Accepting payment by check can be risky. And a cost is incurred to the company if credit cards are accepted. Accepting HSA accounts is beneficial since most people have leftover money in their accounts that has to be used by a certain time frame.	http://www.hsabank.com/hsabank/education/tax-benefits
EAP, Victim Witness programs, or other grant funded programs.	May be a time lag for reimbursement, however, an opportunity to help those in need of services with minimal access to healthcare insurance.	<p>National Provider Identifier You will need to obtain a National Provider Identifier (NPI) (https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart). All insurance companies require this to identify you as the provider of services. This will be entered into your practice software and provided to all insurance companies and employee assistance programs (EAPs). –</p> <p>See more at: http://www.naswil.org/news/chapter-news/featured/grow-billing-insurance-companies-in-clinical-social-work-private-practice/#sthash.AZ3Jgi8.dpuf</p>
Medicare	In this relationship the program directly bills Medicare. Medicare then directly pays the program at the	https://www.medicare.gov/your-medicare-costs/part-a-costs/assignment/costs-and-assignment.html

Assignment	rate determined by Medicare. The participant usually pays the program after Medicare has made payment. The participant is then expected to pay the program the current Medicare deductible and coinsurance fee.	
Medicaid	Program directly bills Medicaid. Participant is responsible for minimal portion of payment. Usually takes a long time to get reimbursement. And Medicaid determines what the participant is charged after they have reimbursed the program.	https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/MedicareMedicaidGeneralInformation.html

Grants

CHIPRA	https://www.medicaid.gov/chip/chipra-grants/chipra-grants.html	Apply for this Medicaid initiative to support children
Christopher and Dana Reeve Foundation	https://www.christopherreeve.org/get-support.grants-for-non-profits	Apply for a Quality of Life grant to reduce costs to spinal cord injury patients
Recreation Therapy Foundation	http://recreationtherapyfoundation.org/	Apply for a grant as an RT to provide funding for private practice home-based recreation therapy initiative
U.S. Department of Veterans Affairs	http://www.va.gov/finance/policy/gms.asp	Apply for a grant through the VA to help our veterans fund this recreation therapy initiative
U.S. Department of Education	http://www2.ed.gov/fund/grants-apply.html?src=pn	Apply for grant related to leisure education and community inclusion component of protocol
U.S. Department of Health and Human Services	http://www.hhs.gov/grants/index.html#	Find and apply for a grant through health and human services
New York State	http://www.ny.gov/	Apply for grant under New York State government



Risk Management

Written by Dana Roberts, Timika Mason, and Justin Miller

Risk management Policy for Good Life Therapeutic Recreation Services

Subject: Safety

Effective Date: May 6, 2016

Primary Responsibility: Director, Administrator, Managers

Review Cycle: Annual unless needed sooner

Approved by: Lynn Anderson

Literature Review:

Taniguchi et. al, believe that there are three important questions to ask when considering liability in therapeutic recreation setting 1.) What are TR professionals expected to know? 2.) What are the TR professional duties concerning supervision 3.) What are TR responsibilities in regards to facilities and equipment being used? Participants need to be appropriately grouped together based on age and ability level. Courts consider anybody under the age of seven to have no ability to consent to an activity. In regards to appropriate age and ability levels TR professionals must consciously think about consent and its weight based on age. Participants between the age of fourteen and eighteen are considered having capacity to consent. Certifications and licensures hold TR professionals to higher standards. This means that selecting the right activity based on assessment and goals is imperative to one's' well-being in their career. NCTRC hold professionals to a high standard of care in its ethics. TR professionals must know and understand each of their participant's fitness level. Participants must be reminded of the dangers, appropriate and inappropriate use of equipment they are coming in contact with.

In regards to supervision TR professionals need to stay in the supervisory position at all times unless an emergency arises. Secondly, TR professionals must hire adequate staff to oversee and conduct TR activities and manage risk. Access to facilities must be restricted and inaccessible when not in use. Most importantly for a TR professional to avoid tort liabilities they must know and understand their state and federal law to protect themselves and fall under Sovereign Immunity. The best way to avoid liability issues is to write thorough procedures and protocols that all staff understand and strictly adhere to. This will help to avoid negligent situations in your organization.

Taniguchi, S. T., Widmer, M. A., & Taniguchi, A. M. (2008). Tort Liability Considerations for Therapeutic Recreation Professionals. *Therapeutic Recreation Journal*, 42(3), 163-171.

Teague and Mobily specifically talk about liability in community center programs utilizing therapeutic recreation. TR professionals are in a unique setting where they are wanted to break barriers and get participants out but still keep them safe. This can be a fine balance due to the medical needs of some of the individuals that they work with. Most of the liability suits against TR specialists in community centers are based around tort law. Torts are considered acts that are offensive to an individual rather than the community at large. Torts can be intentional or unintentional, which we refer to as negligence. Unintentional tort is of most concern in community setting therapeutic recreation. Tort law is based on the idea of what a reasonable and prudent individual would do in that situation. There are a few ways that a court would go about proving/disproving this. The first being, proving that the individual had a duty to conform to a certain standard to keep the participant safe. The second is that the standard of care was breached for that participant. Third, the therapeutic recreation specialist was the actual cause for the injury/incident that occurred. Lastly, the participant actually was injured in the event. In most cases if the TR is found negligent they will be asked to compensate for their mistake through monetary value.

Recreation therapists are charged as acting as reasonable professionals. This is based on practicing standards that say the TR must provide adequate supervision, use good judgment and provide adequate instruction to participants. A reasonable person is defined as one that would prevent an accident in any situation. If a TR was

determined to have breached the duty of the care the court then must identify what exactly happened during the incident and that the TR acted unreasonably in that instance. If the court then determines that the TR did in fact breach the standard of care then must prove that due to this breach the injury occurred. There are some instances in which that is not the case and a fluke accident would have occurred regardless of the TR being present and acting in any particular way. It is important to recognize that the court of law recognizes injury as physical, emotional or psychological differences occurring from any incident.

Problems in community centers include but are not limited to failure to supervise properly, failure to place or discharge participants properly, failure to follow policies, motor vehicle accidents, and inappropriate care of an injury. To manage these risks more effectively community centers should always keep their mission and vision at the forefront of their programs. Safety precautions are necessary but should not impede the ability for participants to flourish in the program. Having set safety protocols and evaluations can help to mitigate incidents. The proper documentation and review of incidents will help to adjust protocols and deliver better programs to participants.

Teague, M., & Mobily, K. (1986). Litigation: a growing threat to community centers. *Therapeutic Recreation Journal*, 20(1), 18-28.

Policy:

Good Life Therapeutic Recreation Services will promote and maintain a safe and clean environment in which service are provided, taking into account needs of patients related to physical, sensory, perceptual, emotional, and cognitive

Purpose:

To promote safety of service provided by Good Life Therapeutic Recreation Services

Practice:

All staff will attend all safety instruction programs of Good Life Therapeutic Recreation Services

Responsibility:

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

Procedure:

Participation by individuals at Good Life Therapeutic Recreation Services will be preceded by intake in which waivers for all possible service will be signed.

Waivers must include all warnings, assumption of risk, and release agreements.

All waivers signed by participants must be:

- Clearly written and easily understood
- Obvious that it is a waiver
- Signed by an adult, parent/guardian, or care giver of majority age
- Specific to what it covers
- Signed voluntarily
- In alignment with Good Life Therapeutic Recreation Services policy and moral standings
- State that the participating individual agrees to participate

Any individual, employee, or volunteer at Good Life Therapeutic Recreation Services will follow a non-discrimination policy where every person regardless of Race, Age, Gender, Religion, Disability, or background are welcome in a person first environment.

Safety inspections will be conducted monthly and all possible risks will follow the process of the Risk Management Cycle:

- All risks regarding Equipment, Facility, Personnel, and external entities must be Identified,
- Evaluated for their level of risk to Individuals, Employees, and Volunteers,
- A Treatment for the risk will be chosen and,
- Implemented, and the policy for said Risk will be strictly enforced.

Good Life Therapeutic Recreation Services must obtain Insurance for:

- Accident – losses caused by injuries to persons or damage to property
- Professional liability – needed for Employees and Volunteers Advising, Treating, or Guiding Individuals
- Theft and Dishonesty (Fidelity) – Protect against losses due to internal losses from employees and contractors.
- Contract Liability – insure against losses resulting from problems associated with contract performance
- Property Loss – losses due to fire, tornado, earthquake, lightning or other instances where loss or damage to property of Good Life Therapeutic Recreation Services facilities and equipment
- Automobile – protect against loss to Good Life Therapeutic Recreation Services vehicle(s), persons within Good Life Therapeutic Recreation Services vehicles, and/or damage to persons or property
- Malpractice Insurance
- Cyber Liability Insurance

Reporting

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

References for Risk Management

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Forms

Appendix A- Consent for Participation

Appendix B-Consent for Medical Information Disclosure

Appendix C- Incident Reporting Forms

Appendix D-Volunteer Code of Conduct

Appendix E- Good Life Recreational Services Insurance Waiver Review Form

Appendix F- Assignment of photographic, motion picture, video, and sound recording rights

Appendix G-Activity area safety policy

Appendix H-How not to slip and fall

Appendix I-Protection of people with special needs act

Appendix J-Revised Code of Conduct for People with Special Needs

APPENDIX A

CONSENT FOR PARTICIPATION

CONSUMER NAME: _____ DATE OF BIRTH: _____

Your patient utilizes Good Life Recreational Services and wishes to participate in activities requiring approval of the primary care physician and parent/advocate. Please fill out and sign the form below. (List existing restrictions.)

NOTE TO PHYSICIANS:

List restrictions you wish to include and provide an explanation. Sign and date bottom of form.

STAIR STEPPER: Restriction/Explain: _____

STATIONARY BIKE: Restriction/Explain: _____

THREE WHEELED ADAPTED BIKE: Restriction/Explain: _____

(with helmet, seat belt as well as chest strap and side laterals as determined by the PT)

PEDAL-N-PLACE: Restriction/Explain: _____

TREADMILL: Restriction/Explain: _____

WEIGHT BENCH: Bench press, leg curls, arm curls – Max. wt. to be used _____ Restriction/Explain: _____

WRIST & HAND HELD WEIGHTS: Restriction/Explain: _____
Maximum weight to be used: _____

THERA-P BARS: Weight range .5 to 2lbs. Restriction/Explain: _____
Maximum weight to be used: _____

THERAPY/PHYSIOROLL BALL: Restriction/Explain: _____
uses include: balance, postural control and motor skills training

STRENGTH TRAINING/FITNESS CLUB: Restriction/Explain: _____
Includes light weights, stretching, aerobic and theraband exercises, etc.

SWIMMING: Restriction/Explain: _____ Wii GAME

SYSTEM: Restriction/Explain: _____

SNOEZLEN ROOM: Restriction/Explain: _____

MASSAGE: Restriction/Explain: _____

OTHER ACTIVITY: _____ Restriction/Explain: _____
(list activity)

COMMENTS: _____

APPENDIX B

AUTHORIZATION/CONSENT FOR DISCLOSURE OF CLINICAL INFORMATION

Use for only non OMRDD funded agencies (ie, schools, physicians, M.H.)

Use this form to get New York State consents or HIPAA authorizations. (The Sharing Clinical Information Table describes when Mental Hygiene Law consent or a HIPAA authorization is needed.)

Part I. Consumer Information:	
Name: Last First MI	
Address:	Date of Birth:
	Phone Number (if known):

Complete Part II to identify: the organization disclosing clinical information, the organization receiving information, what information is being disclosed and for what purpose. Place a check in the appropriate box.

Part II. Authorization for Disclosure of Clinical Information:	
By signing Part III of this form, _____ authorizes the organization <input checked="" type="checkbox"/> in A. below: Consumer Name	
A. <input type="checkbox"/> Good Life Therapeutic Recreation Services Attention:	A. <input type="checkbox"/> List Name and Address of Other Individual or Organization PROVIDING Information: (one release per agency)
To disclose health or clinical information about _____ to the organization <input checked="" type="checkbox"/> in B. below: Consumer Name	

B.

***Good Life Therapeutic Recreation Services
Attention:***

B.

List Name and Address of Other Individual or
Organization RECEIVING Information:

Describe the information to be used or disclosed, including date(s) of service, type of service provided, etc.:

Dates of service: All

- Psychological Evaluations/Assessments
- Individual Service Plan (ISP)/ Individual Family Support Plan
- Individualized Education Plan
- Medical Assessments/Diagnostic Reports Current Medications
- Other, please describe:

Continued on next page

AUTHORIZATION/CONSENT FOR DISCLOSURE OF CLINICAL INFORMATION

Use for only non OMRDD funded agencies (i.e., schools, physicians, M.H.)

PART II Continued:

Describe the purpose of the disclosure:

- For Treatment Purposes
- Documenting Eligibility
- Service Planning
- Written Request for Information Attached

Other: _____

Note: the following must be completed by health care providers or health plans requesting the authorization:

Will the health care provider or health plan requesting the authorization receive financial or in-kind compensation in exchange for using or disclosing the health or clinical information described above?

_____ **No** _____ **Yes**

Part III below must be signed by the consumer or his/her personal representative, and a copy of the signed form provided to the consumer or representative.

Part III. Signature and Date:

1. I may revoke this authorization, in writing, at any time by notifying the person or entity I have authorized to use or disclose information as listed above.
2. I understand that a revocation is not effective against actions taken by the person or entity named above before they received such revocation and to the extent that they have relied upon this authorization.
3. I understand that if the person or entity authorized to receive my health and clinical information is not a health care provider or health plan, the released information may be redisclosed and may no longer be protected by federal privacy regulations.
4. I understand that I may refuse to sign this form and that my refusal to sign may negatively affect my ability to obtain treatment or services in cases where such information is required to safely provide services to me and/or to obtain payment for services.
5. I may, in accordance with the OMRDD Privacy Policy, inspect or copy any information used or disclosed under this authorization upon written request.

Signature of consumer or representative	Date
Print name of consumer or representative	<i>Representative's relationship to the consumer</i>

This Authorization Expires: _____

(insert date or event)

APPENDIX C

Incident Reporting Form

Use this form to report any workplace accident, injury, incident, close call or illness.

Return completed form to the Operations Supervisor, or Management.

This is documenting an:

Lost Time/Injury

First Aid

Incident

Close Call

Observation

Details of person injured or involved (to be filled in by person injured / involved if possible)

Person Completing Report: _____ Date: _____

Person(s) Involved: _____

Equipment or Truck ID: _____

Event Details

Date of Event: _____ Location of Event: _____

Time of Event: _____ Witnesses: _____

Description of Events (Describe tasks being performed and sequence of events):

*If more space is required please use the back of this sheet

Was event / injury caused by an unsafe act (activity or movement) or an unsafe condition (machinery or weather)?

Please explain:

TO BE COMPLETED ONLY IF LOST TIME/INJURY OR FIRST AID WAS REQUIRED	
Type of injury sustained:	
Cause of lost time/ injury or first aid:	
Was medical treatment necessary?	Yes _____ No _____ If yes, name of hospital or physician:

Signature of Employee: _____ Date: _____

Signature of Supervisor: _____ Date: _____

APPENDIX D

GOOD LIFE RECREATIONAL SERVICES
POLICY ON ACTIVITIES INVOLVING MINORS

VOLUNTEER'S CODE OF CONDUCT

Good Life Recreational Services is committed to providing a safe environment for minors. As a volunteer working with minors on our behalf, you will be held to the highest standards of conduct, including, but not limited, to the following:

1. You will abide by the Good Life policy on Activities Involving Minors and your program's local policies concerning minors.
2. You will treat minors with respect at all times, regardless of their race, color, national origin, ancestry, religion, disability, medical condition, sex, gender identity, or sexual orientation.
3. You will not engage in:
 - Physical abuse: hitting, spanking, shaking, slapping, unnecessary restraints
 - Verbal abuse: degrading, threatening, cursing
 - Sexual abuse: inappropriate touching, exposing yourself, etc.
 - Mental abuse: shaming, humiliation, cruelty
 - Neglect: withholding food, water, shelter, bathroom privileges
4. You will immediately report suspected child abuse or neglect to your program supervisor or to the NYS Justice Center by calling the VPCR at 1-855-373-2122.
5. You will not work one-on-one with minors in a private or secluded setting.
6. You will not stare at or comment on minors' bodies.
7. You will not use profanity or tell off-color jokes around minors.
8. You will not discuss your personal life around minors or involve minors in your personal affairs.
9. You will not have sexually-oriented materials, including pornography, around minors.
10. You will follow your program's policies regarding off-hours contact with minors.
11. You will not use or be under the influence of alcohol or illegal drugs around minors.
12. You will stop as soon as safely possible the following behaviors between minors:
 - Hazing
 - Bullying
 - Derogatory name-calling
 - Games of Truth or Dare
 - Ridicule or humiliation
 - Sexual activity

Failure to follow these or any other standards set forth by your program will subject you to immediate dismissal from the program and, if warranted, criminal prosecution. *You will not be entitled to defense and indemnification by Good Life Recreational Services in the event you are sued or criminally prosecuted.*

Please sign below to indicate that you understand this Volunteer's Code of Conduct and agree to abide by it. **You may not participate in the activity involving minors unless you sign this form as is.**

Name (Print): _____ Date: _____

Signature: _____

<http://riskservices.berkeley.edu/forms-waivers>

APPENDIX E

GOOD LIFE RECREATIONAL SERVICES INSURANCE WAIVER REVIEW FORM

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

To streamline the processing of low-value, low-risk contracts, Risk Services is delegating to campus purchasing officers the authority to reduce or waive insurance requirements PROVIDED

THE CONTRACT WITH THE SERVICE PROVIDER MEETS ALL OF THE FOLLOWING CONDITIONS:

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

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

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

APPENDIX F
ASSIGNMENT OF PHOTOGRAPHIC, MOTION PICTURE, VIDEO, AND SOUND RECORDING RIGHTS

I, _____, hereby authorize Good Life Recreational Services
Name (please print)

and its officers, agents, and employees, to photograph, record, film, or videotape me.

I understand that any photograph, sound recording, motion picture, or video taken of me under this assignment is for the purpose of collecting and/or representing factual information in the interest of serving Good Life Recreational Services mission of research, education, and public service, and for promoting the public good.

I hereby assign to Good Life Recreational Services all rights, title, and interest, including copyright, in and to any and all such photographs, sound recordings, motion pictures, or videos, and I hereby irrevocably authorize the University, its officers, agents, and employees, without limitation, to reproduce, copy, sell, exhibit, publish, or distribute, in any medium now known or later developed, any and all such photographs, sound recordings, motion pictures, or videos in perpetuity for the purposes expressed above.

I further release and forever discharge the University, its officers, agents, and employees from any and all claims and demands arising out of or in connection with the use of said photographs, sound recordings, motion pictures, or videos, including but not limited to any and all claims for invasion of privacy, defamation, or infringement of copyright.

I have read and understood the provisions of this agreement, and understand that I am free to obtain advice from legal counsel of my choice, at my expense, to interpret these provisions. By signing below, I acknowledge that I have freely and voluntarily entered into this agreement.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

ADDRESS: _____

I hereby certify that I am over 18 years of age: _____
Initials

For subjects under 18 years of age: I hereby certify that I am the parent or guardian of the person named above, and I do hereby give my consent without reservation to the foregoing on behalf of him or her.

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____

PRINT NAME: _____

I have read and received a copy of this release: _____
Minor's Initials

Witnessed By:

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

APPENDIX G

ACTIVITY AREA SAFETY POLICY (SAMPLE)

Policy No. RT - xxx

ORGANIZATION: Recreation Therapy

SUBJECT: Activity Area Safety Policy No.:

Policy

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

Definition

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

Procedure

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

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

II. Equipment and Supplies use.

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

III. Facility use:

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

Recreation Therapy Area Safety Policy attachment

Gymnasium area safety concerns.

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

GYM AREA RISK FACTORS

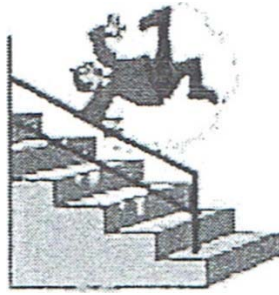
- 1) Participants should be strongly discouraged from sliding or diving after a ball... rug burns on knees and elbows can result from sliding onto the carpeted floor. Activities that require participants to move on their knees must also be discouraged as such movement also causes rug burns and strawberries.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

PREVENTIVE MEASURES TO REDUCE INJURIES IN THE GYM

- 1) Engage patients in warm-up activities prior to an intense game or activity. Warm-ups may include stretching, jogging, or playing warm-up games related to the primary activity (e.g., playing HORSE prior to playing a 3 on 3 game of basketball).
- 2) Conduct training sessions prior to each activity. Teach volleyball skills prior to playing a game of volleyball so that each individual has developed a measure of competence in bumping, setting, and serving without causing pain to their hands and wrists.
- 3) Alert patients of risks inherent to each activity and encourage participants to accept responsibility for safety of self and others. Promote alertness in the gym. Group leaders should spend time before each activity outlining safe behaviors and going over activity/gym hazards.
- 4) Spectators of gym activities must be strongly prompted to maintain alertness to keep from being hit by stray balls.

- 5) Equipment, clothing and other items not in use must be stored or put aside so that participants will not trip over the object.
- 6) Activity leaders must promote appropriate attire and shoes for the activity. Gym shoes must be worn at all times. Boots, street shoes, sandals, socks only, or bare feet are not permitted. Watches, rings and bracelets must be removed when engaged in activities such as basketball in which physical contact is a part of the game.
- 7) Because there is often a mix of skill levels, staff must be alert to over-aggressive play by highly skilled & physically stronger players and encourage such players to "take it easy" with players of highly under-matched players. In addition, all participants must be redirected to play less aggressively if aggressive play of any kind is observed.
- 8) Limits must be set upon multiple activities in the gym. As an example, patients should not be playing a game of basketball, kicking a soccer ball, playing badminton, and doing tumbling within the gym area at the same time.
- 9) Patients groups using the gym area must be staffed adequately as per unit protocol. Assaults, major injuries, and elopement from the gym have occurred in the past. If patients are using the weight room and the gym area, both areas must be supervised. If only one staff is present, and the staff member chooses to have both areas open, he should position himself so that he can observe activities in both the gym and weight room.
- 10) Use alternative safe balls or equipment. Since the use of a soft-safe volleyball in 1991, hand injuries have been reduced significantly. Prior to 1991, 15 to 20 hand injuries were occurring from using regular volleyballs. When playing softball in the gym, use of a soft rubber ball and foam bats help reduce risks.
- 11) The use of common sense and good judgment by staff is required at all times to minimize injuries and incidents in the gym. <https://recreationtherapy.com/f-safe1.htm>

Appendix H HOW NOT TO SLIP AND FALL



Start at the top; your head. Think and look where you are going.

Take a second to evaluate the condition, slope and stability of surfaces.

Always take your time. Moving too fast will cost you if you fall.

You must always be aware of your center of gravity. Balance is critical.



Slips are due to a lack of friction. Fluids, ice and debris reduce friction.

Always be aware of clutter, obstacles and animals.

Footwear must fit well, never loose or sloppy. Soles should be non-slip.

Every fall can be serious. Injury and death are not uncommon.

Preventing Slip/Fall Accidents

Slip, trip and fall prevention may seem easy on the surface, however the following controls illustrate the endless means to preventing both interior and exterior slip, trips and falls accidents.

- Install drain surfaces in entrance vestibules.

- Usage of Umbrella bags
- Upgrade to larger walk off mats at entrances.
- Increase spill sweep frequency at entrances.
- Use "WET FLOOR" signs
- Whenever the building is used for after hour activities adjust work schedule for mopping floors in high traffic areas until the activity ends.
- Apply non-slip floor treatments.
- Digital photographs should accompany every incident report.
- Educate supervisors in claims investigation and observation.
- Color contrast curbs, ramps and speed bumps.
- Maintain spill log to demonstrate proactive spill cleaning measures. ● Apply non-slip floor treatment to targeted high incidence areas hallways, building entrances, sidewalks and restroom areas. ● Avoid placement of benches where curbs must be accessed. ● Designate parking areas and entrances for staff, consumers and visitors so that those areas are cleared first of snow and ice. ● Use anti-skid reflective highway paint with grit at crosswalks. ● Know which way the sunrises so the dark side of the center can be salted and plowed to maximize melting.
- Locate mops proximate to high-incidence spill areas.
- Install water absorbent mats in service corridors where delivery personnel may track water.
- Use ice melt in the direction that snow piles melt.
- Parking lot signs that are knocked down leave a sharp anchor base, which creates a dangerous trip hazard.
- Use digital- image camera systems on both interior and exterior of the building to deter fraudulent claims.
- Repair all cracks, uneven sidewalk surfaces at building entry points and parking lot surfaces.



N.Y.S. PROTECTION OF PEOPLE WITH SPECIAL NEEDS ACT

NOTICE TO MANDATED REPORTERS

Justice Center Guidance — June 11 2013

This Notice provides Mandated Reporters with an overview of their legal duties under the New York State Protection of People with Special Needs Act (the Act) to report Abuse, Neglect and Significant Incidents involving vulnerable persons to the Vulnerable Persons' Central Register (VPCR), a 24/7 hotline operated by the Justice Center for the Protection of People with Special Needs (Justice Center). The effective date of this new reporting requirement is June 30, 2013.

WHAT ARE MANDATED REPORTERS REQUIRED TO REPORT?

Effective June 30, 2013, Mandated Reporters have a legal duty to:

- Report to the Justice Center, by calling the VPCR at 1-855-373-2122, if they have reasonable cause to suspect abuse or neglect of a Vulnerable Person, including a child receiving residential services in a facility or provider listed below. Certain Mandated Reporters may also submit reports by completing a form available on the Justice Center website.
- Report all Significant Incidents to the Justice Center by calling the VPCR at 1-855-373-2122 or by completing the form on the Justice Center website.

Call the Statewide Central Register of Child Abuse and Maltreatment if they have reasonable cause to suspect abuse or maltreatment of children in family and foster homes, and day care settings. Suspicion of child abuse or neglect in a day care setting, foster family boarding homes, or within a family home must continue to be reported to the Statewide Central Register of Child Abuse and Maltreatment at 1-800-635-1522,

WHO ARE MANDATED REPORTERS?

Mandated Reporters are (1) Custodians and (2) Human Service Professionals.

1. Custodians:

- Employees, volunteers, directors and operators of covered facilities and programs (please see list on Page 3), and
- External staff who have regular and substantial contact with the people being served.

2. Human Service Professionals:

Child Care, Foster Care Worker; Chiropractor; Christian Science Practitioner; Coroner; Dental Hygienist; Dentist; District Attorney or Assistant District Attorney; Emergency Medical Technician; Hospital Personnel engaged in the admission, examination, care, or treatment of persons; Intern; Investigator employed in the office of the district attorney; any other Law Enforcement Official; Licensed Creative Arts Therapist; Licensed Marriage and Family Therapist; Licensed Mental Health Counselor; Licensed Occupational Therapist; Licensed Physical Therapist; Licensed Practical Nurse; Licensed Psychoanalyst; Licensed Speech/Language Pathologist/Audiologist; Medical Examiner; Mental Health Professional; Nurse Practitioner; NYS Office of Alcoholism and Substance Abuse - all persons credentialed by OASAS; Optometrist; Osteopath; Peace Officer; Physician; Podiatrist; Police Officer; Psychologist; Registered Nurse; Registered Physician's Assistant; Resident (medical); Social Services Worker; Social Worker; Surgeon, and School Official, including but not limited to: School Teacher, School Guidance Counselor; School Psychologist; School Social Worker; School Nurse; School Administrator; or other school personnel required to hold teaching or administrative license or certificate.

WHAT TYPE OF INFORMATION SHOULD A MANDATED REPORTER BE PREPARED TO PROVIDE TO THE JUSTICE CENTER?

- Details regarding the victim(s), suspect(s) and witnesses(s).
Details of the incident, including the date and time, location, description of incident and injury/impact to the victim.
State agency responsible for oversight of the agency, facility and/or program.
Name and address of the agency, facility and/or program.
Confirmation that immediate protections are in place for the victim(s), if applicable.
Any other information that may assist with the investigation or review of the incident.

Note: Mandated Reporters are required to report to the VPCR even if they may not have all the information outlined above.

WHEN IS REPORTING REQUIRED?

Whenever a Mandated Reporter has reasonable cause to suspect a Reportable Incident involving a vulnerable person, he or she is required to make a report to the VPCR immediately upon discovery.

- Reasonable Cause means that, based on your observations, training and experience, you have a suspicion that a vulnerable person has been subject to abuse or neglect as described below. Significant incidents that may place a vulnerable person at risk of harm must also be reported. Reasonable cause can be as simple as doubting the explanation given for an injury.

- Immediately means "right-away;" however reporting may be delayed to prevent harm (e.g., for as long as it takes to call emergency responders and/or address the need to maintain supervision.) Staff '(going off-duty/' does not justify a reporting delay. In any event, reports must be made to the VPCR within 24 hours.
- Discovery comes from witnessing the situation or when the vulnerable person or another individual comes to you and the available information indicates reasonable cause.

In addition to Mandated Reporters, anyone who has reasonable cause to suspect a Reportable Incident involving a Vulnerable Person should immediately call the VPCR.

If a Mandated Reporter or any other person has doubts about whether the available information indicates such reasonable cause, he or she should call the VPCR.

Reporting to the VPCR is an additional reporting requirement and does not relieve the Mandated Reporter of any other reporting requirements or duties that may be required by law, regulation or policy.

WHO ARE VULNERABLE PERSONS?

The Act defines a Vulnerable Person as a person who due to physical or cognitive disabilities or the need for services or placement is receiving care from a facility or provider within the systems of the State Oversight Agencies (SOA).

WHAT FACILITIES & PROGRAMS ARE COVERED BY THE ACT?

- Facilities and programs that are operated, certified, or licensed by the Office for People With Developmental Disabilities (OPWDD);
- Facilities and programs that are operated, certified, or licensed by the Office of Mental Health (OMH), except Secure Treatment Facilities and programs located in correctional facilities;
- Facilities and programs that are operated, certified, or licensed by the Office of Alcoholism and Substance Abuse Services (OASAS);
- Facilities and programs operated by the Office of Children and Family Services (OCFS) for youth placed in the custody of the Commissioner of OCFS; OCFS licensed or certified residential facilities that care for abandoned, abused, neglected, and dependent children, Persons In Need of Supervision, or juvenile delinquents; Family Type Homes for Adults; OCFS certified runaway and homeless youth programs; and OCFS certified youth detention facilities.
- Adult homes licensed by the Department of Health (DOH) that have over 80 beds, and Where at least 25% of the residents are persons diagnosed with a serious mental illness and have fewer than 55% of beds designated as Assisted Living Program (ALP) beds,
- Overnight summer day and traveling summer day camps for children with developmental disabilities under the jurisdiction of DOH;
- New York State School for the Blind; New York State School for the Deaf; State-supported (4201) schools that have a residential component; special act school districts; and in-state private residential schools approved by the New York State Education Department (NYSED)

AS A MANDATED REPORTER, WHAT ARE MY OBLIGATIONS RELATED TO NOTIFYING LAW ENFORCEMENT?

Possible crimes should be immediately reported to law enforcement. When a report is received by the VPCR, staff can consult with supervisors to decide if local police should be contacted, if such a call has not already been made.

WHAT CONSTITUTES ABUSE OR NEGLECT?

The Act defines Abuse and Neglect of Vulnerable Persons in broad terms, including both actual harm and the risk of harm:

Terms	Examples of Custodian Behaviors
Physical Abuse	Intentional contact (hitting, kicking, shoving, etc.) corporal punishment, injury which cannot be explained and is suspicious due to extent or location, the number of injuries at one time, or the frequency over time
Psychological Abuse	Taunting, name calling, using threatening words or gestures
Sexual Abuse	Inappropriate touching, indecent exposure, sexual assault, taking or distributing sexually explicit pictures, voyeurism or other sexual exploitation. All sexual contact between a Custodian and a service recipient is sexual abuse, unless the Custodian is also a person receiving services
Neglect	Failure to provide supervision, or adequate food, clothing, shelter, health care; or access to an educational entitlement
Deliberate misuse of restraint or seclusion	Use of these interventions with excessive force, as a punishment or for the convenience of staff
Controlled Substances	Using, administering or providing any controlled substance contrary to law
Aversive conditioning	Unpleasant physical stimulus used to modify behavior without person-specific legal authorization
Obstruction	Interfering with the discovery, reporting or investigation of abuse / neglect, falsifying records or intentionally making false statements

WHAT CONSTITUTES A SIGNIFICANT INCIDENT?

New York State law also recognizes that Vulnerable Persons can be harmed or put at risk in many types of circumstances. The Act defines a Significant Incident as an incident that is not abuse or neglect, but has the potential to result in harm to the health, safety or welfare of a person receiving services. Examples may include, but are not limited to the following:

- The use of restraint when it is avoidable, involves a banned technique, or is used by inadequately trained staff;
- Unauthorized seclusion or time-out;
- Harmful interactions between Vulnerable Persons that could reasonably have been prevented; and

- Administration of a medication contrary to a medical order resulting in an adverse impact. • Any other conduct identified in regulations of the State Oversight Agency, according to guidelines or standards established by the Justice Center.

WHAT HAPPENS WHEN A REPORT IS MADE TO THE VPCR?

Trained VPCR staff will take a full report over the phone or via a web form and, based upon the information provided, categorize the reportable incident (abuse, neglect, significant incident) and notify the appropriate SOA. In addition, the Justice Center will be responsible for ensuring that the reportable incident is investigated or reviewed by the appropriate entity.

WHAT PROTECTIONS AND LIABILITIES DO MANDATED REPORTERS HAVE?

- Immunity from Liability - The law grants immunity to Mandated Reporters and other reporters from any legal claims which may arise from a good faith act of providing information to the VPCR.
- Protection from Retaliatory Personnel Action - The law prohibits an employer or agency from taking any retaliatory personnel action against a person as a result of a good faith act of providing information to the VPCR.
- Confidentiality - The law provides protections against the disclosure of the reporter's identity, subject to limited exceptions (e.g., the reporter's consent, a court order),
- Failure to Report - Failure by a Mandated Reporter to report suspected Abuse or Neglect to the VPCR is a serious matter and possible consequences include administrative discipline, termination, civil liability and criminal prosecution.

WHERE CAN I GET MORE INFORMATION?

Please contact the Justice Center at: 1-518-549-0200. We will be pleased to answer any questions you may have.

Appendix J

CODE OF CONDUCT FOR CUSTODIANS OF PEOPLE WITH SPECIAL NEEDS

Revised January 21, 2016

Introduction

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

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

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

The framework provides:

Person-Centered Approach

My primary duty is to the people who receive supports and services from this organization. I acknowledge that each person of suitable age must have the opportunity to direct his or her own life, honoring, where consistent with agency policy, their right to assume risk in a safe manner, and recognizing each person's potential for lifelong learning and growth. I understand that my job will require flexibility, creativity and commitment. Whenever consistent with agency policy, I will work to support the individual's preferences and interests.

1. Physical, Emotional and Personal Well-being

I will promote the physical, emotional and personal well-being of any person who receives services and supports from this organization, including their protection from abuse and neglect and reducing their risk of harm to others and themselves.

2. Respect, Dignity and Choice

I will respect the dignity and individuality of any person who receives services and supports from this organization and honor their choices and preferences whenever possible and consistent with agency policy. I will help people receiving supports and services use the opportunities and resources available to all in the community, whenever possible and consistent with agency policy.

3. Self-Determination

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

4. Relationships

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

5. Advocacy

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

6. Personal Health Information and Confidentiality

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

7. Non-Discrimination

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

8. Integrity, Responsibility and Professional Competency

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

9. Reporting Requirement

As a mandated reporter, I acknowledge my legal obligation under Social Services Law 491 , as may be amended from time to time or superseded, to report all allegations of reportable incidents immediately upon discovery to the Justice Center's Vulnerable Persons' Central Register by calling 1-855-373-21 22.

CODE OF CONDUCT¹ ACKNOWLEDGMENT FOR CUSTODIANS OF PEOPLE WITH SPECIAL NEEDS

I pledge to prevent abuse, neglect, or harm toward any person with special needs, consistent with agency policy. In addition, to the extent I am required to report abuse, neglect, or harm of any person with special needs by law, rule, or regulation, I agree to abide by the law, rule, or regulation. If I learn of, or witness, any incident of abuse, neglect or harm toward any person with special needs, I will offer immediate assistance, notify emergency personnel, including 9-11 , and inform the management of this organization, consistent with agency policy.

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

Signature

Print Name

Date

Program:

Department:

Facility/Provider Organization: Good Life Recreational Services



Marketing and Public Relations

Written by Kathleen Gehl, Cindy Rueckert, Allison Almekinder

Our product is a solution.

Good Life Therapeutic Recreation Services is a private practice dedicated to helping participants improve, learn, and enjoy their life through recreation. This marketing plan is aimed to educate the community about *Good Life Therapeutic Recreation Services* and its associated benefits, namely improved quality of life. We offer four different groups, each involving a variety of different activity choices:

- Move It! Movement Group
- Mind & Body Well-Being Group
- Leisure Adventure! Leisure Education
- Out & About Reignite-Your-Life Community Inclusion Programming

We agree with Henderson, Neff, Sharpe, Greaney, Royce, & Ainsworth (2001), that along with other groups and departments, *Good Life* can play a definitive role in the creation of an active community. “The greatest challenge is not only to educate people that physical activity is good for them, but also to educate them about ways that they can become physically active” (p. 24). The marketing department of *Good Life Therapeutic Recreation Services* meets this education need in a unique way.

Our goals and objectives as a department align with the broader mission and goals of *Good Life TR Services*. These priorities help us allocate funds and resources.

Market Goals

- Goal: To increase the awareness of *Good Life Therapeutic Recreation Services*
 - Objective: The CTRS will actively post on the GoodLifeTR Instagram page at least 3 times a week 100% of the time.
- Goal: To initiate a comprehensive market plan at a minimum cost to *Good Life Therapeutic Recreation Services*.
 - Objective: The CTRS will stick to the allotted budget for marketing items 100% of the time when making purchases.
- Goal: To recruit at least 4 new participants each month by using a combination of marketing strategies.
 - Objective: The CTRS will use both social media as well as face-to-face marketing strategies as often as needed until at least 4 participants have been recruited each month of the year.

Monthly evaluations of marketing efforts will help to determine whether or not objectives, and ultimately organizational goals, are being met. A spreadsheet will be kept to help us document:

- How many participants attend our program each month
- How participants learned about our services
- Market expenditures and financial outcomes

This information will help us determine what service and strategy adjustments should be made to improve efficiency and better meet the needs of our target market. Our purpose is to improve the quality of the *Good Life* experience and to establish long-term and mutually beneficial relationships with participants and the community.

We are accessible.

Market segmentation is the division of a broad target market into smaller subsets and designing specific strategies to target them. Many organizations segment populations behaviorally, based on loyalty and benefits sought, tailoring marketing strategies to why individuals may be interested in the product. In the field of recreation, populations have been segmented in several other ways, including constraints to leisure services (Jinhee, Kyle, & Mowen, 2009), location type (Schuett, Le, & Hollenhorst, 2010), and variables of commitment, trust, and social responsibility (Borrie, Christensen, Watson, Miller, & McCollum, 2002). Specific informational messages are much more effective than one general message assumed to fit all members of the public (Borrie et al., 2002).

Synthesizing the segments from previous research, our broad market can be segmented into the following target groups based on location type and constraint category: health care providers, advocacy groups, parks and recreation organizations, public schools, and senior and community centers. Each segment contributes to the creation of an “active community” in unique ways (Henderson et al., 2001), making our marketing relationships with them symbiotic. Each of these groups seeks to improve quality of life and well-being but each would benefit from a customized marketing approach. These segments can be specifically targeted by tailoring a variety of product dimensions including the product, service delivery, personnel, provision channels, and image (Kotler, 2000).



Our benefits are valuable.

Leisure and recreation are generally undervalued by the larger American society. Part of our marketing includes the promotion of leisure and recreation. This information is integrated into our marketing materials. As we target specific segments, we will emphasize that the benefits of recreation and health far outweigh the financial cost of participation.

One of our department goals is financial in nature, to initiate a comprehensive market plan at a minimum cost to the practice. Financial marketing costs are detailed below:

- **Social Media Cost:** The actual social media pages are free. Since they can also be run by someone in the organization, there is no fee for someone to manage the sites.
- **Promotional items:** In the beginning, a cheaper promotional item should be bought. Purchasing custom pens and pencils can cost anywhere for \$6 for a dozen to \$30 for 100. It will be important to meet with different market companies in the area to get the best cost. \$45 should be the limit for promotional marketing.
- **Labeling Events:** The cost for a folding table, folding chair and ink to create the pamphlets, posters and brochures will need to be included in the budget. The cost of a computer does not need to be included since the CTRS and organization will already have their own computer to use.

Item	Cost (approximate and can vary depending on size)
Folding Table	\$40
Folding Chair	\$20
One ream of presentation- quality paper	\$13
One multicolor ink cartridge	\$80

We provide ongoing and relevant information.

Specifically within the field of public recreation, Borrie, Christensen, Watson, Miller, & McCollum (2002) suggest an alternate form of marketing: relational marketing. Relational marketing regards the public as a shareholder of the agency and focuses on relationship development between the public and the organization. Rather than focusing on customer satisfaction and retention, public perceptions of the organization are considered. While *Good Life Therapeutic Recreation Services* is not a public service agency, we do work closely with public park and recreation facilities. Henderson et al. (2001) emphasize the importance of working with the community (p. 24): “Partnerships will be required to promote physical activity in a community. A joint effort with a shared vision and conjoint responsibilities is required.”

Carter & O’Morrow (1997) agree that long-term community relations are as important as long-term client relationships. Collaboration with community partners increases resource sharing, image building, accessibility, education, prevention, and service distribution. “Marriage with the media and other professional colleagues positions the department to serve its target markets efficiently” (Carter & O’Morrow, 1997, p. 183). One method by which professionals can connect with community members and the public at large is by way of social media. In a study that examined how firm generated content impacts customer behavior, researchers found that by creating a dedicated fan base through social media, customer-firm relationships are significantly strengthened (Kumar et. Al. 2016). Professionals can also develop partnerships with local healthcare providers, such as the Veterans Administration as well as with nonprofit organizations that do similar work as recreational therapists (O’Brien, 2011). These are both examples of potential subcategories within our established market segments.

Marketing Tools

Materials

- Pull tab flyer [attachment 1]
- Brochures & pamphlets:
 - *Good Life Therapeutic Recreation Services* [attachment 2]
 - Relevant community resources: programs, health care providers, parks and trails, recreation centers
 - Why Hire A CTRS?
<http://nctrc.org/wp-content/uploads/2015/02/MM4-hire-a-ctrs-brochure.pdf>

- Meeting professionals: CTRS testimonials <http://nctrc.org/wp-content/uploads/2015/02/MM3-testimonial-brochure.pdf>
- Websites:
 - *Good Life Therapeutic Recreation Services* website
 - FAQ about TR/RT: <https://www.atra-online.com/what/FAQ>
- Promotional items
 - *Good Life Therapeutic Recreation Services* T-shirts
 - ATRA product giveaways

Techniques

Social media:

- Facebook Page

One of the most popular ways to advertise on social media is by creating a facebook page. Our agency will have it's own page that will be managed by a volunteer/intern. This page will include information on upcoming programs, ways to contact the organization, feedback from participants and an area to make suggestions. The facebook page can be updated with a calendar and community resource section that informs potential participants of local resources.

 - All participants will be given the link to our facebook page when they begin services.
 - Facebook link will be included on promotional items.
 - We will run a promotion in which, if an individual likes our page or gives it a review, they could earn a certain amount of money off of the service or upcoming activity.
- Instagram Page

An Instagram page will allow our organization to post pictures of events that we are hosting or partnering with other organizations to host. It will allow potential participants to envision what the *Good Life Therapeutic Recreation Services* does.

 - Participants will use the hashtag #goodlifetr to post pictures to our instagram page. The CTRS will give participants a flyer with this hashtag on it to encourage participants to upload photos from their recreational adventures for others to see.
 - We will run a promotion for participants to use the hashtag #goodlifetr. Each month we will have a contest for who has the best relative photograph on instagram. The participant who wins will earn a certain amount of money off of the service or upcoming activity.
 - All participants will be given our instagram username when they begin services
 - Our Instagram name will be included on promotional items.

Face-to-Face Events:

- "Tabeling"

The *Good Life TR* CTRS will set up a table at local health and wellness events in order to connect, face to face, with the local community. On the table, the CTRS will include brochures and pamphlets that describe the services offered by *Good Life TR* as well as information about upcoming events and past event success stories.
- Organizational Events
 - The *Good Life TR* CTRS will host quarterly events geared toward introducing the public to the CTRS and our programming.
 - One event will be simply a "meet and hike" event. The CTRS will choose the hiking location and advertise the event via Facebook and Instagram. During the hike, the CTRS can explain the services in greater detail and answer any questions that potential participants/ community members may have.

- Another event will be a “meet and greet” at the *Good Life TR Services* headquarters. The CTRS will greet participants and give them a tour of our site, answering any questions they may have regarding our programming.

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Good Life Therapeutic Recreation Service:

Meet and Hike

Come learn about the new therapeutic recreation service in the area. The hike will be a chance to learn about our services and meet others who are currently participating in the services. Hike is free and will begin Thursday May 26th at 7pm. Call the number below to register.

Want more information us? Check out our Facebook and Instagram page listed on the pull tabs.

Good Life Recreational Therapy Services
Primary Business Address
Your Address Line 2
Your Address Line 3
Your Address Line 4



Phone: 555-555-5555
Links:
E-mail: someone@example.com

Good Life Recreational Therapy Services
Phone: 555-555-5555
Links:
E-mail: someone@example.com

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Good Life Therapeutic Recreation Services

Cortland, NY

May 5, 2016

What We Offer

- Move It! Movement Group
- Mind & Body Well-Being Group
- Leisure Adventure!
 - Leisure Education
- Out & About
 - Reignite-Your-Life
 - Community Inclusion
 - Programming



Move It! Movement Group

Move it! is a service that will introduce participants to and support participants in daily physical movement. This protocol will incorporate mindfulness, savoring, and positive emotion. This will include a variety of physical activities such as walking, jogging, yoga, tai chi, dance, range of motion exercises, and many more.

Mind & Body Well-Being Group

Each Participant will experience three one-time sessions focused on yoga, aromatherapy, and basic coping techniques to assist with stress management and increase overall well-being. Each session builds upon the skills and knowledge learned in the previous sessions. The first session will consist of learning about stress coping skills (CBT) and mindfulness. Those skills will then be used during an aromatherapy session, and finally, the

3

protocol will culminate with a restorative yoga practice that engages participants in a holistic mind and body approach to managing stress and maintaining wellness.

Leisure Adventure! Leisure Education

Through group activities, participants in the Leisure Adventure program will acquire knowledge of leisure, become aware of their personal attitudes and values related to leisure, and gain knowledge of resources to facilitate their leisure involvement. Participants will acquire a personal understanding of leisure and how it can be utilized to create a life full of adventure!

Out & About Reignite-Your-Life Community Inclusion Programming

Participants will have the opportunity to engage in community reintegration training. This training will begin one month prior to when the individual is due to be discharged from the rehabilitation facility. This program model is to help individuals successfully reintegrate into their community and become actively engaged in leisure experiences independently. Individuals will be given the tools and resources to engage in freely chosen activities in their community. Emphasis will be on gaining physical, cognitive, emotional and spiritual independence.



Organizational Structure and Requirements

Written by Monica Weimer, William J. Ellerbe, Jr., and Robert Darch

Organizational Structure and Requirements

Organizational structure is a system used to define a hierarchy within an organization. It identifies each job, its function and where it reports to within the organization. This structure is developed to establish how an organization operates and assists an organization in obtaining its goals to allow for future growth. The structure is illustrated using an organizational chart (Friend, 2016).

An effective structure facilitates management and clarifies relationships, roles and responsibilities, levels of authority, and supervisory or reporting lines. By reviewing an organization's structure, a manager will be able to determine which human, financial, and technical resources are available, how they should be allocated, and which resources are lacking. Organizations may differ in other ways that affect structure. For example, some organizations have paying members or extremely active volunteers. Representatives of these groups may expect seats on the Board of Directors, special meetings, or other activities to address their concerns and sustain their support. Sometimes their powers or participation are governed by laws; sometimes the organization sets policies delineating the levels and kinds of participation and whether specific benefits or remuneration can be expected. Organizations have various structures. These structures are indicative of:

- How an organization functions and is managed.
- How information flows and is processed within an organization.
- How flexible or responsive the organization is.

An example of organizational design criteria:

- Clear distinction between strategic, operational and transactional— Centralizing transactional processing.
- Clarity of roles and responsibilities—This includes the responsibility for each role in the process including decision-making and implementation.
- Fostering closer partnership between managers and HR specialists—The structure should have a customer-orientation.
- Providing managers/staff single points of contact for services—The structure provides clients a high degree of accessibility, through clearly identifiable, single points of contact, and simple, consistent processes and structures built around client needs.
- Limiting the number of organizational layers—Each level of management should have a clear rationale and necessity, with distinctive and measurable value-added.
- Maximizing spans of control—Ensuring a minimum of 5 to 7 direct subordinates.
- Breaking down functional silos.
- Increasing authority/accountability for decision-making—Authority and accountability should be delegated to the lowest practicable level.
- An efficient and effective decision-making process—Ensuring fewer, rather than more decision-making points, thereby reducing hand-offs, duplication and “touch” points
- Creating centers of expertise—Functional expertise should be consolidated in specific organizational units so as to eliminate the need for constant inter-unit consultation as well as the fragmentation of responsibility and authority.
- Establishing clear policy and process owner roles—Responsibility for improving and monitoring processes on an on- going basis should be clear.
- Reducing the level of resources.
- Flexibility—Able to accommodate changes in priorities, partnerships with the private sector, and transfers of responsibilities.

	<ul style="list-style-type: none"> • Focus on core competencies—Focus on those functions that are most essential to the business. • Improving communications—Ease of communicating up and down the hierarchy, and laterally between organizational units.
Non-Profit/Profit	<p>Nonprofit organizations have paid and volunteer staff, but employment taxes and federal and state workplace rules are generally no different than those imposed on for-profit organizations. A perception is that salaries in the nonprofit world are low and while this is generally true, the type of nonprofit organization can make a huge difference in how closely it compares to a for-profit business. Legally, a nonprofit organization is one that does not declare a profit and instead utilizes all revenue available after normal operating expenses in service to the public interest. These organizations can be unincorporated or incorporated. An unincorporated nonprofit cannot be given federal tax-exempt status or the designation of being a 501(c)(3) organization as defined by the Internal Revenue Service. When a nonprofit organization is incorporated, it shares many traits with for-profit corporations except that there are no shareholders. When starting a nonprofit corporation, the organization must file articles of incorporation with the state in which it resides or decides will be its jurisdiction for legal purposes. This is the same process a for-profit corporation must follow. Each state has various rules and regulations, but most require officers of the corporation, a board of directors, by-laws and annual meetings. Most states also require nonprofit organizations to register with state charity bureaus or other agencies and adhere to reporting requirements particularly involving fundraising operations.</p>
Legal Requirements for Structures	<p>Business Licenses</p> <ul style="list-style-type: none"> • Virtually every city and town requires a company get a business license. These can be obtained usually for \$100 or less by contacting your locality's city or town hall, usually the Taxes or Zoning division. <p>Tax Numbers</p> <ul style="list-style-type: none"> • Doing business as a company requires an Employer Identification Number (EIN) from the Internal Revenue Service (IRS). Getting this number is free and fairly fast (see Resources section.) <p>Becoming Incorporated</p> <ul style="list-style-type: none"> • Becoming a separate legal entity as a business is optional but highly recommended to protect personal assets in the event of company problems or financial failure. Incorporating a business is usually done with the State Corporation Commission (see Resources section.) <p>Business Banking</p> <ul style="list-style-type: none"> • Having a separate business banking account is essential for proper bookkeeping, especially in the event of a financial investigation from the city, state or federal government. With a corporation, business license and your EIN your firm can easily apply for a business checking account at virtually any bank or credit union. <p>Trademarks and Patents</p> <ul style="list-style-type: none"> • Consider trademarking your business name and/or logo through the U.S. Patent and Trademark Office (see Resources section.) You can also apply for a patent on your inventions and other unique business products (ehow.com). <p>“CMS policy is to encourage small businesses and other small entities to request assistance directly from CMS, or through the Office of the National Ombudsman at SBA, on any matter of concern regarding their treatment by CMS officials or contractors. CMS is committed to maintaining an environment in which small entities are free, and encouraged, to raise complaints, questions, or</p>

	<p>concerns about any CMS policies, regulations, actions, or practices. No CMS employee is allowed to take any type of retaliatory action against any entity raising a complaint, question, or concern. The Office of Strategic Operations and Regulatory Affairs oversees CMS compliance with this policy. Any allegations of retaliation will be investigated and appropriate action taken to correct the situation. In addition, small entities may comment to the Office of the National Ombudsman if they have any concern about CMS responsiveness or adherence to this policy” (CMS.gov).</p>
<p>Board</p>	<p>“Every board has a fundamental responsibility for self-management: for creating a structure, policies, and procedures that support good governance. The term "board organization" encompasses a variety of tasks, from routine matters such as preparing a schedule of board meetings to actions with broader consequences such as developing a policy about terms of service” (BoardSource, 2016).</p>
<p>Laws/Standards</p>	<p>Under the OSH Act, employers are responsible for providing a safe and healthful workplace. OSHA's mission is to assure safe and healthful workplaces by setting and enforcing standards, and by providing training, outreach, education and assistance. Employers must comply with all applicable OSHA standards. Employers must also comply with the General Duty Clause of the OSH Act, which requires employers to keep their workplace free of serious recognized hazards (OSHA.gov).</p> <p>CARF International, a group of companies that includes CARF Canada and CARF Europe, is an independent, nonprofit accreditor of health and human services. Through accreditation, CARF assists service providers in improving the quality of their services, demonstrating value, and meeting internationally recognized organizational and program standards.</p> <p>The accreditation process applies sets of standards to service areas and business practices during an on-site survey. Accreditation, however, is an ongoing process, signaling to the public that a service provider is committed to continuously improving services, encouraging feedback, and serving the community. Accreditation also demonstrates a provider's commitment to enhance its performance, manage its risk, and distinguish its service delivery (CARF,2016).</p> <p>Joint Commission accreditation can be earned by many types of health care organizations, including hospitals, doctor’s offices, nursing homes, office-based surgery centers, behavioral health treatment facilities, and providers of home care services (Joint Commission, 2016).</p>
<p>Forms</p>	<p>There are four basic legal forms of ownership for small businesses:</p> <p><u>Sole Proprietorship</u> <u>Partnership</u> <u>Corporation</u> <u>Limited Liability Company</u></p> <p>Federal Tax Forms That a Sole Proprietorship May Need to File</p> <ul style="list-style-type: none"> • Form 1040: Individual Income Tax Return • Schedule C: Profit or Loss from Business (or Schedule C-EZ) • Schedule SE: Self-Employment Tax • Form 1040-ES: Estimated Tax for Individuals • Form 4562: Depreciation and Amortization • Form 8829: Expenses for Business Use of your Home • Employment Tax Forms (smallbusinessnotes.com)

<p>HIPAA</p>	<p>In 1996, the Health Insurance Portability and Accountability Act or the HIPAA was endorsed by the U.S. Congress. The HIPAA Privacy Rule, also called the Standards for Privacy of Individually Identifiable Health Information, provided the first nationally-recognizable regulations for the use/disclosure of an individual's health information. Essentially, the Privacy Rule defines how covered entities use individually-identifiable health information or the PHI (Personal Health Information). 'Covered entities' is a term often used in HIPAA-compliant guidelines. This definition of a covered entity is specified by [45 CFR § 160.102] of the Privacy Rule. A covered entity can be a:</p> <ul style="list-style-type: none"> • Health plan • Healthcare clearinghouse • Healthcare provider • <p>Overview of the Privacy Rule</p> <ul style="list-style-type: none"> • Gives patients control over the use of their health information • Defines boundaries for the use/disclosure of health records by covered entities • Establishes national-level standards that healthcare providers must comply with • Helps to limit the use of PHI and minimizes chances of its inappropriate disclosure • Strictly investigates compliance-related issues and holds violators accountable with civil or criminal penalties for violating the privacy of an individual's PHI • Supports the cause of disclosing PHI without individual consent for individual healthcare needs, public benefit and national interests <p>HIPAA realizes that there is a critical need to balance the steps taken for the protection of an individual's health information along with provision of proper healthcare faculties. The Privacy Rule strives hard to regulate the sharing of PHI without making it a deterrent for accessing healthcare facilities. Thus, the Privacy Rule does permit disclosures, under special circumstances, wherein individual authorization is not needed by public healthcare authorities (hhs.gov).</p>
<p>Reference List</p>	<p>U.S. Department of Health and Human Service (2002). HIPAA for individuals. http://www.hhs.gov/hipaa/for-individuals/index.html http://nonprofit.pro/nonprofit_organization.htm https://www.osha.gov/law-regs.html http://whatishipaa.org/ https://www.cms.gov/ http://smallbusiness.chron.com/meaning-organizational-structure-3803.html http://www.ehow.com/facts_4815123_legal-requirements-starting-business.html http://www.smallbusinessnotes.com/managing-your-business/sole-proprietorships.html http://www.carf.org/About/ http://www.jointcommission.org/accreditation/accreditation_main.aspx</p>



Appendix A

Fact Sheets

Laws and regulations that apply to
Good Life Therapeutic Recreation Services

FACT SHEET 1

Americans with Disabilities Act

What is Americans with Disabilities Act (ADA)?

On July 26, 1990, the Americans with Disabilities Act (ADA) became law in the United States. This piece of legislation “prohibits discrimination and guarantees that people with disabilities have the same opportunities as everyone else to participate in the mainstream of American life” (Justice) The ADA gives civil rights protection to individuals with disabilities, and was passed as law to ensure that all people, regardless of disability, have the same rights and opportunities as the rest of society. Individuals with disabilities are guaranteed to have equal opportunity in 5 Titles of the Act, including jobs, services provided by the state and local government, telecommunications, public accommodations and miscellaneous provisions. (Justice)

The Americans with Disabilities Act Amendments Act (ADAAA) was created to better define disability as “the courts had interpreted the definition of disability so narrowly that hardly anyone could meet it.” (Accommodation and Compliance Series) The ADAAA became law in 2009, with the definition of disability remaining the same, but the meaning of words and how they’re applied is clarified. Major life activities now include bodily functions, which also includes the immune and circulatory systems.

Who is served by ADA?

Under the ADA, disability is defined “as a physical or mental impairment that substantially limits one or more major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.” (Justice) A specific list of impairments covered by the Act is not included in the Act. The Act also protects individuals associated with individuals with disabilities, such as parents and individuals “coerced or subjected to retaliation for assisting people with disabilities in asserting their rights under the ADA.” (The ADA, 2012)

What entities are covered by ADA?

The 5 Titles of the ADA are:

Title I (Employment)- to ensure individuals with disabilities have access to the same job opportunities and benefits as other people, reasonable accommodations are required by the employer. Reasonable accommodations are “any modification or adjustment to a job or the work environment that will enable an applicant or employee with a disability to participate in the application process or to perform essential job functions.” (Justice) This law is applicable to employers with 15 or more employees and is regulated and enforced by the U.S. Equal Employment Opportunity Commission.

Title II (State and Local Government) - all state and local governments, their departments and agencies, and any other sections of state or local governments are prohibited from discriminating against individuals with disabilities “in all programs, activities, and services of public entities.” (Justice) Public transportation is included in this title, as well as direction on administrative processes. The U.S. Department of Justice regulates and enforces this title.

Title III (Public Accommodations) – Individuals with disabilities are ensured access to private places of public accommodation, such as restaurants, hotels, private schools, health clubs, doctor’s offices, etc. under Title III. Minimum standards for accessibility are set in this title, which include reasonable modifications to existing buildings as well as new construction. The U.S. Department of Justice regulates and enforces this title. It also requires accommodations to remove existing barriers to facilities where it is not a financial burden.

Title IV (Telecommunications) – In order for individuals with hearing and speech difficulties to communicate over the phone, telephone and internet companies are required “to provide a nationwide system of interstate and intrastate telecommunications relay services”. (Justice) Public service announcements must use closed captioning under this title, and it is regulated by the Federal Communication Commission.

Title V (Miscellaneous Provisions) – This title provides for the ADA and “its relationship to other laws, state immunity, its impact on insurance providers and benefits, prohibition against retaliation and coercion, illegal use of drugs, and attorney’s fees.” (Justice) A list of conditions not considered disabilities under the Act is included in Title V, and are defined as impairments “with an actual or expected duration of 6 months or less.” (Titles I and V of the Americans with Disabilities Act of 1990, 2008)

What are the key points of ADA?

- Title I - Ensure individuals with disabilities have access to the same job opportunities as other people
- Title II - State and local governments, their departments and agencies are prohibited from discriminating against individuals with disabilities
- Title III - Minimum standards for accessibility which include reasonable modifications to existing buildings as well as new construction without causing a financial burden
- Title IV - Public service announcements must use closed captioning
- Title V - Relationship to other laws, state immunity, its impact on insurance providers and benefits, prohibition against retaliation and coercion, illegal use of drugs, and attorney fees.

How does ADA apply to therapeutic recreation/ recreation therapy?

As a TR/RT we must adhere to the minimum standards of the ADA being a health profession, by requiring public accommodations to provide goods and services to individuals with disabilities on an equal basis with the rest of the general public including the above mentioned hotels, restaurants, museums, schools and sports arenas. Accessibility guidelines for recreation facilities were issued in 2004 including but limited to boating facilities, fishing piers and platforms, golf courses, sporting facilities, swimming pools and spas. . Programs and services offered by TR/RT must be open and accessible to all members of the general public, regardless of ability. This may require staff training, extra resources or adapting current programs and practices to accommodate participants with special needs.

Where can I learn more?

[Americans with Disabilities Act \(1990\), Amendments Act \(2009\)](#)

Resources for ADA

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FACT SHEET 2

CAPRA

What is CAPRA?

According to the National Recreation and Park Association (NRPA), CAPRA, or the Commission for Accreditation of Park and Recreation Agencies “accredits park and recreation agencies for excellence in operation and services.” CAPRA maintains national standards of best practices and is available to all parks and recreation systems. (NRPA, 2016).

Who is served by CAPRA?

- Participants and Employees in Park and Recreation Programs
- Park Advocates
- Military installations
- Community Centers
- Schools
- Municipalities
- Townships
- Counties
- Aquatic Programs
- Special districts and regional authorities
- Government Councils (NRPA, 2016))

What entities are covered by CAPRA?

Accreditation is available to all agencies administering park and recreation systems including the following:

- Municipalities
- Townships
- Counties
- Special districts and regional authorities
- Councils of government
- Schools
- Military installations (NRPA, 2016)

What are the key points of CAPRA?

- Accreditation is based on compliance with 151 standards
- Accreditation requires compliance with all 37 Fundamental Standards
- Initial accreditation requires compliance with 103 of the Non-Fundamental Standards
- Reaccreditation requires compliance with 108 of the Non-Fundamental Standards
- Accreditation is a five-year cycle
- The three phases of accreditation are: development of the agency self-assessment report, the onsite visitation, and the Commission’s review and decision (NRPA, 2015)

How does CAPRA apply to therapeutic recreation/ recreation therapy?

- **Standard 4.6.2 - 4.6.2 - Professional Certification and Organization Membership:** Professional staff shall be active members of their professional organization(s) and pursue professional certifications within their respective disciplines. "Active" means more than holding membership, including attendance at meetings, making presentations, participating in committee work, holding elected and appointed positions, and participation in educational opportunities. (NRPA, 2016)
- This standard includes Certified Therapeutic Recreation Specialists (CTRS)

- Recreation therapists should be certified in order to maintain the integrity of the field, keep up to date with best practices, and be involved with research in the field

Where can I learn more? <http://www.nrpa.org/CAPRA/>

- Resources for CAPRA**
- National Recreation and Park Association, Commissioned For Accreditation of Park and Recreation Agencies (2016, April). CAPRA Agency Accreditation. Retrieved from <http://www.nrpa.org/CAPRA/>
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FACT SHEET 3

Commission on Accreditation of Rehabilitation Facilities

What is CARF?

Mission

“The mission of CARF is to promote the quality, value, and optimal outcomes of services through a consultative accreditation process and continuous improvement services that center on enhancing the lives of persons served” (CARF, 2015, p.1).

Vision

“Through responsiveness to a dynamic and diverse environment, CARF serves as a catalyst for improving the quality of life of the persons served” (CARF, 2015, P.1).

Core values

CARF believes in the following core values:

- “All people have the right to be treated with dignity and respect” (CARF, 2015, P.1).
- “All people should have access to needed services that achieve optimum outcomes” (CARF, 2015, P.1).
- “All people should be empowered to exercise informed choice” (CARF, 2015, P.1).
- Improving “organizational management” and “service delivery” (CARF, 2015, p.1).
- Appreciation and support for cultural diversity and competencies (CARF, 2015, p.1).
- CARF promotes active participation for individuals who receive CARF services (CARF, 2015, p.1).
- “Enhancing the meaning, value, and relevance of accreditation to persons served” (CARF, 2015, p.1).

CARF is an international organization that accredits different health and human services. Their goal is to make sure that the utmost care is being provided. CARF accreditation focuses on making all health care, education, and facilities open and accessible to everyone. CARF accreditation proves that providers are continuously improving the quality of their services and meeting standards for their practice.

Who is served by CARF?

CARF is an international accreditation organization. More than 8 million people of various ages are served in CARF accredited facilities each year. CARF provides services to improve the lives of the primary consumers. The persons served are inclusive of those that are, “willing, able, and legally authorized to make decisions on behalf of the primary consumer” (CARF, 2015, P.1).

What entities are covered by CARF?

CARF provides services in the following areas:

Aging Services
Behavioral Health
Business and Services Management Networks
CCRC
Child and Youth Services
DMEPOS (Durable Medical Equipment, Prosthetics, Orthotics, and Supplies)
Employment and Community Services

What are the key points of CARF?

- CARF stands for Commission on Accreditation of Rehabilitation Facilities
- The CARF accreditation process includes the stages described below:
 - Consultation with a CARF resource specialist is advised when beginning the process to seek accreditation
 - An internal survey/self-evaluation must be done when applying for accreditation. This survey includes observations, interviews, and record checks. Information is provided about the programs and services to be accredited and the locations of service delivery.
 - After the initial survey application and self evaluation have been completed, a CARF survey team is selected to conduct the review that results in the CARF accreditation decision.
 - Once a CARF decision has been made, approved accreditation can last for either three years, one-year, a provisional one-year period, or a preliminary 6-month period.
 - A quality improvement plan must be submitted within 90 days after approval and annual conformance to quality reports must be submitted to maintain accreditation
- Communication and contact is maintained between CARF and any CARF accredited entities
- CARF utilizes the ASPIRE to Excellence process to enhance their units. ASPIRE stands for “Assess the Environment”, “Set Strategy”, “Persons served and Other Stakeholders-Obtain Input”, “Implement the Plan”, Review Results”, “Effect Change” (CARF, 2015, 29).
- CARF aims to provide dignified standards of accreditation to individuals seeking healthcare services within rehabilitation settings

How does CARF apply to therapeutic recreation/recreation therapy?

The applicability and role of therapeutic recreation/recreation therapy in CARF:

- ATRA has a CARF committee that aims to, “continually enhance the member’s understanding of CARF and to maintain a professional relationship with CARF in order to monitor standards development and actively participate in standards review” (ATRA, 2016). This committee advocates for the TR profession related to standards of practice in CARF accredited facilities.
- According to ATRA, “recreational therapists are designated as treatment team members (based upon need) in the acute brain injury, the post-acute brain injury, and the inpatient rehabilitation standards” of CARF (ATRA, 2016).
- Recreation therapists work within CARF accredited units
- CARF provides standards for services in a variety of healthcare settings which utilize therapeutic recreation.
- CARF utilizes the ICF, which is a model that RT/TR’s also apply in practice.
- There are similar values instilled in the standards of CARF and the professional practice of RT/TR.

Where can I learn more?

- www.carf.org Written Resource
- <https://www.atra-online.com/policy/commission-on-accreditation-of-rehabilitation-facilities>

- <http://www.carf.org/Resources/Multimedia/About-CARF-movie/> Visual and Audio Resource

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FACT SHEET 4

CMS Medicare Regulations

What is CMS Medicare? Medicare is a federal health insurance program that pays for a variety of health care expenses. Medicare is an entitlement program, meaning U.S. citizens earn the right to enroll in Medicare by working and paying their taxes for a minimum required period of time. Medicare has four main components: Part A Hospital Insurance, Part B Medical Insurance, which are referred to as Original Medicare. Medicare Part C, or Medical Advantage, is a private health insurance. Medicare Part D offers coverage for Prescription drugs.

Who is served by CMS Medicare? CMS Medicare serves people age 65 and older, people under the age of 65 with certain medical conditions, and people of all ages with End-Stage Renal Disease. The Centers for Medicare & Medicaid Services, CMS, is part of the Department of Health and Human Services (HHS).
Watch a [short video](#) to get to know about CMS Medicare and their work, mission, and vision. Or watch a [longer version](#) to also get to know the programs they administer including: Medicare, Medicaid, the Children’s Health Insurance Program (CHIP), and the Health Insurance Marketplace

What entities are covered by CMS Medicare?

- Acute Inpatient PPS
- Ambulance Services
- Ambulatory Surgical Centers (ASC)
- Anesthesiologists
- Clinical Laboratories
- Critical Access Hospitals
- Durable Medical Equipment (DME)
- Federally Qualified Health Centers (FQHC)
- Home Health Agencies (HHA)
- Hospice
- Hospital-Acquired Conditions (Present on Admission Indicator)
- Hospital Outpatient PPS
- Inpatient Psychiatric Facility PPS
- Inpatient Rehabilitation Facility PPS
- Long-Term Care Hospital PPS
- Practice Administration
- Pharmacists
- Physicians
- Rural Health Clinics
- Skilled Nursing Facilities

Part A covers :

- Hospital care
- Skilled nursing facility care
- Nursing home care (as long as custodial care isn’t the only care you need)
- Hospice
- Home health services

Part B covers 2 types of services:

- Medically necessary services: Services or supplies that are needed to diagnose or treat one's medical condition and that meet accepted standards of medical practice (i.e. MRI, X-rays, outpatient hospital care)
- Preventative services: Health care to prevent illness (like the flu) or detect it at an early stage, when treatment is most likely to work best (doctors' visits, blood test, screening).

Part C:

- Part C, or Medicare Advantage, insurance includes every type of Medicare coverage in one health plan. Contracted through CMS, Medicare Advantage is offered by private insurance companies to provide a Medicare benefits package as an alternative to Original Medicare. To enroll, one must already have Part A and B.

Part D:

- Is an optional prescription drug coverage through Medicare and private insurance companies

What are the key points of CMS Medicare?

- Individuals 65 and older are eligible for Medicare
- Medicare Secondary Payer (MSP) allows beneficiaries to have in place a second health insurance. If a beneficiary has Medicare and other health insurance, Coordination of Benefits (COB) rules decide which entity pays first.
- Medicare law states that liability insurance (including self-insurance), no-fault insurance, and workers' compensation must pay for medical items and services before Medicare pays.
- The Benefits Coordination & Recovery Center (BCRC) coordinates the payment process amongst the individuals' insurance providers in order to prevent mistaken Medicare payment.
- A Workers' Compensation Medicare Set-Aside Arrangement (WCMSA) is a financial agreement that sets aside a portion of a workers' compensation settlement to pay for future medical services related to the workers' compensation injury, illness, or disease. Medicare will not pay for work related injury or illness until these funds have been fully depleted.

How does CMS Medicare apply to therapeutic recreation/ recreation therapy?

- The Medicare Modernization Act of 2003 (MMA) provides care to individuals with special needs. Congress identified "special needs individuals" as: 1) institutionalized individuals; 2) dual eligibles; and/or 3) individuals with severe or disabling chronic conditions, as specified by CMS.
- PACE (Program of All-inclusive Care for the Elderly) is a program that helps people meet their health care needs in the community instead of going to a care facility such as a nursing home. PACE organizations have contracts with specialists in the community and thus they are able to provide care and services in the home and the community.
- In the MDS 3.0, a standardized assessment for facilitating care management in nursing homes and non-critical access hospital swing, Recreational Therapy is included in Section O. As a result of this inclusion, Recreational Therapy is considered a rehabilitation option for Medicare eligible residents. Recreational Therapy interventions will be calculated in minutes, days, and weeks depending on the medical doctor's orders. The doctor's orders

should include the start and stop dates of the intervention. Documentation of Recreation Therapy interventions can be found under the subheading 0400(F).

-While Recreational Therapy is not currently a service covered by Medicare, the therapist and or facilities administering this form of therapy will have the opportunity to impact the RUG* scores affecting the level of Medicare coverage down the road if therapist records minutes/days/weeks. As of right now, recreation therapy is included in the “bed rate”. Your MDS 3.0 minutes will be vital for future coverage.

*RUGs are mutually exclusive categories that reflect levels of resource need in long-term care settings, primarily to facilitate Medicare and Medicaid payment.

Where can I learn more? [CMS.gov](http://www.cms.gov) A federal government website managed by the Centers for Medicare & Medicaid Services
[Centers for Medicare & Medicaid Services](http://www.cms.gov)
7500 Security Boulevard
Baltimore, MD21244
USA

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FACT SHEET 5

Developmental Disabilities Assistance and Bill Of Rights

What is DDA?	The Developmental Disabilities Assistance and Bill of Rights was originally authorized in 1975 and recently in 2000. The purpose of this act is to improve service systems for individuals with developmental disabilities, and for other purposes. The purpose of this is to assure that individuals with developmental disabilities and their families to 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 through culturally competent programs.
Who is served by DDA?	The Bill first started with specific types of developmental disabilities defined and then moved to more generalized definition with onset prior to age 22. Individuals with developmental disabilities comprise between 1.2 and 1.65% of the U.S population.
What entities are covered by DDA?	This bill provides protection and advocacy system in each state to protect the legal and human rights of individual with developmental disabilities.
What are the key points of DDA?	<ul style="list-style-type: none">• It conducts research, which may include basic or applied research, evaluation, and the analysis of public policy in areas that affect or could affect, either positively or negatively, individuals with developmental disabilities and their families.• It disseminates information related to activities undertaken to address the purpose of the title.• This bill provides funding for national initiatives to collect necessary data, technical assistance to entities who engage in or intend to engage in activities consistent with the purpose and other nationally significant activities.
How does DDA apply to therapeutic recreation/recreation therapy?	Activities support by this bill include early intervention, education activities, employment-related activities, family support services, health related activities, housing-related activities, individualized support, integration, prevention activities, recreation related activities, self-determination activities, transportation related activities and more.
Where can I learn more?	http://www.acl.gov/Programs/AIDD/DDA_BOR_ACT_2000/p2_tl_subtitleA.aspx
Resources for DDA	Administration on Intellectual and Developmental Disabilities. "The Developmental Disabilities Assistance and Bill of Rights of 2000" http://www.acl.gov/Programs/AIDD/DDA_BOR_ACT_2000/p2_tl_subtitleA.aspx The ARC, AIDD, AUCD, UCP, NACDD, and SABE. "Fact Sheet: Developmental Disabilities Act. http://www.thearc.org/document.doc?id=2925

UCEDD Resource Center: A project of AUCD in Partnership with AIDD to strengthen and support the network of UCEDDs. "DD ACT"
<https://www.aucd.org/template/page.cfm?id=516>

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FACT SHEET 6

Home & Community-Based Services (HCBS) and Long Term Services and Supports (LTSS) (Medicaid)

What is HCBS/LTSS

Long-Term Services and Supports (LTSS) were established in 1970 under amendments made to Title XIX of the Social Security Act. LTSS is included under Medicaid provisions set forth by the Centers for Medicare and Medicaid Services (CMS) and provides provision of medical and personal care which results from aging, chronic illness, or disability; these services are provided through institutional settings.

Home and Community Based Services are provisions under LTSS legislation which provide care to individuals who also need long-term assistance but do not require, nor desire to be placed in, an institutional setting. In fact, HCBS is intended to prevent individuals from being institutionalized. Services are based on a waiver of federal requirements (HCBS provisions vary by state and are not guaranteed in all 50 states). Medicaid eligible recipients, specifically the elderly and those with disabilities, are provided HCBS benefits to receive care within their community rather than an institution. HCBS provides benefits for case management, personal care, including tasks of daily living (e.g., cooking, cleaning, and managing prescription medications), or self-care tasks that an individual has difficulty maintaining on their own.

Some services and supports for LTSS/HCBS include adult daycare, home health aide services, transportation, supported employment, family caregiver assistance, and care planning and coordination of health services.

Who is served by HCBS/LTSS?

In order to participate in Medicaid, federal law requires states to cover certain population groups (mandatory eligibility groups) and gives them the flexibility to cover other population groups (optional eligibility groups). States can apply to CMS for a waiver of federal law to expand health coverage. In order to be eligible for Medicaid, individuals need to satisfy federal and state requirements regarding residency, immigration status, and documentation of U.S. citizenship.

Some specific populations eligible for HCBS/LTSS include children, pregnant women, individuals with mental illness, intellectual or developmental disabilities, physical disabilities, or substance abuse disorders. Senior citizens may also receive benefits.

What entities are covered by HCBS/LTSS?

LTSS provisions are allowed and provided for in settings considered to be institutions. Institutions include nursing facilities and other settings that limit a participant's access to the community by isolating residents (e.g., farmsteads, gated communities for those with disabilities, residential schools, or settings that are located near or directly on property next to an institution, or the setting is located within a facility that provides inpatient institutional treatment).

HCBS provisions are provided in settings which are not considered institutions, nor have the qualities of an institution. Settings must meet the following strict criteria:

- Community integration
- Full access to the community must be provided
- Setting must be freely chosen by the participant from all other options
- Personal privacy, dignity and respect must be assured
- Participants/residents must be free from coercion and restraint
- Autonomy, independence, and freedom to make personal choices must be encouraged
- Choices in provider as well as services offered must be facilitated

Further requirements must be met if the setting is a personally owned residential setting. These requirements address the fact that participants are individuals with free will, able to make decisions and live in the facility free from barriers and restraints. Most recognizable HCBS settings include private homes, adult day care facilities, or assisted living accommodations.

What are the key points of HCBS/LTSS?

- LTSS provides long term services and supports to certain Medicaid recipients through institutionalized settings
- HCBS provides services to certain Medicaid recipients if their state has an approved waiver to provide these services, it is an extension of LTSS
- HCBS is intended to prevent individuals from becoming institutionalized by providing personalized care in one's home and through integrated community services
- In order to qualify for HCBS/LTSS, one must meet certain eligibility requirements, these requirements may differ from state to state.
-

How does HCBS/LTSS apply to therapeutic recreation/ recreation therapy?

HCBS/LTSS (Medicaid) applies to recreation therapy by providing rules and regulations for the Medicaid supported settings where recreation therapy services may be provided. The regulations state that services may include a focus on personal autonomy which is partially defined as the development and pursuit of leisure and recreation interests.

Individual states can apply for the Medicaid waiver which can be used to fund programs that address the needs of the waiver's target population. Waivers define specific costs that will be reimbursed by Medicaid such as transportation for recreation activities. They also define what recreational items and services are not covered. In order to provide TR/RT services funded by Medicaid, the service must be purposeful.

TR/RT is well suited to support HCBS regulations because these regulations are written in a way which allows individual states the flexibility to develop services designed to assist individuals to gain the motivation, functional skills, and personal improvement to be fully integrated into communities. The desired outcomes of HCBS regulations are the same as some of the desired outcomes of TR/RT. The regulations also require a person-centered planning approach which is closely aligned with the strengths based approach utilized in TR/RT.

Where can I learn more? <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/long-term-services-and-supports.html>

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Authors

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FACT SHEET 7

Individuals with Disabilities Education Act

What is IDEA?

IDEA is a federal law ensuring free educational services to children with disabilities throughout the nation. This law governs how states and public agencies provide early intervention, special education, and related services to more than 6.5 million eligible infants, toddlers, children, and youth with disabilities (idea.ed.gov). Congress passed the law in 1975 and it has been amended several times, but never lost the main points. IDEA's primary goals are to protect the rights of children with disabilities and to give parents a voice in their child's education (understood.org).

Who is served by IDEA?

Infants and toddlers with disabilities (birth-2 years) and their families receive early intervention services under IDEA Part C. Children and youth (3-21 years) receive special education and related services under IDEA Part B (idea.ed.gov). IDEA covers 13 forms of disability including: autism, deaf-blindness, deafness, emotional disturbance, hearing impairment, intellectual disability, multiple disabilities, orthopedic impairment, other health impairment (including ADHD), specific learning disability (including dyslexia, dyscalculia and dysgraphia), speech or language impairment, traumatic brain injury, and visual impairment (including blindness) (understood.org). Children with disabilities do not automatically qualify for special education services. In order to be considered eligible for services, a student must have a disability and as a result of that disability, need special education in order to make progress in school (understood.org). The first step in accessing services provided by IDEA is a thorough evaluation conducted by the school and the evaluation determines if the student has a disability, as well as what services may support the needs of that student. If the evaluation shows eligibility for special education services, an IEP (individualized education plan) is developed by the school team and parents of the child. The IEP is a legal document that describes a child's educational goals, disabilities and the services and support that the school will provide (understood.org). As of 2012, about 5.8 million school-age children in the U.S. receive special education services under IDEA. More than 40% are students identified with a specific learning disability (understood.org).

What entities are covered by IDEA?

The Individuals with Disabilities Education Act (IDEA) covers children in the public school system, as well as provides financial support for state and local school districts (apa.org). There are other services covered under IDEA, although they are not all direct service education. These services include: speech therapy, occupational therapy, recreation therapy, psychological services, early intervention, and rehabilitation counseling. In addition, school social workers and school health services are involved, as well as counselors to provide support and education to the parents (specialednews.com).

What are the key points of IDEA?

There are four sections within the Individuals with Disabilities Act (IDEA). These are entitled Parts A, B, C, and D.

- Part A— explains foundations of the law, defines terms used and describes general provisions (idea.ed.gov).

- Part B— explains educational guidelines for children 3-21 years old. All states are required to educate students with disabilities. Financial assistance will be provided for school districts if they comply with specific guidelines including (apa.org):
 - a. Free and appropriate public education is entitled to every child.
 - b. The student with a disability or suspected disability is entitled to a free evaluation to determine if they are eligible for services.
 - c. An Individualized Education Program (IEP) will be created for the student. It will explain actions in the plan for teachers, parents/guardians and the student to reach outlined goals.
 - In addition to education amenities, IDEA states related services (speech-language pathology/audiology, physical and occupational therapy, therapeutic recreation, psychological services, social work services and interpreting services) must be included in each student’s IEP (disability.gov).
 - d. Education must be in the least restrictive environment – this means the student should be in mainstream/general education classrooms when possible (disability.gov).
 - e. Input from the student and parents/guardians needs to be accounted for throughout the education process.
 - f. Parents/guardians have the right to challenge the IEP if they feel it is inappropriate or ineffective.

- Part C— provides guidelines for services for children from birth to 2 years. It ensures (apa.org):
 - a. Timely and appropriate identification and intervention.
 - b. Priorities, resources, concerns, services and goals will be explained in an Individualized Family Service Plan (IFSP) and families have the right to participate in creation of the IFSP.
 - c. Complaints or conflicts will be managed appropriately and in a timely manner.

- Part D— explains national activities to improve education of students with disabilities, including grants for educational services and support programs that lead to positive outcomes for children (apa.org).

How does IDEA apply to therapeutic recreation/ recreation therapy?

Recreation therapy (RT), often referred to as “recreation as a related service” in the field of education, may be included in a student’s Individualized Education Plan (IEP) if professionals and educators determine these services will assist the student in benefiting from special education. Parents may also advocate for RT to be included in their child’s IEP, but must know the parameters as laid out by IDEA’s laws. There are four distinct services for recreation under IDEA: assessment of leisure functioning, leisure education, therapeutic recreation services and recreation in schools and communities. These services, with the help of a trained and/or certified recreation therapist, may assist the child in achieving his/her annual IEP goals, become involved and progress in the general education curriculum, participate in extracurricular activities, and be educated and participate with children of all abilities in various activities, both in and out of school.

RT can also be included in an individual’s IEP plan to assist with the following:
 assessment of current skills and creation of plans to develop functional skills necessary

for participation in leisure, allowing individuals to remain in the “least restricted environment,” development of friendships, development of appropriate supports/modifications for recreational tasks, practice functional academics and develop leisure repertoire and self-initiated interests.

In education, recreation-based interventions can be applied to challenges in various adaptive skill areas such as communication, health and safety, home living, social skills, self-direction and functional academics. One specific example of an intervention for social skills would be for the recreation professional to provide structured social skills instruction and reinforce appropriate social skills during recreation activities to overcome the challenge of inappropriate social skills. Modalities used to assist interventions are varied, and include sports, expressive art, drama, music, gardening, creative writing, hobbies, community resources and baking (inclusiverecreation.org).

The social and emotional benefits derived when including RT in IEPs are numerous and may include increased self-esteem and self-confidence, enhanced communication, autonomy and independence, increase in display of appropriate social behaviors and strengthened feelings of belonging and acceptance. These benefits assist the individual in becoming more receptive to learning in other important life areas, not just academics (Heyne & Anderson).

Where can I learn more? <http://idea.ed.gov/>

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Authors

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FACT SHEET 8

The Joint Commission

What is JOINT COMMISSION?

The Joint Commission on Accreditation of Healthcare Organizations (JOINT COMMISSION) is a not-for-profit organization that promotes safe and effective care at the highest value and quality in healthcare organizations. JOINT COMMISSION is a voluntary accreditation that healthcare organizations can seek out to prove to the community they comply with the highest health safety and efficacy practices and standards. JOINT COMMISSION's mission is to improve healthcare outcomes for the public by inspiring organizations to excel in providing quality care.

Who is served by JOINT COMMISSION?

- Individuals across the spectrum of the lifespan that seek out healthcare services.
- JOINT COMMISSION seeks advisement and support from a variety of educated advisory groups.

What entities are covered by JOINT COMMISSION?

JOINT COMMISSION provides options of accreditation for healthcare organizations or certifications for specific programs/services operating within a healthcare organization:

- Accreditation: Ambulatory Health Care, Behavioral Health Care, Critical Access Hospitals, Home Care, Hospitals, International Accreditation, Laboratory, Nursing Care Center, and Office-Based Surgery.
- Certifications: Patient Blood Management Certification, Disease-Specific Care, Health Care Staffing Services, Integrated Care, International Certification, Palliative Care, Perinatal Care, and Primary Care Medical Home.

What are the key points of JOINT COMMISSION standards?

- Reflect and exceed state and federal health care requirements.
- Evaluate relative to National Patient Safety Goals (NPSG): environment, clinical practices, infection prevention, organizational structure, leadership, and performance improvement.
- An unannounced survey process that includes:
 - an opening conference and orientation to the organization
 - a leadership session
 - tracer methodology: evaluate department coordination and communication by following actual patients/residents
 - a competence assessment
 - an environment of care session (building tour)
 - an exit conference and summarized survey findings

How does JOINT COMMISSION apply to therapeutic recreation/recreation therapy?

- Comply with the National Patient Safety Goals (NPSG) standards, ensuring a safe and clean environment.
- Comply with National Quality Improvement Goals (applicable to hospitals), which track outcomes for common conditions like heart attacks.
- Maintain infection prevention standards and practices.
- Understand the following organizational aspects:
 - structure

- communication flow and information access
- leadership functions
- policies, procedures, and performance improvement plans
- facets of care and how to address care needs
- Be aware of emergency preparedness plans

Where can I learn more? http://www.jointcommission.org/about_us/who_we_are.aspx

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Appendix B

Attachments for Mind & Body Group

Intake Form

SOAP Form

Yoga Handout

Aromatherapy Handout

Adolescent Effective Stress Coping and Mindfulness Packet

Adult Effective Stress Coping and Mindfulness Packet

Mindfulness Awareness Attention Scale

Post-Program Survey

Intake Assessment Form

General Information

	Please write your answers in the spaces provided below.
Name	
Address	
Age	
DOB	
Gender	
Occupation	
Race	
Ethnicity	
Please List Any Allergies You Have	
Phone Number (Home)	
Phone Number (Work)	
Phone Number (Cell)	

Specific Information (Please write your answer in the space provided below the question)

Why would you like to participate in this program?

What do you want to get out of your participation in this program?

Do you have any background in aromatherapy? Explain.

Have you ever participated in yoga? Explain.

Do you have any concerns you would like us to be aware of about participating in the yoga session? Explain.

What do you currently do to manage daily stress? Explain.

What do you know about mindfulness?

Would you like to request any accommodations/modifications to enhance your participation in the program? Explain.

Please list the following information for an EMERGENCY CONTACT:

Name:

Phone Number (Work):

Phone Number (Home):

Phone Number (Cell):

Address:

Date of Therapy:

Patient/Client:

Date of CURRENT:

(Injury, Illness, or Pregnancy)

Attending Therapist:

Signature:

S

O

A

P

Yoga for your mind

Besides helping out your **stressed** mind, what other benefits do these 10 yoga poses provide?



Child's Pose
(Balasana)

- gently stretches the hips, thighs, and ankles
- relieves back and neck pain when done with head and torso supported



Bridge Pose
(Setu Bandha Sarvangasana)

- calms the brain and helps alleviate stress and mild depression
- rejuvenates tired legs



Standing Forward Bend
(Uttanasana)

- therapeutic for asthma, high blood pressure, infertility, osteoporosis, and sinusitis
- relieves headache and insomnia



Eagle Pose
(Garudasana)

- stretches the thighs, hips, shoulders, and upper back
- improves sense of balance



Corpse Pose
(Savasana)

- relaxes the body
- helps to lower blood pressure



Extended Triangle Pose
(Uthhita Trikonasana)

- therapeutic for anxiety, flat feet, infertility, neck pain, osteoporosis, and sciatica
- improves digestion



Legs-Up-The-Wall Pose
(Viparita Karani)

- relieves tired or cramped legs and feet
- relieves mild backache



Cat Pose
(Marjaryasana)

- stretches the back torso and neck
- provides a gentle massage to the spine and belly organs



Puppy Pose
(Uttana Shishosana)

- stretches the spine and shoulders
- helps calm stress



Dolphin Pose

- helps relieve the symptoms of menopause
- helps prevent osteoporosis

Help yourself to some yoga therapy!

Sources: <http://www.yogajournal.com>
The Huffington Post, The 10 Best Yoga Poses For Stress Relief, by Carolyn Gregoire

Design by Julia Bunzer

www.WomenWhoRunIt.com/Ultimate

Fostering Well-Being In Your Life

AROMATHERAPY

WHAT IS IT?

AROMATHERAPY, ACCORDING TO THE NATIONAL ASSOCIATION FOR HOLISTIC AROMATHERAPY, IS THE ART OF USING NATURALLY EXTRACTED AROMATIC ESSENCES



(ESSENTIAL OILS) FROM PLANTS TO BALANCE, HARMONIZE AND PROMOTE THE HEALTH OF THE BODY, MIND AND SPIRIT. AROMATHERAPY HAS BEEN FOUND TO SUCCESSFULLY REDUCE SYMPTOMS OF STRESS AND ANXIETY AND HELP INDIVIDUALS TO INCREASE THEIR WELL-BEING (FAYAZI ET. AL., LEE ET. AL. & TANG ET. AL.).^{2,4,6}

COMMON ESSENTIAL OILS USED FOR STRESS RELIEF

LAVENDER

USED FOR STRESS RELIEF, SHORT-TERM MEMORY ENHANCEMENT, ANXIETY RELIEF, RESTLESSNESS, NERVOUSNESS AND ENHANCES RELAXATION³

BERGAMOT

PROMOTES CALMNESS AND IS OFTEN USED TO RELIEVE MILD ANXIETY¹

ROSE

PROMOTES CALMNESS, RELAXATION AND HELPS TO DECREASE BLOOD PRESSURE AND BREATHING RATE⁵

SANDALWOOD

REDUCES ANXIETY AND IMPROVES OVERALL QUALITY OF SLEEP⁵

HOW TO USE ESSENTIAL OILS

1. SIMPLY **INHALE THEM!** ESSENTIAL OILS CAN BE INHALED DIRECTLY FROM THE BOTTLE.¹
2. ADD A FEW DROPS TO YOUR **SHOWER FLOOR.** YOUR ENTIRE BEING WILL EXPERIENCE A RUSH OF RELAXATION AND CALMNESS WHEN YOU SHOWER.¹
3. CREATE A **BODY OIL BLEND** AND MASSAGE IT INTO YOUR SKIN. USE 3 TEASPOONS OF YOUR FAVORITE COOKING OIL (SUCH AS OLIVE OIL OR COCONUT OIL) AND COMBINE IT IN A DISH WITH 7 OR 8 DROPS OF YOUR PREFERRED ESSENTIAL OIL.¹
4. USE A **DIFFUSER OR OIL BURNER** TO DISPERSE THE SCENT AROUND YOUR HOME.¹

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Session 1: Effective Stress Coping Skills & Mindfulness For Adolescents

Program Goals

1. To educate clients on effective stress coping skills & mindful activities.
2. To increase client's awareness on how to enhance well being.

Session Specific Objectives

1. Based upon the prompting of the recreation therapist, each client will be able to clearly explain the three components of CBT 100% of the time.
2. Upon the request of the recreational therapist, the client will be able to share two mindful skills they relate to and will use in his/her life by the end of the session.

Session Description

This is our Effective Stress Coping Skills and Mindfulness session. The purpose of this group is to teach Cognitive Behavioral Therapy (CBT), the ABC Method, and mindfulness. I will go over the three parts of CBT and the ABC Method and you will be able to practice how you can apply CBT and the ABC Method to your life. We will also talk about mindfulness and discuss ways we can be mindful in our day-to-day life. We teach CBT and mindfulness within our program because it has specially been found to be helpful for people with anxiety and reduce stress in our lives. Being mindful and practicing CBT can help becoming aware of and change our beliefs, feelings, or actions in order to create a more balanced life.

Introductions (5 minutes)

Each group member including facilitators will share his/her name and one interesting fact about him/herself or something unique that he/she has experienced.

Ex. "Hello my name is Courtney and I used to compete on Team USA for figure skating".

Activities

Cognitive Behavioral Therapy Education (10 minutes)

- Facilitator will explain that CBT is composed of three components.
- Facilitator will draw out the CBT triangle and explain each component.
- Cognitions are our thoughts or beliefs. These are automatic thoughts that we have on ourselves and on others. These thoughts can be accurate or inaccurate.
- The next component of CBT is our emotions. Emotions are our feelings.
- Ask the group for some examples of feelings (happy, sad, mad, depressed, angry etc...).
- The third component of CBT is behavior. These are our actions. Actions include isolating ourselves, taking care of ourselves by hanging out with friends, or exercising.
- As a group ask to come up with one example of a thought (inaccurate) such as I am stupid or no one likes me and follow the example through each component of CBT.
- Ex. Thought: "I have no friends", Emotion: sad and upset, Behavior: Isolating

ABC Method Education (10 minutes)

- An easy way to begin to apply CBT into our lives is through something called the ABC Method.
- The A stands for an activating event or a trigger.
- What is something that triggers you? Ex. parents, argument with friend, exams for school.
- B stands for the beliefs we have. This is the same as our thoughts in CBT. An example of a resulting thought from the activating event could include "I hate myself, I don't deserve my friends".

- The C stands for consequences. Consequences are presented as both emotions and behaviors. The emotional consequence could be feeling angry or sad and the behavioral consequences could include not using friends as a support or yelling and screaming at parents.
- The next letter D stands for dispute and this is when you have the choice to turn a situation around! You have the power within yourself to really think about what has happened and act on what you have control over. Now is the time to dispute or reframe your thoughts about the activating event that occurred. An example of this would be that you do not have control over some events but we do have control over what we think. Let's change the negative belief to a more balanced or supportive belief in this instance. You can fact check your thoughts based on your past experiences and think well I got into an argument with my friends, but that doesn't mean I did something wrong. We may need to cool down and practice some better communication skills to find out what our disagreement is about exactly and we will work towards a resolution together. The point of the ABC Method is not to go from a negative thought to a completely positive thought but instead a more balance and supportive way of thinking.
- Ask the group, If our beliefs have now changed to one that is more balanced what would be the new consequences? Ex. Emotional consequence: upset but still optimistic about the situation, behavioral consequence: do something nice for yourself to self-sooth or take a break from the situation and do an enjoyable leisure activity.

ABC Method Activity (ABC Snowball!) (15 minutes)

- Everyone in the group will write down an activating event or trigger on a sheet of paper, crumble it up like a snowball, and throw it in the middle of the room.
- Each group member will then take turns picking up a snowball and reading the activating event or trigger then going through the ABC method to demonstrate that they clearly understand CBT and the ABC method and can apply those skills to the snowball example they have.
- Other group members and the facilitator can help each participant verbally go through the ABC method with his/her given activating event or trigger.
- Once all group members have done this activity ask the following discussion questions as the facilitator sees fit:
 - How was doing this activity?
 - Did you struggle on any part of the ABC Method?
 - How was coming up with the disputes?
 - Do you think this is something you can do in the future?

Mindfulness Education and Discussion (10 minutes)

- Ask group members how they would define mindfulness
- Mindfulness can be defined as, “awareness that emerges through paying attention, purposefully and nonjudgmentally, to the unfolding of experience moment by moment” (Carruthers & Hood, 2011, p. 172).
- Ask group members what does being mindful entail? (Ex. playing smart, staying in the present, taking a break, deep breathing, yoga etc.)
- Share with group members that there are copious ways to be mindful including but not limited to:
 - 4 by 4 breathing
 - Thinking putty
 - Meditating
 - Guided imagery
 - Taking a break
 - Holding a frozen orange or lemon and placing it on our forehead, neck, or wrists
 - Self-care (showering, bathing, brushing hair etc.)

- Massage
- Participating in an enjoyable leisure activity
- Drawing/doodling
- Journaling
- Counting
- Play “I spy”
- 5 (name 5 things you SEE)-4 (name 4 things you can feel)-3 (name 3 things you can hear right now)-2 (name 2 things you can smell right now)-1 (name 1 good thing about yourself)
- Chewing on gum or candy
- Taking a walk (or other forms of physical activity)
- Texting or calling a supportive friend or family member
- Facilitators will be provided with several of the tangible mindful tools and will explain the non-tangible skills as something we can each carry with us and use whenever we need!
- Ask group members the following questions:
 - Which mindful tools do you connect with?
 - When would using a mindful skill be useful for you?
 - Share an example of which mindful skill you would use and how you would do so.

Stress Management & Mindfulness Packet

Academic Work Stress Management

Tips: How to Manage School Work	2
Test Anxiety	3
Coping With School Stress	4
Study Skills	5
As Easy As ABC... How to Use The ABC Method in School	6
Mindful Self-Care	7

Academic Social Stress Management

How to Manage Stressful Peer Situations	8
Social Media: To Plug in or Not To Plug in?	9
Social Media Considerations	10

Tips: How to Manage School Work

Idea 1: Get Involved... but not TOO involved!

- Join a club or sport at school or in your local community: This is a great way to socialize and meet new friends.
- Don't overextend yourself! Pick your activities carefully. Is the activity something you are passionate about? How much time will the activity take? Do you realistically have that much time?
- How can you join a new club or sport at school or in the community?
 - What are you interested in?
 - Look up activities listed on your school website.
 - Ask your guidance counselor what activities are available.
 - Ask your friends what activities they do?
 - Pick a few to find out more information on.
 - Ask the club/sport president or club/sport teacher supervisor for more information.
 - Attend a meeting or two and see if you enjoy it.

Idea 2: Get a Planner! (Time Management)

- Buy a school planner from your school or from a store.
- If you get a class syllabi, fill in all assignments, quizzes, exams as soon as you get the syllabi/course schedule at the beginning of the class.
- If you get weekly or daily assignments, fill in your planner immediately after getting the assignment.
- Don't just write down when the work is due. Write down when you want to work on the assignments/study!
- Find a work buddy. Is there someone in your class that you can do work with? Make a study date and meet before school, after school, during a free period, or at a coffee shop and designate a specific time to do your work with a friend or schoolmate.
- Breakdown large assignments/papers into smaller parts you can more easily accomplish. Make a reasonable schedule of when you can complete these smaller assignments/papers and stick with it!

Idea 3: If you're Lost or Behind, Ask For Help

- If a subject is stressing you out TALK to your teacher BEFORE you start to do poorly.
- Be proactive and ask your parent/s or teacher for help by letting them know you are having trouble.
- Find out if your teacher can help you or if you can get a tutor to go over work with you.

Test Anxiety

Are you **FREAKING** out about a test or quiz?

Try this...

- Take a deep breath
- Schedule designated study time
- Make a study guide by sorting through your notes or readings
- Ask your teacher how he/she recommends you prepare for your exam

- Do NOT wait until the last minute to prepare for your exam
- Find a study buddy in your class who wants to study for the exam/quiz as well

It's the night before the test/quiz or the day of the exam/quiz.

Now what?

- Take a deep breath
- Practice self-soothing techniques
 - Stress ball
 - Eat a comforting food
 - Silly putty
 - Listen to calming music
 - Frozen Orange/Lemon
 - Taking a mental break
 - Use essential oils
 - Practice yoga
 - Deep breathing
- Practice positive self-talk
 - Reframe negative thoughts (ABC Method).
 - Do not get stuck on the negatives.
 - Test your negative thoughts. Are they founded in the facts?
 - Focus on the task at hand.
- If you have a calming or mindful phrase write it on the top of your paper.
- Take a break for a minute if you are getting overwhelmed.
- Do not rush. Take your time and answer the questions to the best of your ability.
- Skip questions that are troubling you and come back to them later.
- Do your best.

Mindful Coping With School Stress

Adaptive coping skills for school:

Coping Skills to Try:

- Silly putty
- Yoga
- Stress ball
- Playdough
- Frozen orange
- Counting
- Draw/doodle
- Play "I Spy"
- Taking deep breaths
- Taking a time out (Ask to use the restroom)
- Shutting your eyes and picturing a calming scene
- Stare at a picture of your pet

- Text or call a supportive friend or family member
- 5 (name 5 things you SEE)-4 (name 4 things you can feel)-3 (name 3 things you can hear right now)-2 (name 2 things you can smell right now)-1 (name 1 good thing about yourself)
- Mints/gum
- 4X4 Breathing

Make a “Mindful Coping Kit”

Things to put in my mindful coping kit...

Study Skills

Tips to get your study on...

- Create a study mantra that helps motivate you to do your school work. Ex. “Just Do it!”
- Make a list of everything you need to do. Prioritize what needs to get done and make daily reasonable and realistic goals. (SMART Goals)
- Get a study buddy.
- Find a place that you can study and be productive and make that your regular study space.
- Create acronyms or goofy sayings to remember information.
- Take breaks in order to refocus when needed.
- If you are getting frustrated practice adaptive coping skills.
- Get organized. Being organized with papers and study space can help focus.
- Make a clear study schedule.
- Pick a day, time, and place that works for your study needs. Ex. Do you think better in the morning, afternoon, or evening? Do you focus better in your kitchen, living room, café, or library? Do you need silence or background noise to focus?
- Make flashcards.
- Review information frequently then when preparing for an exam there is less material to go over.
- Figure out your learning style and what works for you and keep trying!

Consider SMART Studying

S

Specific

When will you study? What will you study? How will you study? Where will you study? Can you make a daily SMART study goal?

M

Measurable

How long will you study for? Will you take study breaks every 30 minutes? How can you quantify that you are learning what you need to?

A

Attainable

Can you maintain the study goal you have made?

R

Reasonable

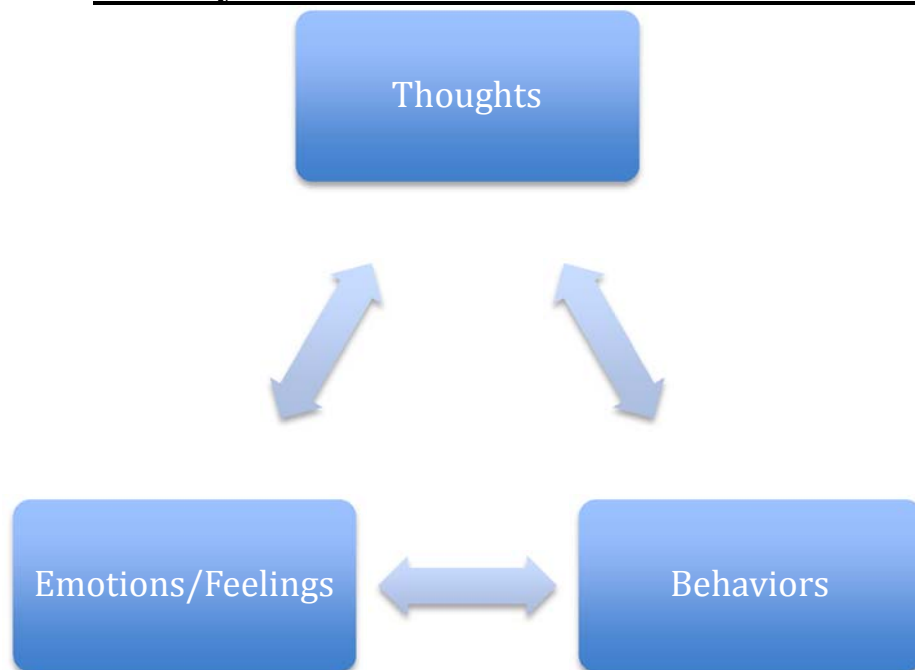
Are you willing to keep your SMART study goal? Can you keep your SMART study goal?

T

Timely

When will you start your SMART study goal? How long will your SMART study goal take? When do you need to be done with your SMART study goal?

As Easy as ABC...How to Use The ABC Method in School



A: Activating Event: What is upsetting you? What happened? What can you control?

Ex. Getting a bad grade on a test.

B: Beliefs/Thoughts: What are you thinking right now? Are your thoughts helpful? Can you reframe your thoughts? What is your desirable

Ex. I am stupid.

outcome?

C: Consequences: Behaviors: What actions have you taken? What actions are you going to take? Will these actions help you?

Ex. Not taking care of self.

Emotions/Feelings: How do you feel? Are these emotions/feelings helpful? How can you support yourself?

Ex. Feeling angry, upset, disappointed.

D: Dispute: How can I reframe this thought? Can I fact check my information? Is my assumption rational/realistic? Is this thought/feeling/behavior beneficial to me? If not, How can I be proactive and change something?

Ex. I am disappointed in my test grade but I am more than one grade. I can study more next time or ask my teacher for help to better prepare for the next exam.

Mindful Self-Care

Taking care of yourself means...

Self-care can be activities or actions that relate to our emotions, body, spirit, relationships, mind, and work.

- Brushing your teeth
- Showering
- Getting the right amount of sleep
- Using deodorant
- Being mindful
- Taking “me” time
- Relaxing
- Doing a leisure activity you enjoy
- Eating nutritiously
- Meditating
- Yoga

Make a Mindful Self-care plan:

- How do you cope now?
-

- What do you do for yourself now?
-

- How can you maintain self-care?
-

- How can you use self-care in an emergency?
-

- How can you follow through and schedule a self-care plan?
-

How to manage stressful peer situations

Situation A: A peer is bothering you at school.

- Think about your options: What are you in control of in this situation?
- Tell a teacher or parent and problem solve together.
- Practice assertive communication skills.
- Think about the ABC Method. What are the consequences of the thoughts, behaviors, and feelings you are having?
- Practice supportive coping skills and self-soothing.

Situation B: A peer is bothering you on social media.

- Tell a parent or teacher.
- Deactivate your social media account to get “space” and perspective.
- Practice supportive coping skills and self-soothing.
- Report bullying to the social media outlet.
- Be aware of what YOU are posting and your privacy settings.
- Consider removing or blocking individuals that negatively impact you.
- Consider permanently closing your account. What do you get out of this account?

Situation C: Your friends are not treating you nicely/or are treating you differently.

- Tell a parent, teacher, or friend.
- Practice assertive communication skills.
- Think about the ABC Method. What are the consequences of the thoughts, behaviors, and feelings you are having? What can you do to have the outcomes you want?
- Practice supportive coping skills and self-soothing.

General Conflict Resolution Thoughts...

- Think about how you are communicating. Are you being passive, assertive, aggressive, or passive-aggressive?
- Can you safely express your feelings?
- Think about the consequences of your thoughts, actions, emotions, and behaviors (ABC Method).
- Reach out to supports.
- Practice self-soothing → Take Care of Yourself!

Social Media: To Plug in or Not To Plug in?

Core Values: Core values are the principles that dictate our behaviors and thoughts. Core values can help us decide what we consider to be right and wrong.

What are your core values towards social media? (Facebook, Snapchat, Instagram, etc.)

Coping With Social Media: How does social media reduce your negative emotions/thoughts?

- May provide a needed distraction
- Can be used to contact supports
- Can increase a feeling of connectedness
- May be used as a tool for self-expression

Coping From Social Media: How does social media add to your negative emotions/thoughts?

- Dealing with negative peer interactions
- Managing reading information about others that upsets you
- Feeling ignored when posts go without responses or someone blocks you
- Feeling left out
- Misinterpreting what others write to you/dealing with others misinterpreting what you write

Is being on social media a healthy mindful choice for you?



Social Media Considerations

How does posting information make you feel?

How does reading other's information make you feel?

What benefits do you experience from being on social media?

What drawbacks do you experience from being on social media?

What kind of information are you making public?

What are the long-term consequences of my social media usage? (Job applications...)

Adult Stress Management & Mindfulness Packet

Work Stress Management

Tips: How to Manage Stress	2
Anxiety	3
Coping With Stress	4
Getting it Done!	5
As Easy As ABC... How to Use The ABC Method For Real	6
Mindful Self-Care	7

Social Work Stress Management

How to Manage Stressful Peer Situations	8
Social Media: To Plug in or Not To Plug in?	9
Social Media Considerations	10

Tips: How to Manage Stress

Idea 1: Get Involved... but not TOO involved!

- Join a committee or socialize with your peers: This is a great way to get to know your co-workers better and/or connect with new people.
- Don't overextend yourself! Pick your additional activities carefully. Is the activity something you are passionate about? How much time will the activity take? Do you realistically have that much time?
- How can you join a new work committee or start to socialize with a new group?
 - Think about what are you interested in?
 - Ask other peers and/or co-workers if they are on any committees or part of any groups and what they do in their free time.
 - Ask your friends what additional activities they do with co-workers and on the side.
 - Pick a few to find out more information on.
 - Ask the committee chair or group organizer for more information.
 - Attend a meeting or two and see if you enjoy it/Tag along to a co-worker's or peer's social event/activity and see if you have fun!

Idea 2: Get a Planner! (Time Management)

- Buy a daily planner.
- If you get work projects ahead of time, fill in all of your work projects and your social obligations so you can see everything together.
- If you get weekly or daily projects, fill in your planner immediately after getting it.
- Don't just write down when the work is due. Write down when you want to work on it!
- Find a work buddy. Is there someone in your place of employment or a peer that you can do work with? If you have questions about a project or you work in groups pick a specific date and meet before work, after work, during lunch, or at a coffee shop on the weekend, and designate a specific time to do your work with a friend or colleague.
- Break down large projects into smaller parts you can more easily accomplish. Make a reasonable schedule of when you can complete these smaller projects and stick with it!

Idea 3: If you're Lost or Behind, Ask For Help

- If a specific job is stressing you out, TALK to your employer, co-worker, or peers BEFORE you start to get overwhelmed.
- Be proactive and ask your peers for help by letting them know you are having trouble.
- Find out how your peers can help you or if you can get additional assistance elsewhere.

Anxiety

Are you **FREAKING** out about something?

Try this...

- Take a deep breath
- Schedule a designated break time
- Ask your peers how he/she manages with this particular stressor
- Do NOT wait until the last minute to prepare for what you need to get done

- Find supportive mindful skills to reduce stress and anxiety

It's the night before whatever is stressing you out...

Now what?

- Take a deep breath
- Practice self-soothing techniques
 - Stress ball
 - Eat a comforting food
 - Silly putty
 - Listen to calming music
 - Frozen Orange/Lemon
 - Taking a mental break
 - Use essential oils
 - Practice yoga
 - Deep breathing
- Practice positive self-talk
 - Reframe negative thoughts (ABC Method)
 - Do not get stuck on the negatives
 - Test your negative thoughts. Are they founded in the facts?
 - Focus on the task at hand. Be mindful of the moment.
- If you have a calming or mindful phrase write it on the top of your paper.
- Take a break for a minute if you are getting overwhelmed.
- Do not rush. Take your time and stay positive.
- Do your best at whatever is stressing you out.

Mindful Coping With Stress

Adaptive coping skills:

Mindful Coping Skills to Try:

- Silly putty
- Stress ball
- Playdough
- Frozen orange
- Counting
- Draw/doodle
- Play "I Spy"
- Taking deep breaths
- Taking a time out (Ask to use the restroom)
- Shutting your eyes and picturing a calming scene
- Stare at a picture of your pet
- Text or call a supportive friend or family member
- 5 (name 5 things you SEE)-4 (name 4 things you can feel)-3 (name 3 things you can hear right now)-2 (name 2 things you can smell right now)-1 (name 1 good thing about yourself)

- Mints/gum
- 4X4 Breathing

Make a “Mindful Coping Kit”

Things to put in my mindful coping kit...

Getting it Done!

Tips to get your stuff done...

- Create an inspiring mantra that helps motivate you to do whatever it is you need to do. Ex. “Just Do it!”
- Make a list of everything you need to do. Prioritize what needs to get done and make daily reasonable and realistic goals. (SMART Goals)
- Get a work buddy
- Find a place that you can get what you need done and be productive and make that your regular workspace.
- Take breaks in order to refocus when needed.
- If you are getting frustrated practice adaptive mindful coping skills.
- Get organized. Being organized with our physical space can help us focus.
- Figure out your work style and do what you need to do to get it done and keep trying!

Consider SMART Goals

S

Specific

When will you do your work? What will you do? How will you accomplish this? Where will you do it? Can you make a daily SMART goal?

M

Measurable

How long will it take you to achieve this? Will you take breaks if needed? For how long and how many? How can you quantify that you are achieving what you need to?

A

Attainable

Can you maintain the goal you have made?

R

Reasonable

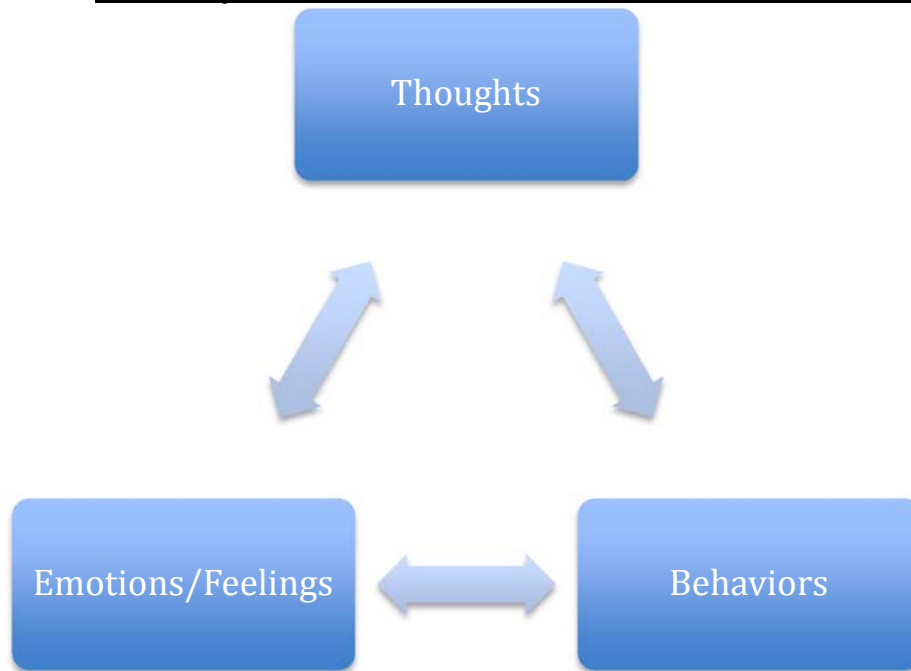
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As Easy as ABC...How to Use The ABC Method For Real



A: Activating Event: What is upsetting you? What happened? What can you control?

Ex. Getting into an argument with a friend.

B: Beliefs/Thoughts: What are you thinking right now? Are your thoughts helpful? Can you reframe your thoughts? What is your desirable

outcome?

Ex. I am a bad friend.

C: Consequences: Behaviors: What actions have you taken? What actions are you going to take? Will these actions help you?

Ex. Not taking care of self.

Emotions/Feelings: How do you feel? Are these emotions/feelings helpful? How can you support yourself?

Ex. Feeling angry, upset, disappointed.

D: Dispute: How can I reframe this thought? Can I fact check my information? Is my assumption rational/realistic? Is this thought/feeling/behavior beneficial to me? If not, How can I be proactive and change something?

Ex. I am disappointed that I am in an argument with my friend but I can work through this and effectively communicate my feelings and needs and we will have a stronger relationship in the future because of this.

Mindful Self-Care

Taking care of yourself means...

Self-care can be activities or actions that relate to our emotions, body, spirit, relationships, mind, and day-to-day life.

- Brushing your teeth
- Showering
- Getting the right amount of sleep
- Using deodorant
- Being mindful
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- How can you use self-care in an emergency?
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- How can you follow through and schedule a self-care plan?
-

How to manage stressful situations

Situation A: A peer is bothering you

- Think about your options: What are you in control of in this situation?
- Tell a supportive friend or family member and problem solve together.
- Practice assertive communication skills.
- Think about the ABC Method. What are the consequences of the thoughts, behaviors, and feelings you are having?
- Practice supportive coping skills and self-soothing.

Situation B: Someone is bothering you on social media

- Talk to a supportive friend or family member about it.
- Deactivate your social media account to get “space” and perspective.
- Practice supportive coping skills and self-soothing.
- Report bullying to the social media outlet.
- Be aware of what YOU are posting and your privacy settings.
- Consider removing or blocking individuals that negatively impact you.
- Consider permanently closing your account. What do you get out of this account?

Situation C: Your friends are not treating you well

- Talk to a supportive friend or family member.
- Practice assertive communication skills.
- Think about the ABC Method. What are the consequences of the thoughts, behaviors, and feelings you are having? What can you do to have the outcomes you want?
- Practice supportive coping skills and self-soothing.

General Conflict Resolution Thoughts...

- Think about your communications skills. Are you being passive, assertive, aggressive, or passive-aggressive?
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What drawbacks do you experience from being on social media?

What kind of information are you making public?

What are the long-term consequences of my social media usage? (Employers...)

Day-to-Day Experiences

Instructions: Below is a collection of statements about your everyday experience. Using the 1-6 scale below, please indicate how frequently or infrequently you currently have each experience. Please answer according to what *really reflects* your experience rather than what you think your experience should be. Please treat each item separately from every other item.

1	2	3	4	5	6
Almost Always	Very Frequently	Somewhat Frequently	Somewhat Infrequently	Very Infrequently	Almost Never

I could be experiencing some emotion and not be conscious of it until some time later.	1	2	3	4	5	6
I break or spill things because of carelessness, not paying attention, or thinking of something else.	1	2	3	4	5	6
I find it difficult to stay focused on what's happening in the present.	1	2	3	4	5	6
I tend to walk quickly to get where I'm going without paying attention to what I experience along the way.	1	2	3	4	5	6
I tend not to notice feelings of physical tension or discomfort until they really grab my attention.	1	2	3	4	5	6
I forget a person's name almost as soon as I've been told it for the first time.	1	2	3	4	5	6
It seems I am "running on automatic," without much awareness of what I'm doing.	1	2	3	4	5	6
I rush through activities without being really attentive to them.	1	2	3	4	5	6
I get so focused on the goal I want to achieve that I lose touch with what I'm doing right now to get there.	1	2	3	4	5	6
I do jobs or tasks automatically, without being aware of what I'm doing.	1	2	3	4	5	6
I find myself listening to someone with one ear, doing something else at the same time.	1	2	3	4	5	6

1	2	3	4	5	6
Almost Always	Very Frequently	Somewhat Frequently	Somewhat Infrequently	Very Infrequently	Almost Never

I drive places on 'automatic pilot' and then wonder why I went there.	1	2	3	4	5	6
I find myself preoccupied with the future or the past.	1	2	3	4	5	6
I find myself doing things without paying attention.	1	2	3	4	5	6
I snack without being aware that I'm eating.	1	2	3	4	5	6

MAAS Scoring

To score the scale, simply compute a mean of the 15 items. Higher scores reflect higher levels of dispositional mindfulness.

Post-Program Survey

Please answer all of the below questions to the best of your ability after attending all three sessions as part of the Mind, Body, and Smell: Effective Mindful Coping Skills, Yoga, and Aromatherapy Program.

For questions 1-9 please circle your desired answer either yes or no and provide any additional information you would like to share.

1. After attending the Mind, Body, and Smell: Effective Mindful Coping Skills, Yoga, and Aromatherapy program I feel I have gained at least 2 useful skills

Yes No

Please explain your answer:

2. After attending the Mind, Body, and Smell: Effective Mindful Coping Skills, Yoga, and Aromatherapy program I feel I have improved my awareness of how to improve my wellbeing.

Yes No

Please explain your answer:

3. After the Effective Stress Coping Skills & Mindfulness session (session 1), I feel confident in my knowledge of Cognitive Behavior Therapy.

Yes No

Please explain your answer:

4. After participating in the Effective Stress Coping Skills & Mindfulness session (session 1), I feel confident in my knowledge the ABC Method.

Yes No

Please explain your answer:

5. After participating in the Effective Stress Coping Skills & Mindfulness session (session 1), I feel confident in my knowledge of at least 2 mindful skills.

Yes No

Please explain your answer:

6. After participating in the aromatherapy session (session 2), I feel confident in my knowledge of how to use aromatherapy to manage stress.

Yes

No

Please explain your answer:

7. After participating in the aromatherapy session (session 2), I feel confident in my ability to use aromatherapy to manage stress.

Yes

No

Please explain your answer:

8. After participating in the yoga session (session 3), I feel confident in my knowledge of how yoga can manage stress.

Yes

No

Please explain your answer:

9. After participating in the yoga session (session 3), I feel confident in my ability to use yoga to manage stress.

Yes

No

Please explain your answer:

10. Please share any comments or suggestions about your experience participating in the Mind, Body, and Smell: Effective Mindful Skills, Aromatherapy, and Yoga Program.